Administrative Uniformity Committee

AGENDA – MEDICAL CODE TECHNICAL ADVISORY GROUP (MCT)
Thursday, May 14, 2015
9:00 a.m. to 12:00 a.m.
Location: HealthPartners, 8170 Building, Bloomington, St. Croix – 1st floor

Webex Information

Teleconference Information:

Call-in line: 1-712-832-8300

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** – April 9, 2015
4. **Mental Health Service Plan Development – DHS**

4/10/14 Minutes: See SBAR. Applies to children and adults, fee for service and public program plans. There are two services – service plan development and functional assessment. Can DHS develop a modifier to indicate units? TAG agreed that it might be the only option. DHS stated right thing to do is to request code from CMS; however, timing is the issue and getting buy-in from other states. Nine states cover these services using H00031 and H0032. Seven of those states use a 15 minute unit for the codes. DHS' concern is NCCI edits. CMS has recently begun looking at H codes for mental health. Are these codes being used by anyone? Not sure if used by health plans. Medica uses the H codes for autism and other assessments. Currently not being used by DHS for fee-for-service. What mental health providers are you using for these services? DHS' category of mental health professional. JoAnne Wolf feels that primary care provider will be involved and ask where they will fall into, medical homes. A DHS state that the service is mental health specific code only and is recognized by mental health professionals and practitioners. Services are authorized in statutes for CTSS only; children receiving CTSS services. Propose using it with UA code for CTSS. Adult Rehabilitative Mental Health Services (ARMHS) does not use modifier; UA modifier differentiate services for CTSS. Medica does not use modifier for Autism. TAG suggested creating a time modifier to use along with UA for ARMHS.	**OPEN** DHS will create a time modifier for time increment/units of time to use with modifier UA for ARMHS.
05/08/14 Minutes: The main issue is trying to find a code that represents the service and time. H0031 and H0032 fit the description of the service but are not time based. Nine states using H0031 and H0032; seven of the states are using the H codes, no modifiers, but instruct to use as 15-minute units. The reason modifiers are needed for MN is to indicate time variances because of the types of clients being served, for example adults, children, ESL clients.	**OPEN**

DHS will develop a new modifier(s). There may be other modifiers appended as needed such as UA or HN. DHS is waiting for federal approval before assigning modifiers.	
06/12/14 Minutes: No updates. DHS is still waiting for federal approval.	**OPEN**
06/24/14 Minutes: DHS reported the State Plan with the approved coding recommendations will be submitted 3rd quarter.	**OPEN**
07/22/14 Minutes: DHS reported request for approval from CMS will be submitted this quarter.	**OPEN**
08/14/14 Minutes: Action was deferred pending any additional comments.	**OPEN**
08/26/14, 10/9/14, 12/11/14 Minutes: Discussion of this item is postponed; waiting to hear from CMS	**OPEN**
1/8/15: Kathy stated the State plan has not been submitted to CMS as reported earlier. DHS will submit this quarter.	**OPEN**
2/12/15, 3/12/15, 4/9/15: DHS is Waiting for Feds to approve program and coding recommendations.	**OPEN**

5. Gambling Addiction Program - Richard Scherer, Club Recovery, LLC: See SBAR

7/22/14 minutes: See SBAR. There is no current policy for gambling addiction. They currently use the substance abuse codes. DHS doesn't reimburse allowed services through the claims process/system. Richard Scherer states that gambling addiction services are entered on an excel document. Claims are electronically billed through state contract, then the spreadsheet is sent to show what services were done. Four codes are currently billed but for consistency we should determine which codes would be appropriate to report. For example, at this time individual therapy are being used to bill group sessions. Additionally, the claim format 837I versus 837P is inconsistent. DSM5 is guide for determining patient treatment but not diagnosis. Faith Bauer noted that although DSM5 is a guide to determine the patient's diagnosis and guide treatment, DSM5 codes are not HIPAA compliant and ICD-9-CM codes will need to be submitted. Additional information both from the program/provider as well as payers is required.	**OPEN** Commercial payers TAG members will research issue with their contracting division Richard will send additional information to Faith prior to next meeting
08/14/14 Minutes: Deferred pending Mr. Scherer's participation and discussion at the next meeting. Faith will contact to invite him to the next meeting.	**OPEN**
08/26/14 Minutes: Paula Decker's response and evaluation of gambling diagnosis and programs was reviewed. Gambling addiction is a separate issue and is not the same as substance abuse. Modalities may be the same but treatment strategies are not the same. Some may apply to both but are very different strategies. Codes are very specific to substance abuse. Leave open until SBAR originator is able to attend and address the issue.	**OPEN**
10/9/14 Minutes: Richard Scherer was present to talk about his request. Club Recovery is a full service addiction clinic with a primary focus on pathological gambling and chemical abuse. A mental health component is included for those with co-addictions. The program is modelled after substance abuse programs. The primary focus is group treatment is group but individual treatment is also done. Treatment includes dealing with the family as well. DSM-5 reclassified gambling addiction under substance abuse disorders Current billing is done as a facility claim (837I) with the following codes: Revenue code: 0949 HCPCS codes: H2035-HQ H0031 H0001 H2020 Mental health services by an LICSW are billed on a professional claim using CPT BH codes and billed on a professional claim (837P). General discussion: The intent it establish uniform, consistent coding for gambling addiction. At this time payers differ. Some payers are using Rev code 0949 with H0001 for CD for assessment. H2020 was widely used (CMS stated H2020 was no longer an acceptable code and payers are moving away from this code). Some payers are requiring H2035 and H2020. Revenue codes 0944 – CD 0945 – alcohol and 0949 were also discussed. Also, the H codes noted basically deal with substance abuse. H2020 is per diem code. Services are being billed hourly. Need time code, such as H2019. We need to determine if this is a unique request or is applicable to other providers. What are best codes for reporting gambling services? Medica defines it as addictive behavior that substance abuse falls under; does not use standard SA codes for the gambling program. Is there a reason to not use H2035 since it falls in diagnostic are in addictive behavior? Initially under substance abuse.	**OPEN** MCT payers will discuss with their contract area. DHS will determine the policy. MDH will contact Ruth Moser (DHS) to schedule meeting with providers. MDH will forward meeting information to Faith for distribution to MCT. MCT payers will report their findings at December meeting

DHS gambling addiction is not being processed in their claim system. Distinct benefits for self-funded, commercial and Medicare. HCPCS code will distinguish services. Might be appropriate to go with CPT as one payer prefers the gambling addition services to be billed. CPT code would be hard to implement because of program type. Currently gambling addition is based on contracts. If providers can be identified to contact or the payers can determine. Gambling providers meet monthly.	
12/11/14: ~~Andrea Agerlie~~ Judy Edwards reported that Ruth Moser from DHS indicated that about 9-10 providers usually attend the monthly meeting. She was not sure if it would be helpful to include all providers in a discussion. Andrea will meet separately with Ruth to discuss coding.	**OPEN**
1/8/15 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~~ Judy Edwards and Kathy Sijan)	**OPEN**
2/12/15: DHS met internally; they receive payment from lottery funds to provide compulsive gambling services. Assessment; active treatment and support services (H2019 TS) inpatient/outpatient; type of bill; revenue codes; Rule 82; court-orders, etc. Codes proposed on the SBAR are H2020; H0005 and H2035 are on original request. H2019 per 15 minute (treatment) H0031 (assessment) - No decision has been made by DHS on how to code at this time.	**OPEN** DHS will present in March
3/12/15: 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**
4/9/15: DHS presented a worksheet with proposed gambling addiction treatment coding. 'Since 1999, treatment for compulsive gambling for DHS recipients has been a statewide program, mandated that the funds for the program must be administered on an individual client, fee for service basis. The eligible vendor would bill every 30 days [based on the beginning date of treatment]. This currently is based on an invoice system, not a health care claim transaction. DHS currently covers these services as professional and facility based treatment services. Codes that indicate alcohol or drug abuse treatment are not appropriate to describe this treatment. In addition, gambling addiction treatment is funded by the state lottery and CD treatment is funded by CCDTF. DHS plans to move this type of service to be billed as a claim for processing through the claims system and approved codes for billing will be necessary. Richard Scherer, Club Recovery LLC submitted an SBAR in Oct, asking for a consistent coding solution. There are three parts to this proposal: assessment, treatment and ongoing treatment." See proposed coding is on the Worksheet in - Compulsive Gambling - DHS Proposal worksheet. In addition, DHS has prepared a gambling addiction treatment handbook with additional more detailed information that will be forwarded to the TAG. In discussion, concerns were raised about possible double billing for both professional and facility services. It was agreed to continue discussion of the proposed coding at a subsequent TAG meeting, and to request that DHS program staff (Helen Ghere) and Mr. Scherer attend the meeting.	**OPEN** All payers are asked to review proposed coding

6. PH Nurse Updates – DHS

2/12/15: PH Nurse SBAR– two-part SBAR requesting: 1) change in coding in Table A.5.4.a for Home health aide, CNA, per visit and Patient education only and 2) additional column and coding for POS other than home or residence to be added to table. PH Nurses may provide services in shelter, college, and other facilities. Faith stated the coding for the tables were a collaboration of the MCT and the Public Health Nurse Association. Any potential changes must be discussed with them before changes are made to the table. No changes will be made to Table A.5.4.a or Table A.5.4.c in the guide. Postpone discussion. TAG will conduct research regarding coding per MCTs agreement with Public Health nurses.	**OPEN** Waiting for SBAR. Research needed.
3/12/15: 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 outside of our agency and not in the client's home. The service provided by our Public Health Nurses in these different settings is exactly the same 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 (but not at our Public Health agency clinic location), billable using the S9123 billing code?" 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	**OPEN** Faith Bauer will summarize past issue

put the SBAR together.	
4/9/15: Joanne Wolf reported that variations in coding for Maternal and Child Health services as part of Child and Teen Check-ups (C&TC) continues, as documented recently by the Metro Action Group. The TAG agreed that members would research their coding practices for these services and report back at the next TAG meeting.	**OPEN** All payers are asked to review proposed changes

7. Behavior Health Home (BHH) – Kathy Sijan, DHS

3/12/15: 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. There are two services: • 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. 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 rendered by a physician, this is not a timed procedure (99490 designates time, and DHS want to establish a model for future health models. Participation is voluntary but has requirements for the patient/participant to be actively involved with an engaged health plan. 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). 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. The patient/participant cannot receive duplicative services in the same/month. For example, payment may only made for a BHH or HCH, not both. Suggested "Monthly" be added to the definition to clarify payment. Suggestion that providers track services and document in their notes. 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.	**OPEN** DHS will send info to Faith re: State Plan language DHS will also make corrections to the SBAR and forward to Faith for distribution and request for an e-vote by MCT to approve
4/9/15: Andrea Agerlie of DHS presented a summary of coding recommendations for Behavior Health Home (BHH). She clarified that the program will become effective January 1, 2017, and that the codes could be incorporated with the TAG's coding clarification grid. However, federal approval of the codes is needed the codes could be considered for inclusion in the claims companion guides.	**OPEN**

8. MN Community Coding Practice/Recommendation Table

4/9/15: Faith Bauer will update grid.	**OPEN**

9. C&TC Developmental and Social Emotional/Mental Health Screenings – Kathy Sijan, DHS – see SBAR

10. Additional Agenda Items/ Announcements

- The July 9 MCT meeting will be cancelled; but will meet on the second scheduled meeting of the month – July 28.
- June meeting:
  - The next scheduled meeting is June 11, 9:00-12:00, St. Croix Room – 1st floor, HealthPartners, 8170 Building, Bloomington.
- TREATS

Administrative Uniformity Committee

AUC UPDATE

April 30, 2015 | Volume 3, Number 4

INSIDE THIS ISSUE:

Revised Claims Companion Guides Scheduled for Release Approximately June 1

The AUC recently completed an email vote unanimously approving revisions to the Minnesota Uniform Companion Guides (MUCGs) for the claims transactions (837 Professional, 837 Institutional, and 837 Dental). The revisions incorporate a number of clarifications and technical updates, and were completed as part of "annual maintenance" of the guides to ensure that they remain up-to-date, accurate, and as clear and helpful as possible.

The revised guides have been submitted for review and adoption into rule by the Minnesota Department of Health (MDH). A notice of the revisions being adopted into rule will be published in the State Register on approximately June 1, 2015, and will become effective 30 days after the publication date.

A link to the State Register announcement and the revised guides when they are published will be posted on the AUC website (http://www.health.state.mn.us/auc/index.html).

Hold the Date: Next Regular Quarterly Meeting of the AUC Operations Committee is June 9

Reminder – Please mark your calendars. The next regular quarterly meeting of the AUC Operations Committee (committee of the whole) is scheduled for 2:00 p.m. – 4:00 p.m., June 9, 2015, at the Hamline Room of the TIES Event Center, 1644 Larpenteur Avenue West, Falcon Heights, MN 55108.

Watch for the May edition of the AUC Update for additional information.

MN ICD-10 Collaborative Co-sponsors Free CMS ICD-10 Webinar May 19

The Minnesota ICD-10 Collaborative, a consortium of providers and payers working together to aid the transition to the ICD-10 coding system scheduled for October 1, 2015, is co-sponsoring a free ICD-10 webinar presented by the federal Centers for Medicare & Medicaid Services (CMS).

The webinar will be held 9:00 a.m. – 11:00 a.m. CST, May 19. Designed for physicians and practice managers, the educational session will offer background and strategies for ICD-10 implementation, including:

- Clinical/business impacts of ICD-10;
- Customizable Action Plan;
- Documentation Requirements for Common Health Conditions;
- Interactive Practice Clinical Scenarios; and
- Resources.

Information about ICD-10 and the ICD-10 Collaborative is posted on the AUC website on the ICD-10 page (http://www.health.state.mn.us/auc/icd10/icd10index.html).

To attend the free webinar discussed above, please preregister by following the directions from the link posted on the AUC's ICD-10 page.

Medicare RARC Alerts Providers About Upcoming Transition to ICD-10

A recent notice from the federal Centers for Medicare and Medicaid Services (CMS) announced that:

By mid-April, providers will begin seeing a new Remittance Advice Remark Code (RARC) N742 on their Remittance Advices (RAs), "Alert: This claim was processed based on one or more ICD-9 codes. The transition to ICD-10 is required by October 1, 2015, for health care providers, health plans, and clearinghouses.

Medicare Administrative Contractors will start using the new RARC in April. Since RARCs are an industry standard, the new RARC has been available for other health plans to use since March 1, 2015."

More information can be found at the Medicare ICD-10 provider resources website (http://www.cms.gov/Medicare/Coding/ICD10/ProviderResources.html).

TAG Updates

Information about AUC committees and Technical Advisory Groups (TAGs) and their activities, including meeting minutes, can be accessed from the AUC TAG page (http://www.health.state.mn.us/auc/activity.htm).

Meeting agendas and other materials are posted on the AUC website in advance of meetings. TAG meeting schedules and information are also available on the AUC calendar page (http://www.health.state.mn.us/auc/calendar.htm).

With the exception of the Medical Code TAG, TAG meetings are generally conducted via teleconference rather than in-person. All AUC meetings are open, public meetings.

Executive Committee

The AUC Executive Committee met on April 6, 2015. At the meeting, the Committee:

- received updates on the status of companion guide annual maintenance and efforts to increase ICD-10 awareness and readiness, including a series of outreach and technical assistance sessions being planned for the annual rural health conference June 29-30;
- discussed the AUC's ongoing interests in preparing for a changing health care delivery/financing environment that may include greater use of "bundled payment" and Accountable Care Organizations (ACOs). The Committee will learn more about activities of the Workgroup on Electronic Data Interchange (WEDI)'s recently established "Bundled Payments Taskforce" and possible opportunities for shared learning and participation;
- briefly discussed needs and possible emerging opportunities for exploring a convergence in the exchanges of clinical and administrative data. For example, the

AUC may wish to consider responding to a recent CMS request for comments regarding a proposed federal rule for Phase III of electronic health records (EHR) meaningful use incentives, particularly with any comments on the interplay between clinical and administrative data. Dave Haugen of MDH agreed to also discuss the proposed rule with the MDH Office of Health Information Technology (OHIT) staff assisting in the implementation and administration of state requirements for interoperable EHRs.

- reviewed the meeting schedule for September. Due to the Labor Day holiday on September 7 this year, the AUC Executive Committee meeting calendar included tentative meeting dates for September 8 and September 14. September 8 is also currently reserved for the AUC Operations regular quarterly meeting. After discussion it was agreed to cancel the Executive Committee meeting on September 8 and to meet only on September 14;
- discussed adding an agenda item to the June 9th Operations meeting to obtain payer status for the implementation of the AUC best practices for Health Insurance Exchange Grace Period Notifications.

The Executive Committee is next scheduled to meet on May 4.

OPERATIONS COMMITTEE

As noted above, the next regularly scheduled AUC Operations Committee meeting is June 9, 2015. Additional meeting information will be circulated in the near future.

MEDICAL CODE TAG

The Medical Code TAG met on April 9, 2015 and completed a final review of several proposed revisions to the claims companion guides as part of annual maintenance of the guides prior to an AUC Operations Committee review and vote regarding the changes (see related article, page 1).

In addition, the TAG received an update from the Department of Human Services (DHS) regarding:

- a clarification for coding for Autism Early Intensive Developmental and Behavioral Intervention benefit (EIDBI) services. The place of service for the benefit will be POS 11 or 12 and the new EIDBI benefit modifier will be UB;
- proposed gambling addiction treatment coding. The coding was necessary because DHS currently covers these services as professional and facility based treatment services, using an invoice system rather than a health care claim transaction. DHS plans to have the service be billed as a claim for processing through the claims system, and so approved codes for billing will be necessary. In discussion, concerns were raised about possible double billing for both professional and facility services. It was agreed to continue discussion of the proposed coding at a subsequent TAG meeting, and to request that DHS program staff and service providers attend the meeting;
- coding recommendations for Behavior Health Home (BHH). The program will become effective January 1, 2017, pending federal approval of the recommended codes.

The TAG also discussed:

- variations in coding for Maternal and Child Health services as part of Child and Teen Check-ups (C&TC). TAG members agreed to research their coding practices for these services and report back at the next TAG meeting.
- that an Asthma Education SBAR submitted in 2014 had been withdrawn with no action.

The TAG is next scheduled to meet on May 14.

EOB/REMIT TAG

The EOB/Remit TAG canceled its April meeting due to a light agenda. The TAG is next scheduled to meet on May 18.

ELIGIBILITY TAG

The Eligibility TAG met April 22, 2015. It had previously polled its members to identify issues with the use of the 270/271 transactions for further review and discussion. At the meeting, the TAG reviewed and discussed three draft best practices to address issues that had been identified. The following two best practices were unanimously approved by the TAG:

1. *Reporting Termination Date for Inactive Coverage* -- This best practice applies to Information Sources and provides for reporting of a member's termination date when the information source has found the member to no longer be active (inactive coverage response).
2. *Service Type 60 Response (Active Coverage, No Benefits Reported)* - provides an option for Information Receivers to receive a 271 eligibility response without receiving a detailed, comprehensive response. This inquiry is intended as an option for subsequent inquiries when the Information Receiver needs to verify the patient's status (active/inactive) and that the subscriber/patient demographic information has not changed. This inquiry may be practical and better meet the needs for smaller or single specialty Information Receivers than a comprehensive response.

After much discussion, the TAG agreed that the third best practice, Service Type Inquiry/Response, which provides a mechanism for Information Receivers to request eligibility on specific Service Types, needed additional discussion and review by the members within their respective organizations prior to a vote to approve.

The two best practices that were approved by the TAG will be forwarded to the Executive Committee for review and then to the Operations Committee for its review and vote to approve them.

Correction for Article in March 2015 Issue of AUC Update

Please note: Page five of the March 2015 issue of the AUC Update carried a brief review of recent EOB/REMIT TAG activity. The first sentence of the article stated that "The EOB/Remit TAG met on March 16, 2015 and discussed coding on remittance advices to report an enrollee's proper Prepaid Medical Assistance Program (PMAP) designation." For greater clarity, the sentence should read: "The EOB/Remit TAG met on March 16, 2015 and discussed coding on remittance advices to ~~report an enrollee's proper Prepaid Medical Assistance Program (PMAP) designation~~ include an enrollee's eligibility type along with the major program ("4 digit PMAP code").

We apologize for any confusion or inconvenience.

AUC May 2015 Meeting Calendar

For more information, see the AUC calendar page (http://www.health.state.mn.us/auc/calendar.htm).

Date/Time	Event
May 4, 2015 8:30am - 10:30am	**Executive Committee Meeting**
May 6, 2015 9:00am - 10:30am	**Claims Data Definition TAG Meeting**
May 14, 2015 9:00am - 12:00pm	**Medical Code TAG Meeting**

Date/Time	Event
May 18, 2015 1:00pm -2:30pm	**EOB/Remit TAG Meeting**
May 27, 2015 2:00pm - 4:00pm	**Eligibility TAG Meeting**

AUC Newsletter Subscription

Interested in signing up to receive this newsletter and other AUC updates and information? Please sign up using the Subscribe feature on the right hand side of the AUC homepage (http://www.health.state.mn.us/auc/index.html) under the "Most Viewed" navigation frame.

Comments or questions about this newsletter? Please contact us at: health.auc@state.mn.us.

Title of Meeting: AUC Medical Code TAG
Date and Time of Meeting – Thursday, April 9, 2015, 9 a.m. to 12 a.m.
Location of Meeting – HealthPartners
Meeting Minutes

Minutes By: Dave Haugen and Faith Bauer

Agenda Item	**Discussion**	**Action/Follow-up:**
1. Welcome and Introductions • 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 two corrections: Agenda item #4, Autism, second sentence: "not" corrected to "now "…"SBAR is now ~~not~~ at AUC…" Agenda item #8, Behavior Health Home (HHS), Andrea Agerlie changed to Kathy Sijan.	Minutes will be posted on AUC MCT website
4. Final Changes to the Claims Companion Guides	Dave Haugen of MDH presented a brief summary update of the status of the 837P and 837I claims companion guide annual maintenance. Several relatively minor revisions as part of the annual maintenance process had been approved by both the MCT and AUC Operations in previous email votes. However, before publishing the revisions as adopted rules, a few clarifying changes and corrections were brought to MDH's attention for possible inclusion in the rules this time. MDH was now bringing these changes forward for discussion with the TAG at the meeting. MDH's goal was to identify noncontroversial, technical corrections and clarifications to include in the current round of annual maintenance, and to complete the maintenance process as soon as practicable. A list of the possible changes brought to the TAG by MDH and discussed at the meeting is attached following the body of these minutes. The TAG approved all revisions except those proposed for Table A.5.4.a -- PUBLIC HEALTH NURSE CLINIC SERVICES, as the TAG did not agree that the proposed changes were limited to only technical changes, and required additional review and discussion with the affected groups. Those changes that were approved by the TAG will be forwarded by MDH to the AUC Operations Committee for its vote. If also approved by AUC Operations, the guide revisions will be forwarded to the MDH Commissioner's office for review to post as adopted rules. MDH will be working to complete the annual maintenance process, including an announcement of revisions to the claims companion guides being adopted into rule, by approximately late May – early June of this year. **Addendum to meeting notes above. Below are the changes discussed in agenda item 4 above.** As described in the meeting notes for agenda item #4, with the exception of the proposed changes to "*837P, Table A.5.4.a (Maternal and child health billing…),*" the other proposed	**CLOSED**

<table>
<tr><th>Agenda Item</th><th>Discussion</th><th>Action/Follow-up:</th></tr>
<tr><td></td><td>clarifications/corrections below were approved by the Medical Code TAG. The changes approved by the TAG will be forwarded to the AUC Operations Committee for final approval.
<table>
<tr><th>Which guide(s)</th><th>Where in guide(s)</th><th>What change(s)</th></tr>
<tr><td>837P</td><td>Table A.5.1
Medicare Chapt. 16</td><td>Delete “Laboratory Services – Repeat Services” per MCT vote reported out on 3/20/15</td></tr>
<tr><td>837P</td><td>Medicare Chapt. 18, C&TC</td><td>Correction: 96110 UC to 96127 (this was missed in v10 the TAG voted on)</td></tr>
<tr><td>837P</td><td>Table A.5.4 a
(Maternal and child health billing…)</td><td>Clarifications and corrections needed per SBAR submitted to MCT</td></tr>
<tr><td>837P, 837I</td><td>Table A.5.2
Children’s Mental Health Residential Tx Svcs; Intensive Residential Tx Svcs</td><td>Separate the bullets to distinguish DHS FFS vs. all other</td></tr>
<tr><td>837P, 837I</td><td>Front matter</td><td>Add reference that ICD-10 is required when required per federal regulations</td></tr>
</table></td><td></td></tr>
<tr><td>5. Autism – Andrea Agerlie, DHS</td><td>Andrea Agerlie of DHS reviewed the Autism Early Intensive Developmental and Behavioral Intervention benefit (EIDBI) approved recently by the TAG and AUC Operations. She noted that place of service for the benefit will be POS 11 or 12 and that the new EIDBI benefit modifier will be UB. Even if services are performed in the community, the place where originated would be reported. Faith Bauer said she would update the SBAR response document to include the clarifications. With these updates, the TAG agreed that the SBAR topic could be closed.</td><td>CLOSED</td></tr>
<tr><td>6. Mental Health Service Plan Development – DHS</td><td>Kathy Sijan reported DHS is waiting for federal approval of program and coding recommendations. The issue remains open.</td><td>OPEN</td></tr>
<tr><td>7. Gambling Addiction Program - Richard Scherer, Club Recovery, LLC</td><td>DHS presented a worksheet with proposed gambling addiction treatment coding.
‘Since 1999, treatment for compulsive gambling for DHS recipients has been a statewide program, mandated that the funds for the program must be administered on an individual client, fee for service basis. The eligible vendor would bill every 30 days [based on the beginning date of treatment]. This currently is based on an invoice system, not a health care claim transaction.
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DHS plans to move this type of service to be billed as a claim for processing through the claims system and approved codes for billing will be necessary. Richard Scherer, Club Recovery LLC submitted an SBAR in Oct, asking for a consistent coding solution. There are three parts to this proposal: assessment, treatment and ongoing treatment.”
See proposed coding is on the Worksheet in - Compulsive Gambling - DHS Proposal worksheet.
In addition, DHS has prepared a gambling addiction treatment handbook with additional more detailed information that will be forwarded to the TAG.</td><td>OPEN
All payers are asked to review proposed coding</td></tr>
</table>

Agenda Item	Discussion	Action/Follow-up:
	In discussion, concerns were raised about possible double billing for both professional and facility services. It was agreed to continue discussion of the proposed coding at a subsequent TAG meeting, and to request that DHS program staff (Helen Ghere) and Mr. Scherer attend the meeting.	
8.PH Nurse Updates - DHS	Joanne Wolf reported that variations in coding for Maternal and Child Health services as part of Child and Teen Check-ups (C&TC) continues, as documented recently by the Metro Action Group. The TAG agreed that members would research their coding practices for these services and report back at the next TAG meeting.	**OPEN** All payers are asked to review proposed changes
9. Behavior Health Home (BHH) – Kathy Sijan, DHS	Andrea Agerlie of DHS presented a summary of coding recommendations for Behavior Health Home (BHH). She clarified that the program will become effective January 1, 2017, and that the codes could be incorporated with the TAG's coding clarification grid. However, federal approval of the codes is needed the codes could be considered for inclusion in the claims companion guides.	**OPEN**
10. Children's Residential and IRTS Corrections - DHS	These corrections were incorporated in the discussion of agenda item no. 4 above.	**CLOSED**
11. Miscellaneous discussion	Asthma Education SBAR, HCMC, June 10, 2014 – what was outcome of issue? The issue was withdrawn with no action.	**CLOSED**
12. MN Community Coding Practice/Recommendation Table	Faith Bauer will update grid.	**OPEN**
13. Next meeting	• The next scheduled meeting is May 14, 9:00-12:00, St. Croix Room – 1st floor, HealthPartners, 8170 Building, Bloomington. • The July 9 MCT meeting will be cancelled; but will meet on the second scheduled meeting of the month – July 28.	**CLOSED**

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- **Situation**: Describe the type of problem or issue, e.g., coding or clarification/interpretation. What is the current business practice and why is it a problem or an issue? Would the continuance of the practice result in non-compliance of federal (e.g., CMS guidelines) and Minnesota administrative simplification rules and regulations?
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Short Title		Log No.	Date Closed
Status: Exec Review Date	Sent to TAG/WG	TAG Recommendation: _____ Accept _____ Reject	Decision to Originator

Section II – Contact information (Person submitting the SBAR and/or Subject Matter Expert)

Contact Information for person completing this form:

Name: ANDREA AGERLIE
Title: Health Care Coding Compliance Officer
Email address: andrea.agerlie@state.mn.us
Telephone: 651-263-6314

Organization Information:

Name: MINNESOTA DEPARTMENT OF HUMAN SERVICES
Address: 540 Cedar St. , St. Paul, MN 55164-0993

Complete for additional contact or Subject Matter Expert, as required:

Name:
Title:
Email address:
Phone number:

Section III – SBAR information (Concise and specific description of the issue to be addressed stating the Situation, Background, Assessment, and Recommendation)

SBAR Issue Title: MENTAL HEALTH SERVICE PLAN DEVELOPMENT

S

SITUATION – Describe the current business practice(Please describe the problem or issue to be addressed):

The 2013 Minnesota Legislature modified 256B.0943 to add a new covered service under Children's Therapeutic Services and Supports (CTSS) called Mental Health Service Plan Development. The definition of Mental Health Service Plan Development in 256B.0943, Subd. 1(p) is as follows:

(1) The development, review, and revision of a child's individual treatment plan as provided in Minnesota Rules, part 9505.0371, subpart 7, including involvement of the client or client's parents, primary caregiver, or other person authorized to consent to mental health services for the client, and including arrangement of treatment and support activities specified in the individual treatment plan; and
(2) Administering standardized outcome measurement instruments, determined and updated by the commissioner, as periodically needed to evaluate the effectiveness of treatment for children receiving clinical services and reporting outcome measures as required by the commissioner.

In addition to CTSS, DHS has determined there is sufficient funding allocated to provision of Adult Rehabilitative Mental Health Services (ARMHS) to provide payment for similar services.

Mental Health Service Plan Development applies to both fee-for-service and managed care.

B

BACKGROUND – Explain the pertinent history of the business practice (How does this work today):

CTSS and ARMHS providers have clear requirements for completion of an individual treatment plan as well as timelines for review and revision of the plan. Legislation requires both CTSS and ARMHS providers to engage in Functional Assessment and related outcome measurement. Prior to the 2013 legislative changes, however, these time intensive activities were not reimbursed.

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):

Mental Health Service Plan Development will need to be split into two codes, one for the development, review and revision of the client's individual treatment plan (service plan development) and one for the administering of standard outcome measurements and reporting outcome measures (functional assessment). In addition, it is imperative the codes be defined with a time unit.

SERVICES TO BE CODED:

SERVICE PLAN DEVELOPMENT
CHILDREN:
* Treatment planning and review with family included
* Parent/legal guardian provides approval of individual treatment plan and any changes therein.

ADULTS:
* Treatment planning and review with or without family

FUNCTIONAL ASSESSMENT (AND OUTCOME MEASUREMENT)
CHILDREN:
* Strengths and Difficulty Questionnaire (SDQ)
* Child Adolescent Service Intensity Instrument (CASII) age 6-21 or Early Childhood Service Intensity Instrument (ECSII) under age 6
* Administration and reporting requirement at various intervals for the specified ages

ADULTS:
* Assessment covers 14 distinct domains of the clients functioning across different settings
* Assesses and identifies functional strengths and/or impairments.
* Clearly and concisely describes in narrative the individual's current status and level of functioning within each of 14 domains.
* Informs the Level of Care Utilization System (LOCUS) to help determine the resource intensity needs of individuals who receive adult mental health services.

For children, these services are completed by mental health professionals or clinical trainees. For adults, these services are completed by a practitioner, clinical trainee or mental health professional. Services can take place in a variety of settings, including but not limited to, clinic, school, home, community mental health center. Services are professional and will be billed on the 837p claim transaction.

CHALLENGES (the need for a time based code):
The needs and time involved in performing the above activities with adults differ markedly from performing these activities with children and their families.

* In general, adult mental health clients are their own legal guardians and they bear the responsibility and right to approve their own treatment plan, whereas clients under age 18 cannot provide approval for their own services. Due to work schedules, family situations or different treatment and legal requirements, Service Plan Development activities for children are more complex than adults.

* Requirements for adult Functional Assessment are greater (and take much longer to complete) than the requirements for children. The Functional Assessment and level of care determination for adults are greater than the requirements for Functional Assessment (outcome measurement) for children and adolescents (CASII, ECSII and SDQ).

	* Treating children with different diagnostic profiles can vary substantially from child to child, requiring varying resources and activities necessary to complete their Service Plan Development. * Providers are continually challenged to meet the needs of emerging immigrant populations as a response to Minnesota's diversifying demographics. Services to culturally and linguistically diverse individuals can vary widely due to complexity of language and cultural differences. Additional time may be needed to engage and thoroughly understand the individual's service needs. * Single, session-based codes for services that vary widely case to case and provider to provider will over compensate many providers and under compensate many others. The likely outcome is poorer treatment planning and monitoring than is warranted by the treatment needs of the specific client. Mental Health Service Plan Development applies to DHS fee-for-service and managed care. Discussion is necessary to develop a uniform billing method.
R	RECOMMENDATION – What are you recommending, including any known timing that needs to be considered: Pending federal approval, the effective date for coverage of these services will be 7/1/14. H0031 Mental Health Assessment, by non-physician H0032 Mental Health Service Plan Development by non-physician Both of the above codes seem to be a good fit for the description of services provided, but they are not time based. We have not found time based codes that address these services. We have found 9 states that cover these services using the H0031 and H0032. Seven of the nine states use a 15 minute unit for the codes. We would like to temporarily use these codes with a 15 minute unit and pursue establishment of two new time based codes through the Pilot Medicaid HCPCS Code Modification Request. I have spoken with a CMS regarding this situation. This process does not guarantee approval of new codes and is dependent upon other state involvement. The process also takes time and if establishment of new codes does take place, they would not be effective until 2015 at the earliest. We need a method to bill Mental Health Service Plan Development beginning 7/1/14.

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SBAR ISSUE: Gambling Addiction Program

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Contact Information for person completing this form:

Name:RICHARD SCHERER

Title:BUSINESS MANAGER

Email address:richard@clubrecoveryllc.com

Telephone: 952.926.2526

Organization Information:

Name:CLUB RECOVERY, LLC

Address: 6550 YORK AVE SOUTH
SUITE 620
EDINA, MN 55435

Complete for additional contact or Subject Matter Expert, as required:

Name:

Title:

Email address:

Phone number:

Section III – SBAR information (Concise and specific description of the issue to be addressed stating the Situation, Background, Assessment, and Recommendation)

SBAR Issue Title:

S	SITUATION Beginning January 1, 2014, one Minnesota health plan started to deny all claims submitted for their subscribers who were participating in our Gambling Addiction Program because they were under the impression that the AUC (or other govt agency) indicated beginning January 1, 2014 H2020 with the Rev Code 0949 was no longer applicable or acceptable. Up to January 1, 2014, we had been submitting claims using the coding nomenclature of H2020 with the Rev Code 0949 with no claim issues. Similarly, this coding structure has been used with all others payer up until the last year. That being said, another health plan changed their coding structure in July 2013 from H2020 0949 to H0005 0949. A third health plan continues using the billing structure of H2020 (however, it must be noted it has all claims submitted as "Professional" and are submitted using HCFA 1500 claim structure and therefore no rev code is associated . What I am trying to ascertain is how can billing for this level of care become more uniform across payers as well as be coded "appropriately"
B	BACKGROUND Aspects of the background of this issue is noted above. Currently there are 4 different coding structures utilized by most of the local payers: H2035 HQ 0949 (maybe???), H2020, H0005 0949, and H2020 0949.

A	ASSESSMENT –One health plan reports they received a directive in changes to coding for Compulsive Gambling from the AUC and began rejecting claims submitted with the coding H2020 0949 January 1, 2014. Currently, we are attempting to rebill for all of those services with a new billing scheme of H2035 HQ 0949 yet the health plan also informed us that that coding structure would be rejected using the rev code 0949 and asked that we use 0944, 0945, or 0953. None of these rev codes would be appropriate and likely could be considered fraudulent coding by CMS (for any Medicaid (PMAP) or Medicare dollars used to make payment). Clearly, amongst the various payers it is apparent that there seems not to be a standardized coding structure to bill for Compulsive Gambling particularly in the group setting.
R	RECOMMENDATION – Similar to coding for chemical dependency, I ask if this committee can make recommendations that would identify a singular coding structure for billing Compulsive Gambling Disorder treatment. Please note, I would question if it is appropriate to use the HCPC code H2020 as an hourly code given it has been traditionally regarded as a per deim code. Therefore it may be necessary to be mindful of using these codes as globally defined. It may be the better part of valor to use H2035 HQ 0949 since it likely reflects more closely to changes in the DSM 5 as Compulsive Gambling is now defined under Addiction Disorders, similar to other substance abuse classifications in the DSM 5. That being said, H2035 is defined exclusively as a drug/alcohol treatment code. I am unaware of any issues of using the Rev Code 0949.

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AUC Response:

Gambling - Proposed Coding - FACILITY

	Service Description	Type of Bill	Procedure/Revenue Code	Mod	Mod	Mod	Unit
1	Assessment-Practitioner	89X	H0031	U8	HN	or H9	1/day
2	Assessment-Masters	89X	H0031	U8	HO	or H9	1/day
3	Assessment-Doctoral	89X	H0031	U8	HP	or H9	1/day
4	Individual-Practitioner	89X	H2019	U8	HN		15 mins
5	Individual-Masters	89X	H2019	U8	HO		15 mins
6	Individual-Doctoral	89X	H2019	U8	HP		15 mins
7	Family-Practitioner	89X	H2019	U8	HN	HR or HS	15 mins
8	Family-Masters	89X	H2019	U8	HO	HR or HS	15 mins
9	Family-Doctoral	89X	H2019	U8	HP	HR or HS	15 mins
10	Group	89X	H2019	U8	HQ		15 mins
11	*Group -Follow up	89X	H2019	U8	HQ	TS	15 mins
12	Residential -Treatment Services	86X	0900				day
13	Residential - Room and Board	86X	1001				day

Code	Description
H0031	Mental Health assessment, by nonphysician
H2019	Therapeutic behavioral services, per 15 minutes
0900	Behavioral Health Treatment Services/Gen Classification
1001	Behavioral Health Accomodations/Gen Classification
H9	Court Ordered
HN	Practitioner (MH Practitioner, 4 yr bachelor level, LADC)
HO	Master (LICSW, LMFT)
HP	Doctoral (PhD)
HQ	Group
HR	with client
HS	without client
TS	Follow up s *(recovery/continuing care[future])
U8	Compulsive Gambling Tx *(new U mod)*

Compulsive Gambling -
Proposed Coding -
PROFESSIONAL

	Service Description	POS	Procedure Code	Mod	Mod	Mod	Unit
1	Assessment-Practitioner	11,22,21	H0031	U8	HN	or H9	1/day
2	Assessment-Masters	11,22,21	H0031	U8	HO	or H9	1/day
3	Assessment-Doctoral	11,22,21	H0031	U8	HP	or H9	1/day
4	Individual-Practitioner	11,22	H2019	U8	HN		15 mins
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6	Individual-Doctoral	11,22	H2019	U8	HP		15 mins
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TS	Follow up se *(recovery/continuing care[future])
U8	Compulsive Gambling Tx *(new U mod)*

MN DEPARTMENT OF HUMAN SERVICES

Problem Gambling Treatment Provider Handbook

Legal Reference: The Minnesota gambling treatment program was established in February 1992. The Laws of Minnesota 1996, Chapter 451, Article 2, Section 56 amended by Laws of Minnesota 1998, Article 8, Section 11(b) as a means of ensuring greater accessibility to both services and funding, established the individual client outpatient gambling treatment fee-for-service reimbursement system.

July 2014

Index

Client Eligibility

Primary Client

1. The client must be a resident of Minnesota
2. The client must have a diagnosis of Gambling Disorder, (Non Substance Related Addictive Disorders), 312.31, diagnosed through criteria found in the Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition, (DSM V), defined as a persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress that disrupts personal, family or vocational pursuits.

   Or, based on the South Oaks Gambling Screen (SOGS) as Probable Gambling Disorder, defined as a progressive disorder characterized by a continuous or periodic loss of control over gambling; a preoccupation with gambling and with obtaining money with which to gamble; irrational thinking; and a continuation of the behavior despite adverse consequences.

   Or, the client has scored 3-4 on the SOGS, defined as an involvement in risky gambling behaviors that adversely affects the individual's well-being, which may include relationships, financial standings, social matters and vocational or legal matters.

   Clients who need assistance with the SOGS due to learning disabilities, literacy, or language barriers should be given help as appropriate.

3. The client must be a person who is currently gambling or is at risk of relapse. Treatment for relapse prevention would include referrals to recovery supports such as Gambler's Anonymous, other self-help groups and yet to be identified recovery supports.

   If a former client returns to you after a relapse, you may do another assessment for the individual if at least ninety (90) days have lapsed since treatment. If you bill for another assessment, another full assessment must be documented in your client's file.

Aftercare Treatment Service

Often an individual who has been in residential treatment at Project Turnabout will be referred for outpatient aftercare. The individual is eligible for up to ninety (90) days of aftercare treatment.

Family Member/Significant Other Treatment Service

Family members or significant others of an individual with gambling problems may receive up to twelve billable hours of counseling and referral services, if they are Minnesota residents and if they are unable to pay due to lack of insurance coverage and/or lack of personal funds. An individual client record should be kept for client who receives this service. Sessions billed for these clients will be submitted under their own unique client record numbers. A family member may receive counseling and referral services, even if the individual with the gambling problem is not seeking treatment.

The twelve hours of intervention are intended to assist the family member/significant other with possible mental health, financial or legal referrals, and to offer crisis intervention types of services. The service is not intended to be used for mental health or co-dependency counseling. Family members/significant others may also be referred to Gam Anon if available.

Please note that if the individual with the gambling problem is in treatment, these hours are independent of services provided for the client's family sessions.

Helpline Referrals

As a State approved provider, your name, business address, phone number, and any special populations that you serve will be given to the State's problem gambling Helpline contractor. The Helpline staff will use this information in making their referrals.

The Helpline staff offers callers three referral options, if the caller identifies a geographic locations where multiple options are available. If an individual requests a particular type of provider, for example a female or a culturally specific provider, the Helpline staff tries to accommodate that request whenever possible.

Provider information is also included on the Department of Human Services (DHS) website link to no judgment website.

Treatment Settings and Modalities

1. DHS endorses individual counseling, group counseling, and family counseling as types of appropriate treatment.
2. Out-patient providers should make referrals to residential treatment at Project Turnabout/Vanguard if the client needs more intensive services.
3. To be reimbursed by the State, all counseling must be delivered in the counselor's professional office or in another professional office setting.
4. The State does not endorse treatment at the client's home.
5. Cognitive Behavior Therapy, Motivational Interviewing and related techniques are most frequently used by the gambling treatment providers. A small number of approved DHS providers use psychodynamic psychotherapy techniques.
6. Other treatment modalities are allowed if the practicing clinician is certified or licensed in that technique, the technique is within the clinical scope of the practice, and research has shown that technique to be helpful with addictions.
7. Counselors should utilize culturally responsive strategies whenever indicated. If counselors have difficulty serving an individual due to the counselor's lack of knowledge regarding the client's cultural needs, please seek technical assistance from DHS Problem Gambling Program staff.
8. Concurrent referral to support groups is strongly recommended by DHS.
9. DHS reimburses for in person treatment only.

Provider Responsibilities

1. To seek reimbursement only for residents of Minnesota.
2. To create a unique client record number for each individual served under this program.
3. To maintain records, which fully disclose the extent of services provided to individuals under this program in accordance with Minnesota Rules, parts 9505.2160 to 9505.2245. Grantee will maintain an individual record for each invoiced client, to

include, but is not limited to the date of service provided and a description of the service provided.

4. To assume full responsibility for the accuracy of claims submitted and to furnish the State with such information as it may request regarding payments claimed for services provided under this program.
5. To perform Rule 82 (Minnesota Rules, parts 9585.0010 - 9585.0040) assessments upon request.
6. To ensure that DHS Problem Gambling Program is the payor of last resort by ascertaining the legal and financial liabilities of third parties to pay for covered services, and by determining the client's ability to pay. The Grantee must credit DHS Problem Gambling Program for third party payments received.
7. If the client's insurance will partially pay for costs, DHS will pay the balance, up to the total DHS's fee schedule reimbursement rate. (The exception to this rule is a Medicare client. DHS cannot pay more than what Medicare pays. For Medicare clients what you receive from Medicare is the total you may receive.)
8. Comply with state and federal laws protecting the privacy of health information. Ensure that the client signs a release acknowledging that some of the client's personal data will be submitted to DHS for the purpose of billing. This release must be retained in the client's file.
9. To comply with all federal statutes, implementing regulations and guidance prohibiting discrimination on the basis of race, color, national origin, sex, age, religion and disability and to comply with the Minnesota Human Rights Act.
10. Cooperate with any State sponsored research, which may occur. Research is critical to the continued improvement of our program and to the better understanding of the problem gambler. If research occurs, the client must have a full understanding of the purpose of the research, as well as the confidentiality limits. The client will have the right to opt out of research participation if he or she wishes.
11. Comply with all federal statutes prohibiting discrimination on the basis of race, color, national origin, sex, age, religion and disability, sexual orientation, and status with regard to public assistance;

12. Each treatment provider must be maintain Professional licensure and copies of current professional licensure must be submitted to the DHS Problem Gambling Program.
13. Adhere to the Code of Ethics as required by professional licensing board.
14. Maintain professional malpractice/liability insurance as required by DHS.
15. To notify the Minnesota Helpline (1-800-333-HOPE) and DHS Problem Gambling Program staff if your practice is going to be closed due to vacation, illness, or for any other reason.
16. Effective July 1, 2015, to screen for co- occurring substance use disorder and for co-occurring mental health disorder using a screening tool approved by the STATE, for each client served by the program.

Reimbursement Rates

1. Rates for Individual (2) and Group/Aftercare (4) treatment are based on an hourly per person basis.
2. Rates for Family (3) are based on an hourly per session rate, not the number of persons attending.
3. Group rate applies anytime there are two or more clients participating in a session. Ideally group size should not exceed 12 clients.
4. All treatment service providers must be approved by the State as an eligible clinician or counselor in order to be reimbursed through state funds.
5. Invoices must be submitted using the STATE's *Enterprise Grants Management System* (EGMS). Treatment Providers must also submit a *Monthly Service Report* before the invoice will be approved by the Problem Gambling Program.
6. The *Service Agreement and Client Data Form,* must be submitted to DHS before the invoice payment is approved.
7. On a quarterly basis, a summary of services provided to each client must be submitted using the *Quarterly Report* form. Quarterly reports are due October 31 for July through September, January 31 for October through December, April 30 for January through March services, and July 31 for April through June services.

8. If a client discontinues treatment, then resumes at a later time, you may bill for a second assessment if at least 90 days have elapsed between treatment episodes. However, a second complete and updated assessment must be present in the client's file. If you determine that a full assessment is not needed, bill the session at an hourly rate, based on the time actually spent with the client during the re-entry interview.

PROVIDER TYPE	(1) ASSESSMENT	(2) INDIVIDUAL treatment sessions Hourly per person	(3) FAMILY/ MARITAL Hourly per session	(4) GROUP/ AFTERCARE Hourly per person
M. H. PROFESSIONAL (M.D. & Ph.D.)	$200	$77	$77	$28
M. H. PROFESSIONAL (Masters Level)	$200	$70	$70	$28
M. H. PRACTITIONER or LICENSED ALCOHOL AND DRUG COUNSELOR (LADC)	$100	$40	$40	$28

Client Records

An individual record must be kept for each client, whether gambler or family member, if you are billing for that individual.

Each record must contain:

1. The client's SOGS test and score.
2. A complete assessment in narrative form including the following:
   a) The presenting problem – why is the client coming for treatment?
   b) The referral source – self-referral, referred by family, or employer?
   c) The gambling history – this should include any prior treatment the client has had for gambling.
   d) The client's physical and mental health history – is the client currently taking medications? Special attention should be paid to clients who are taking Pramipexole (Mirapex) or other synthetic versions of dopamine associated with the treatment of Parkinson's Disease and restless leg syndrome. These drugs may be linked to problem gambling.
   e) Is there presence of suicidal or homicidal ideation? Has client had treatment for mental health issues?
   f) The client's current substance use, history of abuse, past or present treatment.
   g) The client's marital and family history.

h) Current financial or legal issues
i) Any tools used for the clinical assessment such as a Beck Depression Inventory or a SASSI.
j) The client's motivation for change.
a. The clinical assessment, diagnostic coding.

3. A treatment plan based on the findings of the assessment. Every treatment plan should be individualized to meet the unique needs of each client. The treatment plan must minimally include:

   a) Consideration of the client's strengths and resources
   b) The short and long term goals which should be determined by both the counselor and the client. The goals must be concrete enough so that there can be clear agreement when a goal has been met.
   c) The type and frequency of services to be received. Concurrent referrals must be documented. Referrals might include financial counseling, legal referrals, marital counseling or medical referrals.
   d) Cultural considerations, resources and needs
   e) An anticipated timeframe for the course of treatment.
   f) Clinician signature and date

4. Signed and dated informed consent and releases of information, and documentation that the client was advised of exceptions to confidentiality, consistent with HIPPA regulations.
5. A complaint procedure that the client may follow if dissatisfied with the services.
6. Family members or significant others should be included in the treatment planning whenever possible.
7. Every session with the client must be documented in the client record and include the following information:
   a) The type and length of session.
   b) Date, start and end time of session.
   c) The treatment plan objective(s) addressed during the session.
   d) Description of the strategies used by the clinician.
   e) The client's response to the session.
   f) Plan for next session.
   g) Counselor/Clinician signature and date of note, and if applicable, co- signature of supervising clinician.

Rule 82 Assessment

As a provider approved to receive State funding for gambling treatment, you are required to perform Rule 82 assessments. A Rule 82 assessment is an assessment done at the request of a pre-sentence investigator or a probation officer for a person who has been convicted of certain misdemeanors or felonies. Misdemeanors or felonies that would fall under this Rule would include, but are not limited to, some categories of theft, embezzlement and forgery.

"Rule 82" is a misnomer in that the Rule is actually Rule 9585.0040. However, it was initially called Rule 82 and many State employees and providers for the State still tend to call this type of gambling assessment a Rule 82 assessment.

Ideally, the probation officer/pre-sentence investigator will call to notify you of a Rule 82 referral. If the officer has not called you may call them for any information you might need after the client signs a release. The officer may or may not send a Rule 82 invoice to you.

When a probation officer/pre-sentence investigator makes a referral, the gambling assessor will have the client sign two releases of confidentiality, so that you can release your assessment results to the probation officer and the court, as well as to any other treatment provider to whom you may make a referral.

Complete an assessment which will include:

1. The nature and history of the offender's gambling history
2. The impact that gambling has had on the offender's family relationships, social relationships, employment, level of indebtedness, ability to recognize and resolve problems, and use of drug or alcohol.
3. Interviews and information from the client's significant others as appropriate.
4. The offender's emotional state – for example, depression, anxiety, suicidal ideation.
5. Consider the SOGS score and DSM V criteria in developing the diagnosis.

Make referrals: If the client requires treatment, the assessor should not self- refer or refer within the assessor's own agency.

If the treatment referral does involve self-referral or referral to one's own agency, the assessor must:

1. Indicate in the recommendation that the assessor has a direct or shared financial interest with the treatment program.
2. Document why the recommended treatment is the preferred treatment option; and
3. Document that the client was offered a second treatment referral as well. This requirement is not applicable if there is no other treatment provider within 50 miles.
4. Prepare a written report that includes the information collected in the assessment. This report must include treatment recommendations, if any, as outlined above. A copy of the report, along with the Rule 82 invoice (attached) must be sent to the referring probation officer. The probation officer will sign the invoice and return it to the assessor. Note: Some assessors send a self-addressed stamped envelope along with the report and invoice, to facilitate the return.
5. Send a copy of the Rule 82 assessment to the other provider if you've made a referral to someone else. (Client must sign a release for this), prior to billing for the Rule 82 Assessment through the Electronic Grant Management System (EGMS), the provider must secure the signed Rule 82 invoice and maintain for the clients records.
6. Reimbursement will be in the amount of $200.00.

Problem Gambling Program Forms:

Service Agreement and Client Data Form- sample attached

Monthly Problem Gambling Service Report- sample attached

Quarterly Service Report- sample attached

SBAR - PUBLIC HEALTH NURSE SERVICES UPDATES

Step 3: Submit the completed SBAR(s) and MCT Decision Tree(s) to the AUC via email at: health.AUC@state.mn.us.

AUC BUSINESS NEED EXPLANATION FORM (SBAR)

TO BE COMPLETED BY THE MINNESOTA DEPARTMENT OF HEALTH			
Date Received	**Log No.**	**Date Closed**	
Status: Exec Review Date	**Sent to TAG/WG**	**TAG Recommendation:** _____ **Accept** _____ **Reject**	**Decision to Originator**

REMINDER: Submit the completed SBAR and MCT Decision Tree form via email to the AUC at health.AUC@state.mn.us. The MCT Decision Tree is completed for medical coding issues only.

Section I – SBAR Short Title, Date, and Contact information (Person submitting the SBAR and/or Subject Matter Expert)

SBAR Short title:	Date:
Public Health Nurse	**February 5, 2015**
Contact Information for person completing this form:	**Organization Information:**
Name: Katherine Sijan Title: HealthCare Coding Compliance Officer Email address: katherine.sijan@state.mn.us Telephone: 651-431-5784	Name: Minnesota Dept of Human Services Address: 540 Cedar St St Paul, MN 55155

Complete for additional contact or Subject Matter Expert, as required:

Name: Andrea Agerlie
Title: HealthCare Coding Compliance Officer
Email address: andrea.agerlie@state.mn.us
Phone number: 651-431-3159

Section II – SBAR information (Concise and specific description of the issue to be addressed stating the Situation, Background, Assessment, and Recommendation)

SBAR Issue Title: **PUBLIC HEALTH NURSE SERVICES - UPDATES**

S	**SITUATION** – Describe the current business practice(Please describe the problem or issue to be addressed: [1] See Companion Guide 837P, the table A.5.4.a – Public Health Nurse Clinic Services – corrections needed. Codes are listed in the incorrect column. See below [2] An inquiry to DHS recently asked about PH Nurses. The majority of public health nurse visits are completed in the client's home or place of residence using S9123. However there are occasions when the nurse visits the client in a different setting such as college or not in the patients home or residence.
B	**BACKGROUND** – Explain the pertinent history of the business practice (How does this work today): See below

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): Propose to: 1- corrections to the grid 2- update the grid to account for 'other' places of service for PH nurse services.
R	**RECOMMENDATION** – What are you recommending, including any known timing that needs to be considered: Make corrections to the grid as stated above ASAP and consider adding coding and other place of service codes to grid.

Table A.5.4.a -- PUBLIC HEALTH NURSE CLINIC SERVICES

_v8v9.0 MUCG for the ASC X12N/005010X222A1 Health Care Claim: Professional (837)
Maternal And Child Health Billing Guide For Public Health Agencies
Table A.5.4.a -- Public health nurse clinic services

	Home or Place of Residence (use appropriate POS) **04 - Homeless Shelter** **12 - Home**	**Public Health Clinic** **(POS 71)**	**Other Place of Service** **(use for other than home or residence, such as school)** **02 - School** **04 - Homeless Shelter** **99 ---Other**
Services Include: • **Health Promotion & Counseling** • **Nursing Assessment & Diagnostic Testing** • **Medication Management** • **Nursing Treatment** • **Nursing Care, in the home by RN (PHN & CPHN)**	**S9123**	**T1015**	**T1002**
Home Health Aide or CNA, per visit	**T1021**	~~**S9445**~~ ~~**S9446**~~ **T1021**	**T1021**
Patient Education only – if no other services (includes car seat education)	~~**S9123**~~ **S9445 – indiv** **S9446 - group**	**S9445 – indiv** **S9446 - group**	**S9445 – indiv** **S9446 - group**

SEE CODE VERBIAGES BELOW

S9123- Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)

S9445- Patient education, not otherwise classified, nonphysician provider, individual, per session

S9446- Patient education, not otherwise classified, nonphysician provider, group, per session

T1002 - RN services, up to 15 minutes

T1015- Clinic visit/encounter, all-inclusive

T1021- Home health aide or certified nurse assistant, per visit

Section III – AUC Response (Include date SBAR recommendation was reviewed and approved by AUC TAG; coding issue addressed or SBAR issue title; whether TAG accepted or rejected recommendation requested in SBAR; explanation or basis for TAG decision and SBAR response will be placed in recommendation grid or companion guide):

Date [SBAR Response Approved by TAG]:

Reviewed by [AUC TAG Name]:

AUC Co-Chair(s):

AUC Response:

Discussion/Summary:

Decision:

Child and Teen Checkups (C&TC) BILLING GUIDELINES for Minnesota Health Care Programs - 2014

	Blue Plus	HealthPartners	Medica	UCare
Hearing & Vision Both screenings are required at every visit.	Hearing Use 92551, 92552, 92582, 92583 or V5008 as appropriate for objective hearing screening. Vision Commonly used code 99173 The objective screenings must be billed as a separate line item and the results documented in the patient's medical record; the subjective screenings are covered under evaluation & management (E&M) codes.			
Minnesota Vaccines for Children (MNVFC)	Use administration codes 90471 (one vaccine) and 90472 (more than one vaccine given) and/or 90460, 90461 accordingly. List the actual immunization given **with** the SL* modifier and a $0.0 or $.01 charge.	Use administration codes 90471 (one vaccine) and 90472 (more than one vaccine given). List the actual immunization **with** the SL* modifier and a $.01 charge.	Use administration codes 90471- 90474, 90460, 90461 accordingly. List the actual immunization given **with** the SL* modifier and a $.00 or $.01 charge.	Use administration codes 90471 (one vaccine) and 90472 (more than one vaccine given). List the actual immunization given **with** the SL* modifier. A $.00 is preferred but a $.01 charge can be accepted.
Health Education	Included in the E&M code and should not be reported separately. Report CPT Codes 99401-99404 if patient visit is for counseling only.	If performed at the same time as preventive visit, will be denied per CPT. Follow CPT direction of these codes.	Included in the E&M code and should not be reported separately. If a patient is seen for only counseling, submit a code for individual counseling (99401-99404) or for group counseling (99411-99412) instead of an E/M code. Use the U7 modifier when someone other than the MD/PA/NP performs the service.	Preventive medicine and individual counseling codes may be billed, if appropriate (e.g., 99401, 99402), but must be billed with modifier 25. These preventive medicine and individual counseling codes should be billed only when a separate and distinct service is provided beyond what is covered under the E&M code for C&TC anticipatory guidance and health education.
Blood Lead	Blood lead testing is required to be completed **twice;** once at 12 months and once at 24 months. If you are unable to perform at 12 or 24 months, one test must be done between 9 - 15 months and another must be done between 16 - 30 months. A blood lead screening test must also be done between the ages of 3 and 6 years if the child has never been tested. All payers accept 83655 (and 83655-90 for blood lead tests when an outside lab is used and the clinic agreement with lab states that the clinic is to bill for service).			
Developmental Screenings	96110	96110	96110/96111 depending on what was done	96110
Mental Health Screenings	**In order to bill, a standardized screening instruments must be used, either observational or parent report, that are normed for the age of the patient and include an interpretation component.**			
	96110UC	96110UC	96110UC or 96111 depending on what was done	96110UC
Autism Screening	Providers are encouraged to use the developmental and social-emotional screening tools recommended by MDH as a **1st line of screening**. If there is an autism indication, then use of a more specific screening tool such as the Modified Checklist for Autism in Toddlers (M-CHAT). If the M-CHAT is used, then bill 96110. If both the developmental and M-CHAT standardized screening tools are use on the same day, bill 96110 with 2 units.			
Complete C&TC Code S0302	**Indicates a complete C&TC was performed; use in conjunction with the two-character referral codes. Some health plans provide additional reimbursement for the C&TC through code S0302; please refer to your contract language.**			
	Bill S0302 when a complete exam is performed and documented.	Bill S0302 when a complete exam is performed and documented.	Bill S0302 when a complete exam is performed and documented. Reimbursement is provided when the two-character referral codes are used (see next page).	Bill S0302 when a complete exam is performed and documented.
Maternal depression screening	The DHS and MDH recommend two maternal depression screenings before the child turns 1 year. When the maternal depression screening occurs during a C&TC or other pediatric visit for an MHCP-eligible child less than one year of age, and one of the standardized screening instruments is used, bill CPT code 99420 under the child's health plan ID number. See next page for other details.			

*SL Modifier = State supplied vaccine. This grid provides guidelines and does not contain all C&TC components or possible billing codes. Clinics should follow the current C&TC Schedule of Age-Related Screening Standards, current CPT guidelines and normal billing procedures. This grid is made available by Blue Plus, HealthPartners, Medica and UCare. This document is subject to change. The most up-to-date grid can be found at **www.co.dakota.mn.us/HealthFamily/HealthServices/ChildTeenCheckups/Pages/information-for-providers.aspx** or **www.mnhealthplans.org/tools/health_plans.cfm**. updated April 23, 2014

Recommended developmental and mental health screening instruments can be found at **health.state.mn.us/divs/fh/mch/devscrn/instruments.html**

TWO-CHARACTER REFERRAL CODES

On the claim Information tab, scroll down to the EPSDT section. This section has two fields to complete. In the Certification Condition field use the down arrow to select "Yes", if a referral was made or "No", if no referral was made. In the Condition Code field select one of the four referral codes for the claim and click A to add your selection.

REFERRAL CODES

NU = No referral was made
ST = Referral to another provider for diagnostic or corrective treatment/scheduled for another appointment with screening provider for diagnostic or corrective treatment for at least one health problem identified during an initial or periodic screening service (does not include dental referrals)
S2 = Patient is currently under treatment for referred diagnostic or corrective health problem
AV = Patient refused referral

REFERRAL CODE PURPOSE

- It indicates that there is a need for the child to be seen again by the screening or other provider for assessment, diagnosis or treatment as a result of the C&TC.
- It informs state and county C&TC/tribal staff that a referral was made. Referral follow-up assistance is provided as needed to help assure follow-up care is received.
- It documents that a COMPLETE C&TC screening was performed for enhanced/appropriate reimbursement purposes.
- It fulfills Minnesota's reporting requirements to the Centers for Medicare and Medicaid Services (CMS) on the number of referrals made as a result of C&TC screenings.

UNSUCCESSFULL ATTEMPTS

Blue Plus & UCare When a valid attempt was made, O.K. to bill for the service that was not completed. Use the appropriate code you would bill if component was completed and it must be documented that the screening was attempted and why it was incomplete.

HealthPartners & Medica Unable to bill for good faith attempts unless the screening accomplished some result, but less than expected for the procedure. Use the appropriate code you would bill if component was completed with the 53 for HealthPartners and the 52 modifier for Medica. It must be documented that the component was attempted and why it was incomplete.

SPORTS PHYSICALS

The Minnesota State High School League's (MSHSL) Sports Qualifying Physical Examination Clearance Form a very comprehensive exam tool. However, there are just a few C&TC components that need to be added to make the sports physical exam counts as a complete C&TC screening. The C&TC Metro Action Group created a documentation sheet that has the six components of a C&TC screening that are not on the MSHSL Form.

MATERNAL DEPRESSION SCREENING

MHCP covers maternal depression screening as a separate service when performed during a C&TC or other pediatric visit, as a risk assessment for the child. Providers are encouraged to screen mothers who have an MHCP-eligible child less than one year of age for maternal depression.

- Screen any time within the child's first year (suggested screening times are at the 1-month visit and either the 4-month or one other subsequent visit before the child's first birthday).
- Use one of the following standardized screening tools**: Edinburgh Postnatal Depression Scale (EPDS)**, **Patient Health Questionnaire - 9 (PHQ-9) Screener**, or **Beck Depression Inventory (BDI)**

Healthcare professionals who meet the instrument-specific criteria for administering the tool, as outlined by the publisher, may perform screenings. Depending on the tool, this may include physicians, nurse practitioners, physician assistants, nurses, medical assistants or other appropriately trained staff.

For service documentation purposes, record the name of the completed screening tool and that the screening was performed as a "risk assessment" in the child's medical record. You are not required to include the screening score, results or a copy of the screening tool in the child's record. You may give the mother a paper copy of the screening tool to bring with her to a referral appointment or destroy it if she does not want it.

Additional Resources:

- MHCP **C&TC Providers Homepage**
- MHCP **Provider Manual – C&TC**
- MDH **Postpartum Depression Education Materials**
- Support and Training to Enhance Primary Care for Postpartum Depression **STEP-PDD Online Training Course**

OTHER RESOURCES on BILLING HEALTH PLANS Go to at **www.co.dakota.mn.us/HealthFamily/HealthServices/ChildTeenCheckups/Pages/information-for-providers.aspx** or **www.mnhealthplans.org/tools/health_plans.cfm** to view the latest edition of the Frequently Asked Questions document for additional billing and coding information.

MN Community Coding Practice/Recommendation Table (Informational Only)

The table below is intended for use in conjunction with "Appendix A, Table A.5.1" of the "Minnesota Uniform Companion Guides" for the 837 Institutional (I) and 837 Professional (P) transactions. It is informational only and has not been adopted as part of the Minnesota Uniform Companion Guides. It 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. The table below was developed by the Minnesota Administrative Uniformity Committee (AUC) Medical Code Technical Advisory Group (TAG) and was posted following review and approval by the AUC.

Medicare Claims Processing Manual		MN Community Coding Practice/Recommendation Table		
Chapter No.	Chapter/Description Title	A) Subtopic (ST) B) Recommendation (Rec) C) AUC Medical Code TAG (MCT) minutes reference D) AUC Operations Committee (AUC Ops) Approval date		
		P	I	
18	Preventive and Screening Services	**X**		A) ST – **Maternal and Child Health (MCH)** – How are services for MCH to be reported? B) Rec – See grid below;

MATERNAL & CHILD HEALTH BILLING GUIDE for PUBLIC HEALTH AGENCIES (837P)		
http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_026001		
	Coding Recommendations	
	Place of Service	
	Home or Place of Residence (Use appropriate POS)	**Public Health Clinic (POS 71)**
PUBLIC HEALTH NURSE CLINIC SERVICES	**S9123**	**T1015**
Services Include:		
Health Promotion & Counseling		
Nursing Assessment & Diagnostic Testing		
Medication Management		
Nursing Treatment		
Nursing Care, in the home, by RN (PHN & CPHN)		
Home health aide or CNA, per visit	**T1021**	
Patient Education only - if no other services (includes car seat education)	**S9123**	**Individual S9445 Group S9446**
MATERNAL & CHILD HEALTH VISITS		
Birthing Classes		**S9442**

Home Visit for Postnatal assessment & follow up care - **Mother**	**99501**	
Home Visit for Post-natal assessment & follow up care - **newborn**	**99502**	
Enhanced Services - for at-risk pregnancies as determined by the physician/nurse practitioner		
At-Risk Antepartum Management	**H1001**	**H1001**
At-Risk Care Coordination	**H1002**	**H1002**
At-Risk Prenatal Health Education	**H1003**	**H1003**
At-Risk Prenatal Health Education I	**H1003**	**H1003**
At-Risk Prenatal Health Education II	**H1003**	**H1003**
At-Risk Enhanced Service; Follow-up Home Visit	**H1004**	
At-Risk Enhanced Service Package	**H1005**	**H1005**
OTHER SERVICES		
Prenatal Nutrition Education, Medical Nutrition Therapy; initial **assessment** and intervention, individual, face-to-face with patient, each 15 minutes	**97802**	**97802**
Prenatal Nutrition Education, Medical Nutrition Therapy; initial **re-assessment** and intervention, individual, face-to-face with patient, each 15 minutes	**97803**	**97803**
MISCELLANEOUS		
Maternal Depression Screenings	**99420**	**99420**
Child Developmental Screenings	**96110**	**96110**
Child Mental Health Screenings	**96110 UC**	**96110 UC**
TB Case Management	**T1016**	**T1016**
TB Direct Observation Therapy	**H0033**	**H0033**

C) MCT – Discussed issue 7-8-10; discussed recommendations 8-12-10; revisions to be sent to TAG members for review before AUC Ops meeting on 9-13-10.

D) AUC Ops -

SBAR: Behavioral Health Home

AUC BUSINESS NEED EXPLANATION FORM (AUC SBAR)

Instructions for Completing the AUC SBAR

Purpose: To provide a formal communication method by which member organizations or non-member interested parties may request the AUC to consider working on a particular issue related to administrative simplification or to request clarification of Minnesota rules and regulations related to administrative simplification.

Instructions: Do not combine issues in a single SBAR. Complete a separate SBAR form for each individual issue that needs to be addressed. The completion of the AUC Medical Code TAG (MCT) Decision Tree is highly recommended prior to completion of the SBAR form(s). If completed, please submit the MCT Decision Tree form along with your completed SBAR.

Complete Sections II and III of the SBAR. Section I is to be completed by MDH staff and Section IV is to be completed by the AUC.

Medical Coding TAG Decision Tree Form

In order to streamline and expedite the SBAR review process, the AUC Medical Code TAG utilizes the MCT Decision Tree in its decision-making process for consideration of SBARs under the TAG's review. The MCT also requires SBAR submitters to use the form to ensure accurate and timely SBAR responses. The MCT Decision Tree form can be accessed from the AUC website at: http://www.health.state.mn.us/auc/forms.htm or by clicking on the link below in Step 1 below.

Step 1: Complete an MCT Decision Tree for each SBAR issue. Completing the MCT Decision Tree will enable a more thorough explanation of the SBAR issue(s) and prevent omission of critical or significant information.

Step 2: Fully complete Sections I and II. Incomplete or unclear analysis of the issue may cause unnecessary delay in the AUC response to the SBAR.

Section I

1. Provide contact information for person submitting the SBAR. Additional contact information may be required for the subject matter expert if different from the person completing the SBAR form.
2. The additional contact information is completed when the SBAR is being submitted on behalf of another individual who should also be notified of the AUC TAG meeting when the SBAR will be considered and who may or may not be a member of your organization.

   Please note: There may be a need to ask additional questions in order to clarify understanding of the issue as stated in the SBAR. The SBAR submitter and subject matter expert should be in attendance or available during the AUC TAG meeting and will be notified of meeting details at least one week prior to the SBARs' scheduled review date.

Section II

1. Provide an SBAR short title for your issue.

2. Describe the issue, using descriptive and concise language and/or examples as appropriate, and by answering the questions outlined below:

   - **Situation**: Describe the type of problem or issue, e.g., coding or clarification/interpretation. What is the current business practice and why is it a problem or an issue? Would the continuance of the practice result in non-compliance of federal (e.g., CMS guidelines) and Minnesota administrative simplification rules and regulations?
   - **Background**: In explaining the pertinent history of the business practice, state how it is used within your organization or within the industry today. What is the negative impact of the business practice if not addressed by the AUC?
   - **Assessment**: Be specific and provide as much detail you feel is required to convey or explain why this issue should be addressed by the AUC. How would a change to this business practice benefit health care administrative simplification in Minnesota?
   - **Recommendation**: What are you proposing as the solution to this issue that will benefit the health care administrative simplification in Minnesota or improve standardization of the administrative simplification process in Minnesota?

Step 3: Submit the completed SBAR(s) and MCT Decision Tree(s) to the AUC via email at: health.AUC@state.mn.us.

SBAR: BHH – Behavioral Health Home

AUC BUSINESS NEED EXPLANATION FORM (SBAR)
TO BE COMPLETED BY THE MINNESOTA DEPARTMENT OF HEALTH

Date Received	Log No.	Date Closed

Status: Exec Review Date	Sent to TAG/WG	TAG Recommendation:	Decision to Originator
		_____ Accept _____ Reject	

REMINDER: Submit the completed SBAR and MCT Decision Tree form via email to the AUC at health.AUC@state.mn.us. The MCT Decision Tree is completed for medical coding issues only.

Section I – SBAR Short Title, Date, and Contact information (Person submitting the SBAR and/or Subject Matter Expert)

SBAR Short title: BHH – Behavioral Health Home	Date: March 2, 2015
Contact Information for person completing this form: **Name: Katherine Sijan** **Title: HealthCare Coding Compliance Officer** **Email address: katherine.sijan@state.mn.us** **Telephone: 651-431-5784**	**Organization Information:** **Name: MN Dept of Human Services** **Address: 540 Cedar St., 7th fl -0993** **St Paul, MN 55155**

Complete for additional contact or Subject Matter Expert, as required:

Name: Andrea Agerlie
Title: HealthCare Coding Compliance Officer
Email address: andrea.agerlie@state.mn.us
Phone number: 651-431-3159

Section II – SBAR information (Concise and specific description of the issue to be addressed stating the Situation, Background, Assessment, and Recommendation)

SBAR Issue Title: BHH – Behavioral Health Home

S	**SITUATION** – Describe the current business practice(Please describe the problem or issue to be addressed: The Chemical and Mental Health Services and the Health Care Administrations have designed the Behavioral Health Home (BHH) model to provide access to coordinated delivery of primary care and behavioral health services for children and youth with serious emotional disorders (SED) and adults with serious mental illness (SMI) or serious and persistent mental illness (SPMI). To receive BHH services, a person must be eligible for Medical Assistance (MA) and have a current diagnostic assessment indicating that the individual meets the criteria for SMI, SPMI, or SED. BHH services cannot duplicate any other case management service including waivers and the patient cannot be on both BHH and HCH at the same time. The BHH model differs from the Health Care Home (HCH) model in that HCH is an all payer model, whereas BHH is limited to only Medical Assistance (MA) recipients. BHH provides integrated primary and behavioral health services with the goal of developing the consumer's ability to manage his/her chronic behavioral health condition and HCH does not.
B	**BACKGROUND** – Explain the pertinent history of the business practice (How does this work today): There currently is no other service like this at this time. This is only a professional service.
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 monthly service will include any or all six services provided for each month the recipient is eligible. This is not a mental health treatment or service. The first six months of BHH are called 'care engagement'. After the first six months of care engagement [can be non-consecutive], an individual will receive 'ongoing standard care'. NOTE: If the recipient is eligible and receives BHH care engagement services in January (month 1) and February (month

	2), then chooses not to receive BHH services or loses MA eligibility until May, then May will be 'month 3', and so on until six months of 'Care Engagement' have been completed. Then the client will receive 'Ongoing Standard' care for each subsequent month.
R	**RECOMMENDATION** – What are you recommending, including any known timing that needs to be considered: See embedded document for coding details and outline of program. DHS anticipates that this program will be effective January 1, 2016, pending Federal Approval. AUC Approval is needed now to begin internal work for these services.  BHH Behavioral Home - Coding.docx **Statute:** MN Statute: 256B.0747 Section 12 http://www.senate.leg.state.mn.us/departments/scr/billsumm/summary_display_from_db.php?ls=89&id=2655

Section III – AUC Response (Include date SBAR recommendation was reviewed and approved by AUC TAG; coding issue addressed or SBAR issue title; whether TAG accepted or rejected recommendation requested in SBAR; explanation or basis for TAG decision and SBAR response will be placed in recommendation grid or companion guide):

Date [SBAR Response Approved by TAG]:

Reviewed by [AUC TAG Name]:

AUC Co-Chair(s):

AUC Response:

Discussion/Summary:

Decision:

BHH – Behavioral Health Home

BHH is a monthly service encompassing any or all of the following six services:

1- Comprehensive Care Management
2- Care Coordination
3- Health Promotion Services
4- Comprehensive Transitional Care
5- Referral to Community and Social Support Services
6- Individual and Family Support Services

S0280-U5 Medical home program, comprehensive care coordination and planning, initial plan, BHH, monthly

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S0281-U5 Medical home program, comprehensive care coordination and planning, maintenance of plan, BHH, monthly

Definitions:

Care Engagement: The first six months of services [can be non-consecutive].

Ongoing Standard Care: The ongoing care after the first six months of care engagement.

Providers: A BHH care team consists of the following team members: Team Leader, Integration Specialist, Systems Navigator, Qualified Health Home Specialist. The following team members may be listed as the "pay-to" provider: physician, psychiatrist, nurse practitioner, clinical nurse specialist, licensed independent social worker, licensed marriage and family therapist, licensed professional clinical counselor and psychologist.

A BHH provider may be a physician, clinical practice or clinical group practice, rural clinic, community health center, community mental health center, or any other entity or provider that is determined by the Department of Human Services to be qualified to be a health home for eligible individuals. This determination must be based on documentation evidencing that the designated provider has the systems and infrastructure in place to provide health home services and satisfies the qualification standards established by the Department of Human Services.

The eligible client must not receive any of the following services in the same calendar month:

- Home and Community Based Services (HCBS) waiver services (BI,DD,EW,CADI,CAC)

- Relocation Service Coordination

-Targeted Case Management for Vulnerable Adults and Developmental Disabilities

- Mental Health Targeted Case Management – Adult (Rule79)

- Mental Health Targeted Case Management – Children (Rule 79)

- Assertive Community Treatment

- Health Care Home care coordination services

Administrative Uniformity Committee

Medical Code Technical Advisory Group (TAG) "MN Community Coding Practice/Recommendation Table":

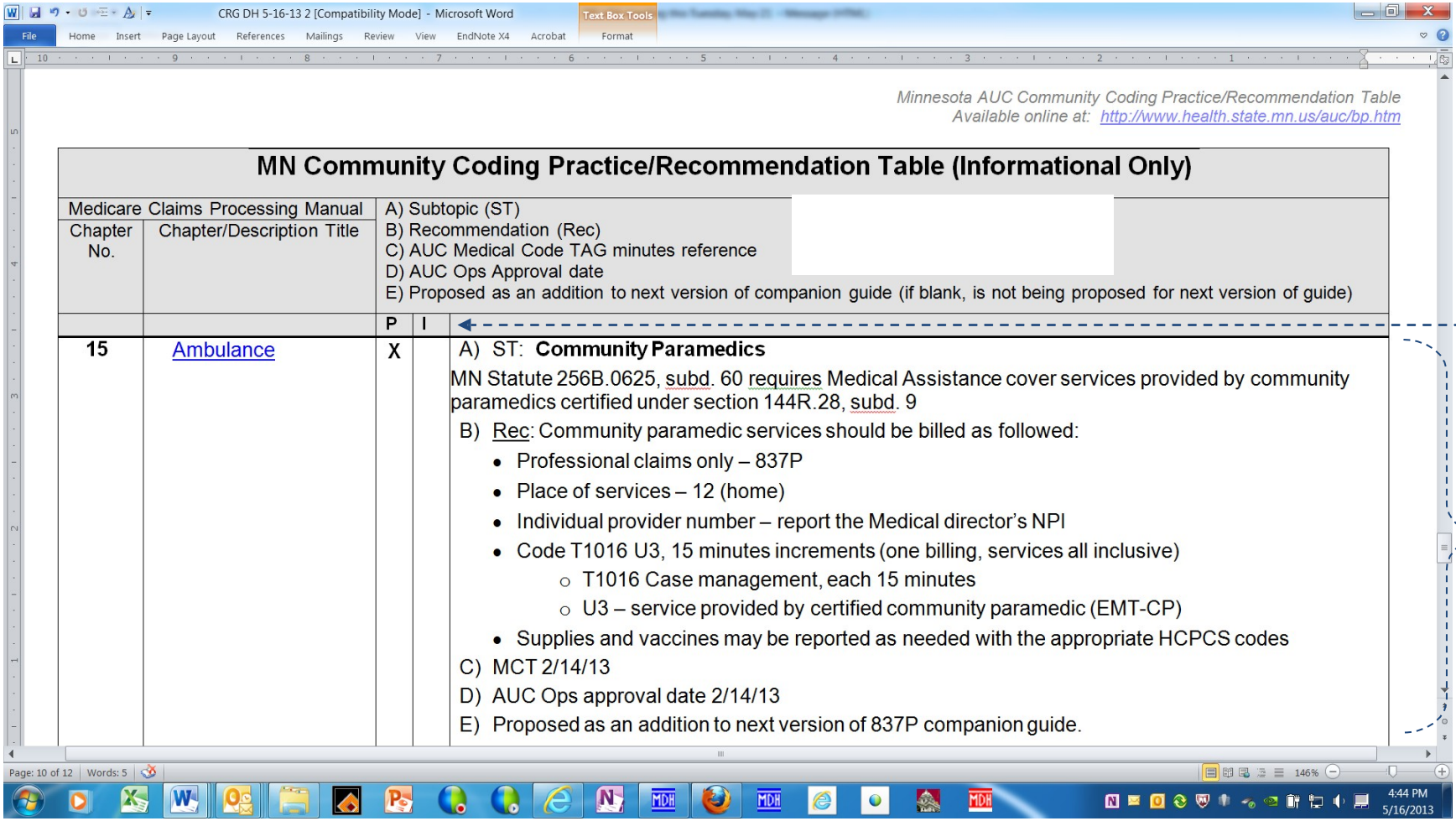
I. Background: Medical Code TAG "MN Community Coding Practice/Recommendation Table"

The AUC Medical Code TAG has created a "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 Companion Guides (MUCGs) for the 837 Institutional (I) and 837 Professional (P) transactions;
- Is informational only – It is not part of the MUCG rules and does not serve as a rule. Note: coding clarifications in this table may subsequently be incorporated into the MUCG rules. Information is provided in this table if coding clarifications are planned to be added to the MUCGs in the future.
- Will be explained with header rows that will appear on every page of the table;
- Provides recommendations that may be transferred to the applicable MUCGs 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;
    - New or revised Medicare rules; and,
    - Other coding issues as identified.
- Is available online at: http://www.health.state.mn.us/auc/bp.htm.

II. Table Explanation

Below is a screen shot of a page from the table. Each page has the same header rows in grey. Each row in the table displays a particular question/answer or clarification related to an issue associated with a chapter of the Medicare Claims Processing Manual. The designations P and I indicate the Minnesota Uniform Companion Guide (MUCG) to which to which the clarification applies – e.g., the 837 Professional or Institutional. The "A)" through "D)" listing in the right column identifies the specific topic as well as the TAG's recommended clarification/answer, the TAG discussion date, and an AUC Operations Committee approval date. The "E)" is reserved for any updates regarding adoption of the coding recommendation as part of the MUCG rules.



III. Table of contents

(List of coding recommendations in this document, with hyperlinks to the coding recommendation)

IV. MN Community Coding Practice/Recommendation Table

Purpose, use of the table below: The table below is intended for use in conjunction with "Appendix A, Table A.5.1" of the "Minnesota Uniform Companion Guides" (MUCGs) for the 837 Institutional (I) and 837 Professional (P) transactions. It is informational only and has not been adopted as part of the MUCGs. It 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. The table below was developed by the Minnesota Administrative Uniformity Committee (AUC) Medical Code Technical Advisory Group (TAG) and was posted following review and approval by the AUC.

MN Community Coding Practice/Recommendation Table (Informational Only)

Medicare Claims Processing Manual		A) Subtopic (ST) B) Recommendation (Rec) C) AUC Medical Code TAG minutes reference D) AUC Operations Committee Approval date E) Proposed as an addition to or deletion in the next version of companion guide (if blank, is not being proposed for next version of guide)		
Chapter No.	Chapter/Description Title	**P**	**I**	
~~**12**~~	~~Physician/Nonphysician Practitioner Billing~~	~~**X**~~		~~A) ST: **Autism Spectrum Disorder**~~ ~~Question: How are autism spectrum disorder services to be reported?~~ ~~B) Rec:~~

~~T1023~~	~~Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project, or treatment protocol, per encounter. (May be reported on different days if multiple assessments are performed) report as 1 unit per encounter.~~
~~H2018~~	~~Psychosocial rehabilitation services, per diem. (Report modifier TF intermediate level, or TG complex level to differentiate between programs if necessary)~~
~~H2020~~	~~Therapeutic behavioral services per diem (Report modifier TF intermediate level, or TG complex level to differentiate between programs if necessary.)~~
~~H2014~~	~~Skills training and development, per 15 minutes.~~
~~H2017~~	~~Psychosocial rehabilitation services, per 15 minutes.~~
~~H2019~~	~~Therapeutic behavioral services, per 15 minutes.~~
~~G9012~~	~~Case Management Services~~

~~C) MCT: 9-22-09~~

~~D) AUC Operations Committee approved via email vote, 10-20-09.~~

~~E)~~

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MN Community Coding Practice/Recommendation Table (Informational Only)

Medicare Claims Processing Manual		A) Subtopic (ST) B) Recommendation (Rec) C) AUC Medical Code TAG minutes reference D) AUC Operations Committee Approval date E) Proposed as an addition to or deletion in the next version of companion guide (if blank, is not being proposed for next version of guide)		
Chapter No.	Chapter/Description Title			
		P	**I**	
12	Physician/Nonphysician Practitioner Billing	**X**		(A) ST: Autism Spectrum Disorder/Early Intensive Developmental and Behavioral Intervention (EIDBI) The Minnesota Legislature enacted a statute (256B.0949) mandating an "autism early intensive intervention benefit" to children under age 18 with an autism spectrum disorder (ASD) diagnosis. This benefit has been named the Early Intensive Developmental and Behavioral Intervention (EIDBI) benefit. (B) Rec: Both Department of Human Services (DHS) fee-for-service and managed care will need to provide coverage of the EIDBI benefit effective July 1, 2015. There are seven EIDBI benefit services: 1. The EIDBI Intervention 2. EIDBI Intervention Supervision and Direction 3. Comprehensive Multi-Disciplinary Evaluation (CMDE) 4. Individual Treatment Plan Development and Monitoring 5. Family Caregiver Training and Counseling 6. Coordinated Care Conference 7. Travel Time **** the detailed policy needs to be fitted in this area** **(C)** MCT: 4/9/15 (D) AUC Operations approved (E) Proposed as an addition to next version of 837I and 837P companion guides

12	Physician/Nonphysician Practitioner Billing			A) ST: **Coding for SBIRT** SBIRT (Screening, Brief intervention, and Referral to Treatment) is an alcohol/substance abuse structured screening. Current reporting per SAMHSA (Substance Abuse and Mental Health Services Administration) is as follows: ▪ For commercial payers the codes are 99408 and 99409 ▪ For Medicare the codes are G0396 and G0397 ▪ For Medicaid the codes are H0049 and H0050 B) Rec: Do not follow SAMHSA coding recommendation. Use CPT or G codes, but not H codes. (Both codes are acceptable per Appendix A front matter in the current Claims companion guide.) C) 1/10/13 D) AUC Operations Committee E)
12	Physician/Nonphysician Practitioner Billing	**X**		A) Subtopic (ST) – **Consultation Services** B) Rec.: Per the Minnesota Uniform Companion Guide Section A.3.1, select codes that most accurately identify the service provided. Consultation codes most accurately identify the service provided for non-Medicare business. Group purchasers will continue to accept consultative service codes as defined by CPT for non-Medicare business. C) AUC Medical Code TAG minutes reference 11-24-09 D) AUC Operations Committee approved via email vote, 12-21-09. E) Back t Table Conte
~~**12**~~	~~Physician/Nonphysician Practitioner Billing~~	~~**X**~~	~~**X**~~	~~**A)** ST – **In-reach Community Based Coordination**~~ ~~In-reach is a community based service required by statute 256b.0625, subd. 56, effective 1/1/12. These are case management type services primarily for patients coming to the ED multiple times. The social worker provides management to help direct the patient to appropriate care and services. The services~~

MN Community Coding Practice/Recommendation Table (Informational Only)

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Chapter No.	Chapter/Description Title	**P**	**I**	

are billable in 15 minute increments. Practitioners approved to render these services are social worker (BA), Public Health nurse or corrections practitioner.

B) Rec: In-Reach Services applies to both 837I and 837P:

	837I	837P
TOB	013x	N/A
Revenue Code	0984	N/A
HCPCS	T1016-U2 T1016-U2 TS	T1016-U2 T1016-U2 TS

- T1016 Case management, each 15 minutes
- U2 = In-reach, initial service
- U2 TS = In-reach, follow-up

C) MCT – 2/14/13

D) AUC Operations Committee approved

E) Proposed as an addition to next version of 837I and 837P companion guides.

12	Physician/Nonphysician Practitioner Billing	**X**		A) **Moving Home Minnesota – A Money Follows the Person Demonstration Project (a.k.a. MFP Demonstration Project)** The federal Deficit Reduction and Affordable Care Act empowered states to develop demonstration projects that would promote and enable movement of Medicaid beneficiaries with disabling and chronic conditions from institutions to the community. To provide community-based alternatives for persons of all ages and disability groups who reside in MA-funded institutional settings, the Moving Home Minnesota – A Money Follows the Person (MFP) Demonstration Project provides an array of home and community based services to include planning and coordination of community living arrangements, searching for and securing housing, moving, securing household goods, and arranging for supportive housing, employment and environmental services.

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MN Community Coding Practice/Recommendation Table (Informational Only)

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Chapter No.	Chapter/Description Title			
		P	**I**	

B) Rec.: The following codes are recommended to report MFP activities:

HCPCS	Modifier(s)	Description
T2038	U6	Community transition, MFP *(plan development)*
T2038	U6 UD	Community transition, MFP *(coordination)*
T2038	U6 U1	Community transition, MFP, furniture
T2038	U6 U2	Community transition, MFP, supplies
T2038	U6 UA	Community transition, MFP, deposits associated with securing housing
T2015	U6	Comprehensive community support services, per 15 minutes, MFP
T1016	U6	Case management, each 15 minutes, MFP
T2019	U6	Habilitation, supported employment, per 15 minutes, MFP
H0038	U6	Self-help/peer services, per 15 minutes, MFP
H2027	U6	Psychoeducational service, per 15 minutes, MFP
S5115	U6	Home care training, nonfamily, per 15 minutes, MFP *(caregiver education)*
H2000	U6	Comprehensive multidisciplinary evaluation, MFP *(in the development of a transition or service plan)*
T2013	U6	Habilitation, educational, per hour, MFP *(intervention provided to support placement in the community)*
S5150	U6	Unskilled respite care, per 15 minutes, MFP *(in home)*
S5151	U6	Unskilled respite care, per diem, MFP *(in home)*
S5150	U6 UB	Unskilled respite care, per 15 minutes, MFP, out of home
H0045	U6	Respite care services, not in the home, per diem, MFP
S5165	U6	Home modifications; per service, MFP
S5162	U6	Emergency response system; purchase only, MFP
S5161	U6	Emergency response system; service fee, per month, MFP
T1999	U6	Miscellaneous therapeutic items and supplies, retail purchases, NOC, MFP
E1399	U6 (NU, RR or RB)	Durable medical equipment, MFP (include modifier for purchase, rental or repair
S5135	U6 UA	Companion care, adult; per 15 minutes, MFP, night supervision
A0160	U6	Nonemergency transportation; per mile – caseworker or social, MFP
A0170	U6	Transportation ancillary: parking fees, tolls, other, MFP

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MN Community Coding Practice/Recommendation Table (Informational Only)

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Chapter No.	Chapter/Description Title	**P**	**I**	
				A0180 U6 Nonemergency transportation: ancillary; lodging-recipient, MFP A0190 U6 Nonemergency transportation: ancillary; meals, recipient, MFP A0200 U6 Nonemergency transportation: ancillary; lodging, escort, MFP A0210 U6 Nonemergency transportation: ancillary; meals, escort, MFP S9970 U6 Health club membership, annual, MFP 'U' Modifier definitions for this purpose: U6 - Money Follows the Person demonstration (Moving Home Minnesota) UA - Night supervision (S5135)/Item, service, or procedure furnished in conjunction with a demonstration project (T2038) UB – Out-of-home UD – Transition to community living services U1 – Transitional services – furniture U2 – Transitional services- supplies C) MCT 2/14/13 D) AUC Operations Committee approved E)
12	Physician/Nonphysician Practitioner Billing			A) ST: **Labor Epidural Billing** The MCT responded to a request to approve standardized coding for "time present and immediately available" for billing of labor epidural anesthesia services, to be included in the relevant claims companion guides. B) Rec: The TAG agreed that there is no coding to identify specific standby services for anesthesia as requested and so no coding recommendation was possible. The TAG suggested that the SBAR submitter make a recommendation to CPT for national code(s) to address labor epidural anesthesiology billing "time present and immediately available." C) MCT 2/14/13

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				D) AUC Operations Committee approval date E)	

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MN Community Coding Practice/Recommendation Table (Informational Only)

Medicare Claims Processing Manual		A) Subtopic (ST) B) Recommendation (Rec) C) AUC Medical Code TAG minutes reference D) AUC Operations Committee Approval date E) Proposed as an addition to or deletion in the next version of companion guide (if blank, is not being proposed for next version of guide)		
Chapter No.	Chapter/Description Title	**P**	**I**	
~~12~~	~~Physician/Nonphysician Practitioner Billing~~	~~X~~		~~**A) E-visits**~~ ~~For 2013, changes were made throughout the CPT code set to expand references to "physician" to include any "qualified health care professional" and generally to remove references to the provider from the code descriptors if at all possible. As described in the introduction to the codebook, "A "physician or other qualified health care professional" is an individual who is qualified by education, training, licensure/regulation (when applicable), and facility privileging (when applicable) who performs a professional service within his/her scope of practice and independently reports that professional service."~~ ~~B) Rec.: Based on the definition change, the MCT agreed that the current MUCG coding instructions for E-visits should be removed. Providers should submit codes based on the new CPT definition.~~ ~~C) MCT 5/9/13~~ ~~D)~~ ~~E) Remove the following entry from next version of the companion guide:~~ ~~"For E-visits, use 99444 for MD/DO/DC; use 98969 for non-physician healthcare professionals (e.g. Nurse Practitioner, Physician Assistant, and Clinical Nurse Specialist)."~~
~~12~~	~~Physician/Nonphysician Practitioner Billing~~	~~X~~		~~**A) Telephone services**~~ ~~For 2013, changes were made throughout the CPT code set to expand references to "physician" to include any "qualified health care professional" and generally to remove references to the provider from the code descriptors if at all possible. As is described in the introduction to the codebook, "A "physician or other qualified health care professional" is an individual who is qualified by education, training, licensure/regulation (when applicable), and facility privileging (when applicable) who performs a professional service within his/her scope of practice and independently reports that professional service."~~ ~~B) Rec.: Based on the definition change, the MCT agreed that the current MUCG coding instructions for Telephone services should be removed. Providers should submit codes based on the new CPT definition.~~ ~~C) MCT 5/9/13~~ ~~D)~~

MN Community Coding Practice/Recommendation Table (Informational Only)

Medicare Claims Processing Manual		A) Subtopic (ST) B) Recommendation (Rec) C) AUC Medical Code TAG minutes reference D) AUC Operations Committee Approval date E) Proposed as an addition to or deletion in the next version of companion guide (if blank, is not being proposed for next version of guide)		
Chapter No.	Chapter/Description Title	**P**	**I**	
				E) Remove the following entry from next version of the companion guide: "For telephone services, use 99441-99443 for MD/DO/DC; use 98966-98968 for non-physician healthcare professionals (e.g. Nurse Practitioner, Physician Assistant, Clinical Nurse Specialist)."
15	Ambulance	**X**		A) ST: **Community Paramedics** MN Statute 256B.0625, subd. 60 requires Medical Assistance cover services provided by community paramedics certified under section 144R.28, subd. 9 B) Rec: Community paramedic services should be billed as followed: • Professional claims only – 837P • Place of services – 12 (home) • Individual provider number – report the Medical director's NPI • Code T1016 U3, 15 minutes increments (one billing, services all inclusive) o T1016 Case management, each 15 minutes o U3 – service provided by certified community paramedic (EMT-CP) • Supplies and vaccines may be reported as needed with the appropriate HCPCS codes C) MCT 2/14/13 D) AUC Operations Committee approved E) Proposed as an addition to next version of 837P companion guide.
16	Laboratory Services	**X**	**X**	A) **Reporting Newborn Screening** MN Statute 144.125 requires all infants be screened for heritable and congenital disorders using a Newborn Screening Card purchased from the Minnesota Department of Health. Generally, the cost of the screen is incorporated in the birthing facility fees; however, in some circumstances, the specimen is taken after discharge. B) Rec.: When the specimen is taken for the Newborn Screening Card purchased from Minnesota Department of Health after the birth discharge, the newborn screen should be reported using S3620.

MN Community Coding Practice/Recommendation Table (Informational Only)

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Chapter No.	Chapter/Description Title	**P**	**I**	
				~~This covers the cost incurred for the screening card. For repeat screens, report S3620 with the appropriate modifier for repeat services. Diagnostic testing should be reported with the appropriate HCPCS code for the test being performed.~~ ~~S3620 Newborn metabolic screening panel, includes test kit, postage and the laboratory tests specified by the state for inclusion in this panel (e.g., galactose; hemoglobin, electrophoresis; hydroxyprogesterone, 17-d; phenylanine (PKU); and thyroxine, total)~~ ~~76, 77 – repeat service~~ ~~C) MCT 2/14/13~~ ~~D) AUC Operations Committee approved~~ E) ~~Proposed as an addition to next version of 837P and 837I companion guides.~~
N/A	**N/A**	**X**	**X**	A) ST: **Dental services performed in the operating room** B) Rec: 10-26-10 - For dental services not normally provided under general anesthesia…. Where dental HCPCS codes are the most specific, appropriate codes, they should be used to indicate dental procedures performed under general anesthesia in the operating room, on both the 837 Professional and 837 Institutional claims types. C) MCT: 01/14/2010 D) AUC Operations Committee approved 02/08/10 E)
~~**N/A**~~	~~**N/A**~~	~~**X**~~	~~**X**~~	~~**A)** ST: **MAT (Medication Assisted Treatment) Billing – Methadone vs. Other**~~ ~~To meet CMS and legislative requirements, DHS must revise coding for MAT services:~~ ~~1. to establish a code to distinguish methadone from all other drugs for MAT and~~ ~~2. to identify MAT intensive (plus)services for~~ ~~a. methadone and~~ ~~b. all other drugs~~ ~~B) Rec: Revise MUCG Table A.5.3.c – Substance Abuse Services: Outpatient Services as follows:~~ ~~**837I:**~~

MN Community Coding Practice/Recommendation Table (Informational Only)

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Chapter No.	Chapter/Description Title			
		P	**I**	

~~Service description~~	~~Unit~~	~~Revenue Code~~	~~HCPCS Procedure Code~~	~~TOB~~
~~MAT~~	~~Day~~	~~0944~~	~~H0020~~	~~089x or 013x~~
~~MAT – all other drugs~~	~~Day~~	~~0944~~	~~H0047 U9~~	~~089x or 013x~~

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~~**837P:**~~

~~Service description~~	~~Unit~~	~~Revenue Code~~	~~HCPCS Procedure Code~~	~~TOB~~
~~MAT~~	~~Day~~	~~N/A~~	~~H0020~~	~~N/A~~
~~MAT – all other drugs~~	~~Day~~	~~N/A~~	~~H0047 U9~~	~~N/A~~
~~MAT Plus~~	~~Day~~	~~N/A~~	~~H0020 UA~~	~~N/A~~
~~MAT Plus – all other drugs~~	~~Day~~	~~N/A~~	~~H0047 UB~~	~~N/A~~

~~MAT Plus – a licensed program providing at least 9 hours of treatment service per week~~

~~U9 – MAT, all other drugs, e.g. buprenorphine, naltrexone, Antabuse, etc.~~

~~UA – MAT Plus, methadone~~

~~UB – MAT Plus, all other drugs~~

~~C) MCT 2/14/13~~

~~D) AUC Operations Committee approved~~

~~E) Proposed as an addition to next version of 837P and the 837I companion guides.~~

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1. The EIDBI Intervention (Applied Behavioral Analysis and Developmental and Behavioral Intervention)

(Applied Behavioral Analysis)

Who Can Provide ABA Services?

Qualified Supervising Professional

Developmental/Behavioral Professional (Board Certified Behavior Analyst or BCBA)-Level I Provider

Developmental/Behavioral Practitioner (Board Certified Behavior Analyst Assistant or BCaBA)-Level II Provider

Developmental/Behavioral Support Specialist (Registered Behavior Technician or RBT)-Level III Provider

Where does Service Take Place

Home or Center-individual intervention

Center-group intervention

Selected Codes

0364T, 0365T, 0366T, 0367T, 0368T, 0369T

HK -Qualified Supervising Professional [QSP]

HP Doctorate /Mental Health Professional [MHP]

HO Masters /Mental Health Professional [MHP]

HN Bachelor's degree level I or II

HM Less than bachelor degree level III

UB EIDBI [Early Intensive Developmental and Behavior Intervention] (AUTISM)

Coding Individual	Coding Group
0368T-UB-HK–Qualified Supervising Professional, first 30 minutes 0369T-UB-HK–Qualified Supervising Professional, each additional 30 minutes 0368T- UB-HP - Doctorate /Mental Health Professional [MHP]]first 30 minutes 0369T-UB-HP- Doctorate /Mental Health Professional [MHP]] each additional 30 minutes 0368T-UB-HO - Masters /Mental Health Professional [MHP], first 30 minutes 0369T-UB-HO - Masters /Mental Health Professional [MHP], each additional 30 minutes 0368T-UB-HN- Bachelor's degree level I , first 30 minutes 0369T-UB-HN- Bachelor's degree level I , each additional 30 minutes	0366T-UB-HK-Qualified Supervising Professional, first 30 minutes 0367T-UB-HK-Qualified Supervising Professional, each additional 30 min 0366T-UB-HP - Doctorate /Mental Health Professional [MHP]], first 30 minutes 0367T-UB -HP- Doctorate /Mental Health Professional [MHP]], each additional 30 min 0366T-UB-HO - Masters /Mental Health Professional [MHP], first 30 minutes 0367T-UB-HO- Masters /Mental Health Professional [MHP], each additional 30 min 0366T-UB- HN- Bachelor's degree level I or II, first 30 minutes 0367T-UB -HN- Bachelor's degree level I or II, each additional 30 min 0366T-UB -HM -Less than bachelor's degree-level III, first 30 min 0367T-UB -HM- Less than bachelor degree-level III, each additional 30 min
0364T-UB-HN- Bachelor's degree level II, first 30 minutes 0365T-UB-HN- Bachelor's degree level II, each additional 30 minutes 0364T-UB-HM -Less than bachelor's degree-level III, first 30 min 0365T-UB-HM- Less than bachelor's degree-level III, each additional 30 minutes	

(Developmental and Behavioral Intervention)

Who Can Provide Service?
Qualified Supervising Professional
Developmental/Behavioral Professional-Level I Provider
Developmental/Behavioral Practitioner-Level II Provider
Developmental/Behavioral Support Specialist-Level III Provider

Where does Service Take Place?
Home or Center-individual DBI
Center-group DBI

Selected Code Descriptions
0364T, 0365T, 0366T, 0367T, 0368T, 0369T
HK - Qualified Supervising Professional
HM -Less than bachelor degree level III [QSP]
HN- Bachelor's degree level I or II
HO - Masters /Mental Health Professional [MHP]
HP- Doctorate /Mental Health Professional [MHP]]
UB EIDBI [Early Intensive Developmental and Behavior Intervention] (AUTISM)

Coding Individual	Coding Group
0368T-UB-HK–Qualified Supervising Professional, first 30 minutes 0369T-UB-HK–Qualified Supervising Professional, each additional 30 minutes 0368T-UB-HP - Doctorate /Mental Health Professional [MHP], first 30 minutes 0369T-UB-HP- Doctorate /Mental Health Professional [MHP], each additional 30 minutes 0368T-UB-HO - Masters /Mental Health Professional [MHP], first 30 minutes 0369T-UB-HO - Masters /Mental Health Professional [MHP], each additional 30 minutes 0368T-UB-HN- Bachelor's degree level I , first 30 minutes 0369T-UB-HN- Bachelor's degree level I , each additional 30 minutes	0366T-UB-HK-Qualified Supervising Professional, first 30 minutes 0367T-UB-HK-Qualified Supervising Professional, each additional 30 min 0366T-UB-HP - Doctorate /Mental Health Professional [MHP], first 30 minutes 0367T-UB -HP- Doctorate /Mental Health Professional [MHP], each additional 30 min 0366T-UB-HO - Masters /Mental Health Professional [MHP], first 30 minutes 0367T-UB-HO- Masters /Mental Health Professional [MHP], each additional 30 min 0366T-UB- HN- Bachelor's degree level I or II, first 30 minutes 0367T-UB -HN- Bachelor's degree level I or II, each additional 30 min 0366T-UB -HM -Less than bachelor's degree-level III, first 30 min 0367T-UB -HM- Less than bachelor degree-level III, each additional 30 min
0364T-UB-HN- Bachelor's degree level II, first 30 minutes 0365T-UB-HN- Bachelor's degree level II, each additional 30 minutes 0364T-UB-HM -Less than bachelor's degree-level III, first 30 min 0365T-UB-HM- Less than bachelor's degree-level III, each additional 30 minutes	

2. EIDBI Intervention Supervision and Direction

Who Can Provide Service?

Qualified Supervising Professional
Developmental/Behavioral Professional-Level I Provider
Developmental/Behavioral Practitioner-Level II Provider

Where does Service Take Place?

Home or Center-individual supervision
Center-group supervision

Selected Codes

0362T, 0363T HP Doctoral level
HK -Qualified Supervising Professional [QSP]
HN- Bachelor's degree level I or II
HO - Masters /Mental Health Professional [MHP]
HP- Doctorate /Mental Health Professional [MHP]
GT via interactive audio and video telecommunications systems
UB EIDBI [Early Intensive Developmental and Behavior Intervention] (AUTISM)

Coding	Telemedicine
0362T-UB-HN - Bachelor's degree level I or II, first 30 minutes 0363T-UB-HN- Bachelor's degree level I or II ,each additional 30 minutes 0362T-UB-HO - Masters /Mental Health Professional [MHP], first 30 minutes 0363T-UB-HO- Masters /Mental Health Professional [MHP], each additional 30 minutes 0362T-UB-HP - Doctorate /Mental Health Professional [MHP] first 30 minutes 0363T-UB-HP - Doctorate /Mental Health Professional [MHP] each additional 30 minutes 0362T-UB-HK - Qualified Supervising Professional , first 30 minutes 0363T-UB-HK - Qualified Supervising Professional , each additional 30 minutes	0362T-UB-HN-GT- Bachelor's degree level I or II , (telemedicine, first 30 minutes 0363T-UB-HN-GT- Bachelor's degree level I or II , (telemedicine) each additional 30 minutes 0362T-UB-HO-GT - Masters /Mental Health Professional [MHP] (telemedicine) , first 30 minutes 0363T-UB-HO-GT - Masters /Mental Health Professional [MHP] (telemedicine) each additional 30 minutes 0362T-UB-HP-GT - Doctorate /Mental Health Professional [MHP] (telemedicine), first 30 minutes 0363T-UB-HP-GT - Doctorate /Mental Health Professional [MHP] (telemedicine), each additional 30 minutes 0362T-UB-HK - Qualified Supervising Professional, first 30 minutes 0363T-UB-HK- Qualified Supervising Professional , each additional 30 minutes

3. Comprehensive Multi-Disciplinary Evaluation (CMDE)

Who Can Provide Service?

Licensed Mental Health Professional
Psychiatrist
APRN
Doctorate /Mental Health Professional [MHP]
Masters /Mental Health Professional [MHP]

Where does Service Take Place?

Center, clinic or office

Selected Code

0359T
AM- Psychiatrist [MD]/Physician
HO - Masters /Mental Health Professional [MHP]
HP- Doctorate /Mental Health Professional [MHP]
TG- APRN
GT- via interactive audio and video telecommunications systems
GT via interactive audio and video telecommunications systems
UB EIDBI [Early Intensive Developmental and Behavior Intervention] (AUTISM)

Coding
0359T-UB-AM - Psychiatrist[MD]/Physician
0359T-UB-AM-GT- Psychiatrist[MD]/Physician (telemedicine)
0359T-UB-TG – APRN
0359T-UB-TG-GT- APRN (telemedicine)
0359T-UB –HP - Doctorate /Mental Health Professional [MHP]
0359T-UB -HP-GT – Doctorate /Mental Health Professional [MHP] (telemedicine)
0359T-UB –HO - Masters /Mental Health Professional [MHP]
0359T-UB -HO-GT - Masters /Mental Health Professional [MHP] (telemedicine)

4. Individual Treatment Plan Development and Monitoring
Who Can Provide the Service?
Qualified Supervising Professional
Developmental/Behavioral Professional-Level I Provider
Developmental/Behavioral Practitioner-Level II Provider
Where Does the Service Take Place?
Center, clinic or office
Selected Codes
H0032 Mental Health Service Plan Development by non-physician
UD 15 minute unit
HK - Qualified Supervising Professional [QSP]
HN -Bachelor's degree level I or II
HO - Masters /Mental Health Professional [MHP]
HP - Doctorate /Mental Health Professional [MHP]
UB EIDBI [Early Intensive Developmental and Behavior Intervention] (AUTISM)
Note:
This service is time based although H0032 by definition is not time based. The H0032 was approved for mental health service plan development with modifier UD to indicate a 15 minute time unit.

Coding
H0032-UB-HK-UD- Qualified Supervising Professional [QSP]
H0032-UB-HP-UD- Doctorate /Mental Health Professional [MHP]
H0032-UB-HO-UD- Masters /Mental Health Professional [MHP]
H0032-UB-HN-UD- Bachelor's degree level I or II

5. Family Caregiver Training and Counseling
Who Can Provide the Service?
Qualified Supervising Professional (physician, mental health professional or APRN)

Developmental/Behavioral Professional-Level I Provider
Developmental/Behavioral Practitioner-Level II Provider
Where Does It Take Place?
Home or center-individual training and counseling
Center-group training and counseling
Selected Codes
T1027
HK - Qualified Supervising Professional [QSP]
HN –Bachelor's degree level I or level II
HO - Masters /Mental Health Professional [MHP]
HP - Doctorate /Mental Health Professional [MHP]
GT via interactive audio and video telecommunications systems
UB EIDBI [Early Intensive Developmental and Behavior Intervention] (AUTISM)

Coding Individual	Coding Group
T1027-UB –HK – Qualified Supervising Professional [QSP] T1027-UB- HK-GT- Qualified Supervising Professional [QSP] (telemedicine) T1027-UB -HP- Doctorate /Mental Health Prof [MHP] T1027-UB -HP-GT - Doctorate /Mental Health Prof [MHP] (telemedicine) T1027-UB -HO- Masters /Mental Health Prof [MHP] T1027-UB -HO-GT - Masters /Mental Health Prof [MHP] (telemedicine) T1027-UB–HN - Bachelor's degree level I or II T1027-UB -HN-GT- Bachelor's degree level I or II (telemedicine	T1027-UB-HK-HQ- Qualified Supervising Professional [QSP], Group T1027-UB-HP-HQ- Doctorate /Mental Health Prof [MHP], Group T1027-UB-HO-HQ- Masters /Mental Health Prof [MHP], Group T1027-UB-HN-HQ- Bachelor's degree level I or II, Group

6. Coordinated Care Conference
Who Can Provide the Service?
Physician
APRN
Qualified Supervising Professional
Developmental/Behavioral Professional-Level I Provider
Developmental/Behavioral Practitioner-Level II Provider

Where Does It Take Place?
Center or clinic
Home
Selected Codes Description
T1024
HN - Bachelor's degree level I or II
HO - Masters /Mental Health Professional [MHP]
HP – Doctorate /Mental Health Professional [MHP]
GT via interactive audio and video telecommunications systems
UB EIDBI [Early Intensive Developmental and Behavior Intervention] (AUTISM)

Coding	Telemedicine Coding
T1024-UB-AM -Physician T1024-UB-TG - APRN T1024-UB-HK- Qualified Supervising Professional [QSP] T1024-UB-HP- Doctorate /Mental Health Professional [MHP] T1024-UB-HO- Masters /Mental Health Professional[MHP] T1024-UB-HN - Bachelor's degree level I or II	T1024-UB-AM-GT –Physician (telemedicine) T1024-UB-TG-GT- APRN (telemedicine) T1024-UB-HK-GT- Qualified Supervising Professional [QSP] (telemedicine] T1024-UB-HP-GT- Doctorate /Mental Health Professional [MHP] (telemedicine) T1024-UB-HO-GT- Masters /Mental Health Professional[MHP] (telemedicine) T1024-UB-HN-GT- Bachelor's degree level I or II (telemedicine)

7. Travel Time

Who Can Provide the Service?

EIDBI providers traveling to provide EIDBI Intervention, EIDBI Intervention Supervision or Family Caregiver Training and Counseling.

Where does the service take place?

99- Other Place of Service

Selected Codes

H0046

UB EIDBI [Early Intensive Developmental and Behavior Intervention] (AUTISM)

Notes:

One unit equals one minute.

Travel time is billed on the same claim as the provided service.

The actual number of minutes spent in transit is billed (no rounding up).

Coding
• H0046/UB

EARLY INTENSIVE DEVELOPMENTAL AND BEHAVIORAL INTERVENTION BENEFIT

REVISED: 4-30-2015

In 2013, the Minnesota Legislature enacted a statute (256B.0949) mandating an "autism early intensive intervention benefit" to children under age 18 with an autism spectrum disorder (ASD) diagnosis. This benefit has since been named the **Early Intensive Developmental and Behavioral Intervention (EIDBI) benefit**. Minnesota's EIDBI benefit meets the Affordable Care Act (ACA) requirements and goes beyond the ACA in scope. While focused on early identification and early intervention, Minnesota's EIDBI benefit takes into account that many children are not identified until school age and later. Minnesota's EIDBI benefit expands the treatment modalities and recognizes the field of autism diagnostics and treatment is still emerging.

On July 7, 2014 CMS submitted an informational bulletin directing all states to provide medically necessary treatment for children with ASD consistent with provisions 1905 (a)(4)(B) for Early Periodic Screening Diagnosis and Treatment (EPSDT). This expands EIDBI service coverage to children up to 21 years of age and prevents targeting a specific population such as ASD. While most children receiving services in this benefit will have an ASD diagnosis, there are other children who may qualify for the benefit with a related condition, but won't have an ASD diagnosis.

Determination of medical necessity for the benefit will be made through a comprehensive multi-disciplinary evaluation (CMDE) and must include information from the child's primary physician. All treatment interventions will be authorized (via a service agreement).

The EIDBI benefit includes coverage with evidence development. DHS will collect and analyze individual outcome data to expand the evidence base leading to best practices and future policy development. Because of this, coding granularity is very important and the code/modifier combinations on the following pages were selected with that in mind. This is different than current coding where many services to children with ASD are billed under codes that do not provide this level of granularity (e.g. skills training). Code/modifier combinations must identify the exact service and who provided it. All providers will be enrolled.

Modifiers were chosen that will identify the service as EIDBI and identify the level of provider performing the service. The two types of treatment are Applied Behavioral Analysis (ABA) and Developmental and Behavioral Intervention (DBI).

Of note are the 7/1/14 CPT Category III codes 0359T-0374T. These codes initially were not selected because they appeared to be specific to one form of treatment. In November 2014, the AMA CPT Symposium presented these codes with a great deal of information. As a result, we have replaced many of our previous choices with the Category III codes. The following pages breakdown services for the EIDBI benefit into individual pages. Each of the 7 services has its own page.

1. EIDBI Intervention
2. EIDBI Intervention Observation and Direction
3. Comprehensive Multi-Disciplinary Evaluation (CMDE)
4. Individual Treatment Plan Development and Monitoring
5. Family Caregiver Training and Counseling
6. Coordinated Care Conference
7. Travel Time

EIDBI INTERVENTION -APPLIED BEHAVIORAL ANALYSIS

What is it?

Applied Behavioral Analysis (ABA) intervention is a structured program that includes incidental teaching techniques, environmental modifications and reinforcement techniques to produce socially significant improvement in behavior. ABA interventions increase positive behaviors and decrease negative or interfering behaviors to improve a variety of well-defined skills. ABA interventions tend to be skill based and data-driven with progress closely tracked and measured. DHS recognized ABA therapies may include, but are not limited to, Discrete Trial Training, Verbal Behavior Intervention and Pivotal Response Training. This treatment may be individual or group.

Who Can Provide ABA Services?

Qualified Supervising Professional -QSP
Level I or II Provider –Doctorate, Masters, Developmental/Behavioral Practitioner (Board Certified Behavior Analyst or BCBA) or (Board Certified Behavior Analyst Assistant or BCaBA)
Level III Provider -Developmental/Behavioral Support Specialist (Registered Behavior Technician or RBT)

Where does Service Take Place

Home or Center-individual intervention
Center-group intervention

Selected Code Descriptions

0364T - Adaptive behavior treatment by protocol, administered by technician, face-to-face with **one** patient, first 30 minutes of technician time.
0365T - Adaptive behavior treatment by protocol, administered by technician, face-to-face with **one** patient, each additional 30 minutes of technician time
0366T -Group adaptive behavior treatment by protocol, admin by technician, face-to-face with **two** or more patients; first 30 minutes of tech time.
0367T - Group adaptive behavior treatment by protocol, admin by technician, face-to-face with **two** or more patients; each additional 30 minutes of tech time.
0368T - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional with one patient, first 30 minutes of patient face-to-face time.
0369T - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional with one patient, each additional 30 minutes of patient face-to-face time.

Modifiers

HP- Doctorate /Mental Health Professional [MHP]
HO - Masters /Mental Health Professional [MHP]
UB -EIDBI modifier
HN -Bachelor's degree level I or II
HM -Less than bachelor degree level III
HK -Qualified Supervising Professional [QSP]

Coding Individual

0368T-UB-HK–Qualified Supervising Professional, first 30 mins
0369T-UB-HK–Qualified Supervising Professional, each additional 30 mins
0368T- UB-HP - Doctorate /Mental Health Professional [MHP]]first 30 mins
0369T-UB-HP- Doctorate /Mental Health Professional [MHP]] each add'l 30 mins
0368T-UB-HO - Masters /Mental Health Professional [MHP], first 30 mins
0369T-UB-HO - Masters /Mental Health Professional [MHP], ea addl 30 mins
0368T-UB-HN- Bachelor's degree level I , first 30 minutes
0369T-UB-HN- Bachelor's degree level I , each addl 30 minutes

0364T-UB-HN- Bachelor's degree level II, first 30 minutes
0365T-UB-HN- Bachelor's degree level II, each addl 30 minutes
0364T-UB-HM -Less than bachelor's degree- level III, first 30 min
0365T-UB-HM- Less than bachelor's degree- level III, each addl 30 mins

Coding Group

0366T-UB-HK-Qualified Supervising Professional, first 30 minutes
0367T-UB-HK-Qualified Supervising Professional, each additional 30 min
0366T-UB-HP - Doctorate /Mental Health Professional [MHP], first 30 minutes
0367T-UB -HP- Doctorate /Mental Health Professional [MHP], each additional 30 min
0366T-UB-HO - Masters /Mental Health Professional [MHP], first 30 mins
0367T-UB-HO- Masters /Mental Health Professional [MHP], ea addl 30 min
0366T-UB- HN- Bachelor's degree level I or II, first 30 minutes
0367T-UB -HN- Bachelor's degree level I or II, each addl 30 min
0366T-UB -HM -Less than bachelor's degree- level III, first 30 min
0367T-UB -HM- Less than bachelor degree- level III, each addl 30 min

Notes; This service requires a time based code. Treatment time can vary greatly based on individual child needs. We contacted a member of the CPT Editorial Panel to suggest a 15 minute unit on several codes (these codes included), however, no changes will be made. The codes will remain with a 30 minute unit.

EIDBI INTERVENTION - DEVELOPMENTAL AND BEHAVIORAL

What is it?

Developmental and behavioral interventions are individualized treatment approaches based in developmental theory and behavioral science. DBI's are socially directed, highly engaging and capitalize on natural motivators to strengthen primary relationships and support child development. The interventions focus on joint attention, social engagement and reciprocity, social communication, behavioral regulation, cognition and play, to address the core deficits of ASD. Many current ASD treatment methods pull from a mixture of developmental and behavioral science, child development, psychology, speech pathology and occupational therapy and are not strictly "behavioral' or "developmental".

DHS recognized DBI therapies may include but are not limited to:

* Developmental Individualized Relationship-based (D.I.R./Floortime)
* Relationship Development Interaction (R.D.I.)
* Early Start Denver Model (ESDM)
* Social Skills Interventions
* Play Based Interventions
* Parent Implemented Intervention (e.g. P.L.A.Y Project)

Who Can Provide Service?

Qualified Supervising Professional
Developmental/Behavioral Professional-Level I or Level II Provider
Developmental/Behavioral Support Specialist - Level III Provider

Where does Service Take Place

Home or Center-individual DBI
Center-group DBI

Selected Code Descriptions

0364T -Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient, first 30 minutes of technician time.
0365T -Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient, each additional 30 minutes of technician time
0366T -Group adaptive behavior treatment by protocol, admin by technician, face-to-face with two or more patients; first 30 minutes of tech time.
0367T -Group adaptive behavior treatment by protocol, admin by technician, face-to-face with two or more patients; each additional 30 minutes of tech time.
0368T -Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional with one patient, first 30 minutes of patient face-to-face time.
0369T- Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional with one patient, each additional 30 minutes of patient face-to-face time.

HP- Doctorate /Mental Health Professional [MHP]]
HO - Masters /Mental Health Professional [MHP]
UB -EIDBI modifier

HN- Bachelor's degree level I or II
HM -Less than bachelor degree level III
HK - Qualified Supervising Professional [QSP]

Coding Individual

0368T-UB-HK–Qualified Supervising Professional, first 30 mins
0369T-UB-HK–Qualified Supervising Professional, each additional 30 mins
0368T-UB-HP - Doctorate /Mental Health Professional [MHP], first 30 mins
0369T-UB-HP- Doctorate /Mental Health Professional [MHP], ea add'l 30 mins
0368T-UB-HO - Masters /Mental Health Professional [MHP], first 30 mins
0369T-UB-HO - Masters /Mental Health Professional [MHP], ea addl 30 mins
0368T-UB-HN- Bachelor's degree level I , first 30 minutes
0369T-UB-HN- Bachelor's degree level I , each addl 30 minutes

0364T-UB-HN- Bachelor's degree level II, first 30 minutes
0365T-UB-HN- Bachelor's degree level II, each addl 30 minutes
0364T-UB-HM -Less than bachelor's degree- level III, first 30 min
0365T-UB-HM- Less than bachelor's degree- level III, each addl 30 mins

Coding Group

0366T-UB-HK-Qualified Supervising Professional, first 30 minutes
0367T-UB-HK-Qualified Supervising Professional, each additional 30 min
0366T-UB-HP - Doctorate /Mental Health Professional [MHP], first 30 mins
0367T-UB -HP- Doctorate /Mental Health Professional [MHP], each add'l 30 min
0366T-UB-HO - Masters /Mental Health Professional [MHP], first 30 minutes
0367T-UB-HO- Masters /Mental Health Professional [MHP], each addl 30 min
0366T-UB- HN- Bachelor's degree level I or II, first 30 minutes
0367T-UB -HN- Bachelor's degree level I or II, each addl 30 min
0366T-UB -HM -Less than bachelor's degree- level III, first 30 min
0367T-UB -HM- Less than bachelor degree- level III, each addl 30 min

Coding Notes: This service requires a time based code. Treatment time can vary greatly based on individual child needs. We contacted a member of the CPT Editorial Panel to suggest a 15 minute unit on several codes (these codes included), however, no changes will be made. The codes will remain with a 30 minute unit.

EIDBI INTERVENTION OBSERVATION and DIRECTION

What is it?

EIDBI services must be provided under the supervision of, and billed by, a qualified supervising professional who assumes professional responsibility for the services provided. . Intervention **observation** and direction is the clinical direction and oversight by a qualified EIDBI provider to a lower level provider based on the required provider standards and qualifications regarding provision of EIDBI services to a child. The qualified provider delivers face-to-face observation and direction to a lower level provider regarding developmental and behavioral techniques, progress measurement, data collection, function of behaviors, and generalization of acquired skills for each child. Services that are otherwise covered as direct face-to-face may be provided via two-way interactive video if medically appropriate to the condition and needs of the recipient.

Who Can Provide Service?

Qualified Supervising Professional
Developmental/Behavioral Professional-Level I or Level II Provider

Where does Service Take Place?

Home or Center-individual supervision
Center- individual supervision

Selected Code Descriptions

0362T- Exposure Behavioral Follow-up Assessment, includes physician or other qualified health care professional (QHCP) direction with interpretation and report administered by physician or other **QHCP** with the assistance of one or more technicians; 1st 30 minutes of technician(s) time, face-to-face with the patient

0363T- Exposure Behavioral Follow-up Assessment, includes physician or other qualified health care professional (QHCP) direction with interpretation and report administered by physician or other QHCP with the assistance of one or more technicians; each additional 30 minutes of technician(s) time, face-to-face with the patient

HK -Qualified Supervising Professional [QSP]
HP- Doctorate /Mental Health Professional [MHP]
HO - Masters /Mental Health Professional [MHP]
HN- Bachelor's degree level I or II
GT- via interactive audio and video telecommunications systems
UB -EIDBI modifier

Coding	Telemedicine
0362T-UB-HN - Bachelor's degree level I or II, first 30 minutes	0362T-UB-HN-GT- Bachelor's degree level I or II , (telemedicine, first 30 minutes
0363T-UB-HN- Bachelor's degree level I or II ,each additional 30 minutes	0363T-UB-HN-GT- Bachelor's degree level I or II , (telemedicine) each additional 30 minutes
0362T-UB-HO - Masters /Mental Health Professional [MHP], first 30 mins	0362T-UB-HO-GT - Masters /Mental Health Professional [MHP] (telemedicine) , first 30 mins
0363T-UB-HO- Masters /Mental Health Professional [MHP], ea addl 30 mins	0363T-UB-HO-GT - Masters /Mental Health Professional [MHP] (telemedicine) ea add'l 30 mins
0362T-UB-HP - Doctorate /Mental Health Professional [MHP] first 30 mins	0362T-UB-HP-GT - Doctorate /Mental Health Professional [MHP] (telemedicine), first 30 mins
0363T-UB-HP - Doctorate /Mental Health Professional [MHP] ea addl 30 mins	0363T-UB-HP-GT - Doctorate /Mental Health Professional [MHP] (telemedicine), ea addl 30 mins
0362T-UB-HK - Qualified Supervising Professional , first 30 minutes	0362T-UB-HK - Qualified Supervising Professional, first 30 minutes
0363T-UB-HK - Qualified Supervising Professional , each additional 30 minutes	0363T-UB-HK- Qualified Supervising Professional , ea additional 30 minutes

COMPREHENSIVE MULTI-DISCIPLINARY EVALUATION (CMDE)

What is it?

This service determines medical necessity for the EIDBI benefit. Service could be done via two way interactive video if medically appropriate to the condition and needs of the recipient. The CMDE must include:

* Assessment of the child's degree of severity of core features of ASD or related condition as well as functional, cognitive, learning and play, social interactive, communication, adaptive, self-help, behavioral, motor skills and sensory regulatory needs and capacities.
* Review and incorporation of the autism diagnosis and other related assessment information from other qualified professionals including information gathered from family members, child care providers as well as any medical or assessment information from other licensed professionals working with the child.
* Assessment of type and level of parent/caregiver training preferred.
* Assessment of type and level of parent/caregiver involvement in treatment.
* Identification of current services the child is receiving and referral for other needed services.
* Recommendation of treatment options, intensity, frequency and duration.
* Determination of how frequently to monitor the child's progress if monitoring is required more frequently than every 6 months.
* Medical information from a licensed physician or advanced practice registered nurse.

Who Can Provide Service?

Physician
Psychiatrist[MD]
APRN
Doctorate /Mental Health Professional [MHP]
Masters /Mental Health Professional [MHP]

Where does Service Take Place?

Center, Clinic or office

Selected Code Descriptions

0359T -Behavior identification assessment, by the physician or other qualified health care professional, face-to-face with patient and caregiver(s), includes administration of standardized and non-standardized tests, detailed behavioral history, patient observation and caregiver interview, interpretation of test results, discussion of findings and recommendations with the primary guardian(s)/caregiver(s), and preparation of report

AM- Psychiatrist[MD]/Physician
HP- Doctorate /Mental Health Professional [MHP]
HO - Masters /Mental Health Professional [MHP]
GT- via interactive audio and video telecommunications systems
TG- APRN
UB -EIDBI modifier

Coding

0359T-UB-**AM - Psychiatrist[MD]/Physician**
0359T-UB-**AM**-GT- **Psychiatrist[MD]/Physician** (telemedicine)
0359T-UB-TG – APRN
0359T-UB-TG-GT- APRN (telemedicine)
0359T-UB –HP - Doctorate /Mental Health Professional [MHP]
0359T-UB -HP-GT – Doctorate /Mental Health Professional [MHP] (telemedicine)
0359T-UB –HO - Masters /Mental Health Professional [MHP]
0359T-UB -HO-GT - Masters /Mental Health Professional [MHP] (telemedicine)

Notes:

We contacted a member of the CPT Editorial Panel who created the new Category III codes. The panel member suggested this service could fit into a Category I code. The only category I code(s) that seem to fit are 96150 and 96151 which are part of the Health and Behavioral Assessment/Intervention code group. We were concerned about other payers and codes in this group. Based on feedback we heard regarding other codes in this range, we thought the 0359T may work best for all payers.

INDIVIDUAL TREATMENT PLAN DEVELOPMENT AND MONITORING

What is it?
Development and monitoring by the qualified supervising professional or Level I ABA or DBI Professional who coordinates and integrates information from the CMDE process to develop the Individual Treatment Plan. The Individual Treatment Plan specifies the:

* child's functional goals which are developmentally appropriate, and work toward generalization across people and environments;
* treatment modality or modalities
* treatment intensity, frequency and duration
* setting
* discharge criteria
* treatment outcomes and the methods to be implemented to support the accomplishment of outcomes, including the amount of time needed for each level of provider to deliver child treatment and parent training

The Individual Treatment Plan reflects the values, goals, preferences, culture and language of the child's family.

Who Can Provide the Service?
Qualified Supervising Professional
Developmental/Behavioral Professional-Level I Provider
Developmental/Behavioral Practitioner-Level II Provider

Where Does the Service Take Place?
Center, clinic or office

Selected Code Descriptions
H0032 Mental Health Service Plan Development by non-physician

UD- 15 minute unit
HK - Qualified Supervising Professional [QSP]
HP - Doctorate /Mental Health Professional [MHP]
HO - Masters /Mental Health Professional [MHP]
HN -Bachelor's degree level I or II
UB -EIDBI modifier

Coding
H0032-UB-HK-UD- Qualified Supervising Professional [QSP]
H0032-UB-HP-UD- Doctorate /Mental Health Professional [MHP]
H0032-UB-HO-UD- Masters /Mental Health Professional [MHP]
H0032-UB-HN-UD- Bachelor's degree level I or II

Notes
This service needs to be time based. The H0032 by definition is not time based. The H0032 was approved for mental health service plan development with time and we would suggest using it here as time based too (UD modifier). We contacted a member of the CPT Editorial Panel and suggested a new Category III code be created for this service. It was recommended that we submit a request.

FAMILY/CAREGIVER TRAINING AND COUNSELING

What is it?
Specialized training and education provided to a family/caregiver to assist with a child's needs and development while educating and supporting families.
The provider will observe, instruct and train the family/caregivers on the child's development status, and techniques and strategies to promote the child's development. Service could be done via two-way interactive video telecommunications if medically appropriate to the condition and needs of the recipient and family.

Who Can Provide the Service?
Qualified Supervising Professional
Developmental/Behavioral Professional-Level I Provider
Developmental/Behavioral Practitioner-Level II Provider

Where Does It Take Place?
Center, clinic or office

Selected Code Descriptions
T1027- Family training and counseling for child development, per 15 minutes

HK - Qualified Supervising Professional [QSP]
HP - Doctorate /Mental Health Professional [MHP]
HO- Masters /Mental Health Professional [MHP]
HN –Bachelor's degree level I or level II
UB - EIDBI modifier
GT - via interactive audio and video telecommunications systems

Coding Individual & Telemedicine	Coding –GROUP
T1027-UB –HK – Qualified Supervising Professional [QSP]	T1027-UB-HK-HQ- Qualified Supervising Professional [QSP], Group
T1027-UB- HK-GT- Qualified Supervising Professional [QSP] (telemedicine)	T1027-UB-HP-HQ- Doctorate /Mental Health Prof [MHP], Group
T1027-UB -HP- Doctorate /Mental Health Prof [MHP]	T1027-UB-HO-HQ- Masters /Mental Health Prof [MHP], Group
T1027-UB -HP-GT - Doctorate /Mental Health Prof [MHP] (telemedicine)	T1027-UB-HN-HQ- Bachelor's degree level I or II, Group
T1027-UB -HO- Masters /Mental Health Prof [MHP]	
T1027-UB -HO-GT - Masters /Mental Health Prof [MHP] (telemedicine)	
T1027-UB–HN - Bachelor's degree level I or II	
T1027-UB -HN-GT- Bachelor's degree level I or II (telemedicine)	

Coding Notes:
The variability with which parents may choose to participate in this service will be great making the need for a timed code. Time will allow for individualization based on parent/caregiver preferences and needs. The T1027 describes the service and is based on a 15 minute unit which is good. An alternative code Category III coding solution, the 0370T and 0371T, was also considered:
-> 0370T Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (w/o patient)
-> 0371T Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (w/o patient)

The 0370T and 0371T are not time based and represent a less desirable coding solution.

COORDINATED CARE CONFERENCE

What is it?

The coordinated care conference brings together the team of professionals that work with the child and family to develop and coordinate the implementation of the individual treatment plan. It assures that services are coordinated and integrated across providers and service delivery systems. Service could be done via two way interactive video telecommunications if medically appropriate to the condition and needs of the recipient.

Participants in the conference will:

* Coordinate and integrate information from the CMDE process
* Describe intensive treatment options and expectations across service settings
* Document intensive treatment scope, modality, intensity, frequency and duration based on the CMDE recommendations and family choice.
* Review the child's progress towards goals with the child's family.
* Coordinate services provided to the child and family
* Identify the level and type of parent involvement in the child's intensive treatment.
* Integrate care and services across service providers to ensure access to appropriate and necessary care including medically necessary speech therapy, occupational therapy, mental health, human services or special education.

Who Can Provide the Service?

Physician
APRN
Qualified Supervising Professional [QSP]
Developmental/Behavioral Professional-Level I Provider
Developmental/Behavioral Practitioner-Level II Provider

Where Does It Take Place?

Center, Clinic or Home

Selected Code Description

T1024 -Evaluation and Treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter

AM – Physician
TG- APRN
HK - Qualified Supervising Professional [QSP]
HP – Doctorate /Mental Health Professional [MHP]
HO - Masters /Mental Health Professional [MHP]
HN- Bachelor's degree level I or II
UB- EIDBI modifier
GT - via interactive audio and video telecommunications systems

Coding	Telemedicine Coding
T1024-UB-AM -Physician	T1024-UB-AM-GT –Physician (telemedicine)
T1024-UB-TG - APRN	T1024-UB-TG-GT- APRN (telemedicine)
T1024-UB-HK- Qualified Supervising Professional [QSP]	T1024-UB-HK-GT- Qualified Supervising Professional [QSP] (telemedicine)
T1024-UB-HP- Doctorate /Mental Health Professional [MHP]	T1024-UB-HP-GT- Doctorate /Mental Health Professional [MHP] (telemedicine)
T1024-UB-HO- Masters /Mental Health Professional[MHP]	T1024-UB-HO-GT- Masters /Mental Health Professional[MHP] (telemedicine)
T1024-UB-HN - Bachelor's degree level I or II	T1024-UB-HN-GT- Bachelor's degree level I or II (telemedicine)

TRAVEL TIME

What is It?
Provider travel time allows providers to bill for traveling to the recipient's home to provide covered face-to-face EIDBI services. Recipients must have an individual treatment plan specifying why the provider must travel to the recipient's home. Travel time covers only the time the provider is in transit to and from the recipient. Travel time only applies to the following services: EIDBI Intervention, EIDBI Intervention Supervision and Family Caregiver Training and Counseling.

Who Can Provide the Service?
EIDBI providers traveling to provide EIDBI Intervention, EIDBI Intervention Observation and Direction or Family/Caregiver Training and Counseling.

Where does the service take place?
99- Other Place of Service

Selected Code Description
H0046 -Provider Travel Time, per minute

UB- EIDBI modifier

Coding
H0046-UB

Coding Notes
The H0046 is currently used for provider travel time for mental health services on a per minute basis.
One unit equals one minute.
Travel time is billed on the same claim as the provided service.
The actual number of minutes spent in transit is billed (no rounding up).

PROVIDERS

*LEVEL I	*LEVEL II	*Level III
Psychiatrist [Physician]		
Doctorate /Mental Health Professional [MHP]		
Masters /Mental Health Professional [MHP]		
APRN		
Qualified Supervising Prof [QSP]	Bachelors - child development or allied	
	Lic Marriage & Family Therapist	
	Lic Professional Counselor	
	Cert Nurse Practitioner	
	Associates degree	RBT Registered Behavior Tech
	Lic psych practitioner	High School diploma
		Primary Caregiver with two yrs experience

*Use Modifier	Description
AM	Physician
HK	QSP
TG	APRN
HP	Doctorate /Mental Health Professional [MHP]
HO	Masters /Mental Health Professional [MHP]
HN	Bachelors
HM	Less than Bachelors

This section has been re-organized

LEVEL I PROVIDERS

CMDE Provider

To qualify as a CMDE provider the licensed mental health professional or psychiatrist must:

- Have at least 2,000 hours of clinical experience in the evaluation and treatment of children with ASD, or equivalent documented course-work at the graduate level by an accredited university in the following content areas: ASD diagnosis, ASD treatment strategies, child development;
- Be able to diagnose and/or provide treatment
- Work within their scope of practice and professional license; and
- Not be the same professional who delivers or supervises the child's direct treatment. In geographic areas with a provider shortage, as determined by the Department, the same professional may perform the CMDE and deliver or supervise the child's direct treatment.

Qualified Supervising Professional:

Qualified supervising professionals must work within their licensed scope of practice, and have at least 2,000 hours of experience and/or training in the examination and/or treatment of children with ASD or equivalent documented coursework at the graduate level by an accredited university in the areas of ASD diagnostics, ASD developmental and behavioral treatment strategies and typical child development.

EIDBI services must be provided under the supervision of, and billed by, a qualified supervising professional who assumes professional responsibility for the services provided and is a:

- Doctorate /Mental Health Professional [MHP]
- Masters /Mental Health Professional [MHP]
- Physician; or
- Advanced practice registered nurse.

Board Certified Behavior Analyst (BCBA) or Board Certified Behavior Analyst with Doctoral/PhD (BCBA-D) certification from the National Behavior Analyst Certification Board:

All Level I **ABA** treatment providers can also have a:

- Master's degree in one of the behavioral health, child development or allied fields (such as, but not limited to, mental health, special education, social work, psychology, speech pathology, or occupational therapy) from an accredited college or university

All Level I **DBI** treatment providers can also have a:

- Master's degree in one of the behavioral health, child development or allied fields (such as, but not limited to, mental health, special education, social work, psychology, speech pathology, or occupational therapy) from an accredited college or university

Level II PROVIDERS

Board Certified Assistant Behavior Analyst (BCaBA) certification from the National Behavior Analyst Certification Board with Bachelor's degree in one of the behavioral or child development sciences or allied fields

All Level II DBI treatment providers receive supervision from a Qualified Supervising Professional [QSP] or qualified Level I ABA or DBI professional, and must have a:

- Bachelor's degree in one of the behavioral or child development sciences or allied fields (such as, but not limited to, mental health, special education, social work, psychology, speech pathology, or occupational therapy) from an accredited college or university; or
- Associate degree in one of the behavioral or child development sciences or allied fields (such as, but not limited to, mental health, special education, social work, psychology, speech pathology, or occupational therapy) from an accredited college or university and at least 4,000 hours of supervised clinical experience in the delivery of treatment to children with ASD. Hours worked as a Behavioral Aide or Developmental/Behavioral Support Specialist may be included in the required hours of experience.

continued

Level III PROVIDERS

All Level III ABA and DBI providers must:

- Work under the supervision of a qualified supervising professional, or a Level I or II ABA or DBI provider.
- Have the following experience and or training:

Be at least 18 years old;

Meet the Department's ASD specific training requirements; and Have a high school diploma or general equivalency diploma (GED) or:

- Be fluent in the non-English language of the ethnic group to which at least 50 percent of the practitioner's clients belong; or
- Have two years of experience as a primary caregiver to a child with autism spectrum disorder within the previous five years; or
- Be a Registered Behavior Technician (RBT) as defined by the Behavior Analyst Certification Board

Coding Summary-as of 4/30/15

EIDBI Intervention [ABA or DBI] – INDIVIDUAL

0364T-UB-HN Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient, 1st 30 minutes of technician time, EIDBI **[Bachelor's degree level II]**

0365T-UB-HN Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient, each additional 30 minutes of technician time, EIDBI **[Bachelor's degree level II]**

0364T-UB-HM Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient, 1st 30 minutes of technician time, EIDBI [level III, Support Specialist, less than Bachelor's]

0365T-UB-HM Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient, each additional 30 minutes of technician time, EIDBI [level III, Support Specialist, less than Bachelor's]

0368T-UB-**HK** Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional with one patient, first 30 minutes of patient face-to-face time, EIDBI [Qualified Supervising Professional [QSP]]

0369T-UB-**HK** Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional with one patient, each additional 30 minutes of patient face-to-face time, EIDBI [Qualified Supervising Professional [QSP]]

0368T-UB-HP Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional with one patient, first 30 minutes of patient face-to-face time, EIDBI [Doctorate /Mental Health Professional [MHP]]

0369T-UB-HP Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional with one patient, each additional 30 minutes of patient face-to-face time, EIDBI [Doctorate /Mental Health Professional [MHP]]

0368T-UB-HO Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional with one patient, first 30 minutes of patient face-to-face time, EIDBI [Masters /Mental Health Professional [MHP]]

0369T-UB-HO Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional with one patient, each additional 30 minutes of patient face-to-face time, EIDBI [Masters /Mental Health Professional [MHP]]

0368T-UB-HN Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional with one patient, first 30 minutes of patient face-to-face time, EIDBI [Bachelor's degree level I]

0369T-UB-HN Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional with one patient, each additional 30 minutes of patient face-to-face time, EIDBI [Bachelor's degree level I]

EIDBI Intervention [ABA or DBI] – GROUP

0366T-UB-**HK** Group adaptive behavior treatment by protocol, admin by technician, face-to-face with two or more patients; first 30 minutes of tech time, EIDBI **[Qualified Supervising Professional [QSP]]**

0367T-UB-**HK** Group adaptive behavior treatment by protocol, admin by technician, face-to-face with two or more patients; each additional 30 minutes of tech time, EIDBI **[Qualified Supervising Professional [QSP]]**

0366T-UB-HP Group adaptive behavior treatment by protocol, admin by technician, face-to-face with two or more patients; first 30 minutes of tech time, EIDBI [Doctorate /Mental Health Professional [MHP]]

0367T-UB-HP Group adaptive behavior treatment by protocol, admin by technician, face-to-face with two or more patients; each additional 30 minutes of tech time, EIDBI [Doctorate /Mental Health Professional [MHP]]

0366T-UB-HO Group adaptive behavior treatment by protocol, admin by technician, face-to-face with two or more patients; first 30 minutes of tech time, EIDBI [Masters /Mental Health Professional [MHP]]

0367T-UB-HO Group adaptive behavior treatment by protocol, admin by technician, face-to-face with two or more patients; each additional 30 minutes of tech time, EIDBI [Masters /Mental Health Professional [MHP]]

0366T-UB-HN Group adaptive behavior treatment by protocol, admin by technician, face-to-face with two or more patients; first 30 minutes of tech time, EIDBI [Bachelor's level I or II]

0367T-UB-HN Group adaptive behavior treatment by protocol, admin by technician, face-to-face with two or more patients; each additional 30 minutes of tech time, EIDBI [Bachelor's level I or II]

0366T-UB-HM Group adaptive behavior treatment by protocol, admin by technician, face-to-face with two or more patients; first 30 minutes of tech time, EIDBI [level III, Support Specialist, less than Bachelor's]

0367T-UB-HM Group adaptive behavior treatment by protocol, admin by technician, face-to-face with two or more patients; each additional 30 minutes of tech time, EIDBI [level III, Support Specialist, less than Bachelor's]

Coordinated Care Conference

T1024-UB-AM Evaluation and Treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter, EIDBI [Physician]
T1024-UB-AM-GT Evaluation and Treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter, EIDBI [Physician] (telemedicine)
T1024-UB-HK Evaluation and Treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter, EIDBI [Qualified Supervising Professional [QSP]]
T1024-UB-HK-GT-Evaluation and Treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter, EIDBI [Qualified Supervising Professional [QSP]] (telemedicine)
T1024-UB-HP Evaluation and Treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter, EIDBI [Doctorate /Mental Health Professional [MHP]]
T1024-UB-HP-GT Evaluation and Treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter, EIDBI [Doctorate /Mental Health Professional [MHP]] (telemedicine)
T1024-UB-HO- Evaluation and Treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter, EIDBI [Masters /Mental Health Professional [MHP]]
T1024-UB HO-GT-Evaluation and Treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter, EIDBI [Masters /Mental Health Professional [MHP]] (telemedicine)
T1024-UB-HN- Evaluation and Treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter, EIDBI [Bachelor's level I or II]
T1024-UB-HN-GT-Evaluation and Treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter, EIDBI [Bachelor's level I or II] (telemedicine)

COMPREHENSIVE MULTI-DISCIPLINARY EVALUATION [CMDE]

0359T-UB-AM -Behavioral Identification Assessment, EIDBI [Physician or Psychiatrist(MD)]
0359T-UB-AM-GT- Behavioral Identification Assessment, EIDBI [Physician or Psychiatrist(MD)] (telemedicine)
0359T-UB-TG -Behavioral Identification Assessment, EIDBI [APRN]
0359T-UB-TG-GT- Behavioral Identification Assessment, EIDBI [APRN] (telemedicine)
0359T-UB-HP- Behavioral Identification Assessment, EIDBI [Doctorate /Mental Health Professional [MHP]]
0359T-UB-HP-GT – Behavioral Identification Assessment, EIDBI [Doctorate /Mental Health Professional [MHP] (telemedicine)
0359T-UB-HO- Behavioral Identification Assessment, EIDBI [Masters /Mental Health Professional [MHP]]
0359T-UB-HO-GT-Behavioral Identification Assessment, EIDBI [Masters /Mental Health Professional [MHP]] (telemedicine)

Individualized Treatment Plan [ITP]

H0032-UB-HK-UD - Mental health service plan development by nonphysician, 15 minutes, EIDBI [Qualified Supervising Professional [QSP]]
H0032-UB-HP-UD - Mental health service plan development by nonphysician, 15 minutes, EIDBI [Doctorate /Mental Health Professional [MHP]]]
H0032-UB-HO-UD - Mental health service plan development by nonphysician, 15 minutes, EIDBI [Masters /Mental Health Professional [MHP]]]
H0032-UB-HN-UD - Mental health service plan development by nonphysician, 15 minutes, EIDBI [Bachelor's level I or II]

Intervention Observation and Direction

0362T-UB-**HK-** Exposure Behavioral Follow-up Assessment, includes physician or other qualified health care professional (QHCP) direction with interpretation and report administered by physician or other QHCP with the assistance of one or more technicians; 1st 30 minutes of technician(s) time, face-to-face with the patient, EIDBI [Qualified Supervising Professional [QSP]]

0363T-UB-**HK-** Exposure Behavioral Follow-up Assessment, includes physician or other qualified health care professional (QHCP) direction with interpretation and report administered by physician or other QHCP with the assistance of one or more technicians; each additional 30 minutes of technician(s) time, face-to-face with the patient, EIDBI [Qualified Supervising Professional [QSP]]

0362T-UB-**HK**-GT-Exposure Behavioral Follow-up Assessment, includes physician or other qualified health care professional (QHCP) direction with interpretation and report administered by physician or other QHCP with the assistance of one or more technicians; 1st 30 minutes of technician(s) time, face-to-face with the patient, EIDBI **(telemedicine)** [Qualified Supervising Professional [QSP]]

0363T-UB-**HK**-GT-Exposure Behavioral Follow-up Assessment, includes physician or other qualified health care professional (QHCP) direction with interpretation and report administered by physician or other QHCP with the assistance of one or more technicians; each additional 30 minutes of technician(s) time, face-to-face with the patient, EIDBI **(telemedicine)** [Qualified Supervising Professional [QSP]]

0362T-UB-HP- Exposure Behavioral Follow-up Assessment, includes physician or other qualified health care professional (QHCP) direction with interpretation and report administered by physician or other QHCP with the assistance of one or more technicians; 1st 30 minutes of technician(s) time, face-to-face with the patient, EIDBI [Doctorate /Mental Health Professional [MHP]]

0363T-UB-HP- Exposure Behavioral Follow-up Assessment, includes physician or other qualified health care professional (QHCP) direction with interpretation and report administered by physician or other QHCP with the assistance of one or more technicians; each additional 30 minutes of technician(s) time, face-to-face with the patient, EIDBI [Doctorate /Mental Health Professional [MHP]]

0362T-UB-HP-GT -Exposure Behavioral Follow-up Assessment, includes physician or other qualified health care professional (QHCP) direction with interpretation and report administered by physician or other QHCP with the assistance of one or more technicians; 1st 30 minutes of technician(s) time, face-to-face with the patient, EIDBI **(telemedicine)** [Doctorate /Mental Health Professional [MHP]]

0363T-UB-HP-GT - Exposure Behavioral Follow-up Assessment, includes physician or other qualified health care professional (QHCP) direction with interpretation and report administered by physician or other QHCP with the assistance of one or more technicians; each additional 30 minutes of technician(s) time, face-to-face with the patient, EIDBI **(telemedicine)** [Doctorate /Mental Health Professional [MHP]]

0362T-UB-HO- Exposure Behavioral Follow-up Assessment, includes physician or other qualified health care professional (QHCP) direction with interpretation and report administered by physician or other QHCP with the assistance of one or more technicians; 1st 30 minutes of technician(s) time, face-to-face with the patient, EIDBI [Masters /Mental Health Professional [MHP]]

0363T-UB-HO- Exposure Behavioral Follow-up Assessment, includes physician or other qualified health care professional (QHCP) direction with interpretation and report administered by physician or other QHCP with the assistance of one or more technicians; each additional 30 minutes of technician(s) time, face-to-face with the patient, EIDBI [Masters /Mental Health Professional [MHP]]

0362T-UB-HO-GT-Exposure Behavioral Follow-up Assessment, includes physician or other qualified health care professional (QHCP) direction with interpretation and report administered by physician or other QHCP with the assistance of one or more technicians; 1st 30 minutes of technician(s) time, face-to-face with the patient, EIDBI **(telemedicine)** [Masters /Mental Health Professional [MHP]]

0363T-UB-HO-GT- Exposure Behavioral Follow-up Assessment, includes physician or other qualified health care professional (QHCP) direction with interpretation and report administered by physician or other QHCP with the assistance of one or more technicians; each additional 30 minutes of technician(s) time, face-to-face with the patient, EIDBI **(telemedicine)** [Masters /Mental Health Professional [MHP]]

0362T-UB-HN - Exposure Behavioral Follow-up Assessment, includes physician or other qualified health care professional (QHCP) direction with interpretation and report administered by physician or other QHCP with the assistance of one or more technicians; 1st 30 minutes of technician(s) time, face-to-face with the patient, EIDBI [Bachelor's level I or II]

0363T-UB-HN- Exposure Behavioral Follow-up Assessment, includes physician or other qualified health care professional (QHCP) direction with interpretation and report administered by physician or other QHCP with the assistance of one or more technicians; each additional 30 minutes of technician(s) time, face-to-face with the patient, EIDBI [Bachelor's level I or II]

0362T-UB-HN-GT -Exposure Behavioral Follow-up Assessment, includes physician or other qualified health care professional (QHCP) direction with interpretation and report administered by physician or other QHCP with the assistance of one or more technicians; 1st 30 minutes of technician(s) time, face-to-face with the patient, EIDBI **(telemedicine)** [Bachelor's level I or II]

0363T-UB-HN-GT- Exposure Behavioral Follow-up Assessment, includes physician or other qualified health care professional (QHCP) direction with interpretation and report administered by physician or other QHCP with the assistance of one or more technicians; each additional 30 minutes of technician(s) time, face-to-face with the patient, EIDBI **(telemedicine)** [Bachelor's level I or II]

Family / Caregiver Training - Individual;

T1027-UB-HK-Family training and counseling for child development, per 15 minutes, EIDBI,[Qualified Supervising Professional [QSP]]
T1027-UB-HK-GT-Family training and counseling for child development, per 15 minutes, EIDBI, [Qualified Supervising Professional [QSP]] (telemedicine)
T1027-UB-HP-Family training and counseling for child development, per 15 minutes, EIDBI, [Doctorate /Mental Health Professional [MHP]]
T1027-UB-HP-GT-Family training and counseling for child development, per 15 minutes, EIDBI, [Doctorate /Mental Health Professional [MHP]] (telemedicine)
T1027-UB-HO-Family training and counseling for child development, per 15 minutes, EIDBI, [Masters /Mental Health Professional [MHP]]
T1027-UB-HO-GT-Family training and counseling for child development, per 15 minutes, EIDBI, [Masters /Mental Health Professional [MHP]] (telemedicine)
T1027-UB-HN-Family training and counseling for child development, per 15 minutes, EIDBI [Bachelor's degree level I or II]
T1027-UB-HN-GT-Family training and counseling for child development, per 15 minutes, EIDBI [Bachelor's degree level I or II] (telemedicine)

Family / Caregiver Training - Group:

T1027-UB-HK-HQ-Family training and counseling for child development, per 15 minutes, EIDBI **group** [Qualified Supervising Professional [QSP]]
T1027-UB-HP-HQ-Family training and counseling for child development, per 15 minutes, EIDBI **group** [Doctorate /Mental Health Professional [MHP]]
T1027-UB-HO-HQ-Family training and counseling for child development, per 15 minutes, EIDBI **group** [Masters /Mental Health Professional [MHP]]
T1027-UB-HN-HQ-Family training and counseling for child development, per 15 minutes, EIDBI group [Bachelor's degree level I or II]

Travel Time

H0046-UB -Provider Travel Time, EIDBI

Excel Sheet of coding combinations

EIDBI codes and verbiage.xlsx

Early Intensive Developmental and Behaviorial Intervention (EIDBI) Benefit

All providers will use Provider Type code EI for both Practice Types - Group (06) and Individual (01)

Category of Service (COS) and Minnesota Service Grouping (MSG) is 048 Early Intensive Developmental and Behavioral Intervention (EIDBI)

FINAL 4-30-15

	Service Name	Description	Entered on SA	Professional Level	Procedure Code	Modifier GT = Telemedicine; all others = Face-to-Face: Modifier 1	Modifier 2	Modifier 3	Unit	POS	Specialty Code	Provider Type	ASD Rate		Service Limits	6 months flexible use	see Use Case # for more information
1	Comprehensive Multi-Disciplinary Evaluation (CMDE)	Comprehensive evaluation to determine medical necessity for EIDBI benefit	No	Physician Psychiatrist MD	0359T	UB	AM		1 = 1 day	11,49,53	QD	14,20,25,42,63,65, EI	$ 285.38	100%	Annually 2 days allowed for completion		uc3.0 claims_cmde_ccc_itp.docx
2	Comprehensive Multi-Disciplinary Evaluation (CMDE)		No	APRN	0359T	UB	TG		1 = 1 day	11,49,53	QD	14,20,25,42,63,65, EI	$ 285.38	100%	Annually 2 days allowed for completion		uc3.0 claims_cmde_ccc_itp.docx
3	Comprehensive Multi-Disciplinary Evaluation (CMDE)		No	Mental Health Professional (MHP) Doctorate	0359T	UB	HP		1 = 1 day	11,49,53	QD	14,20,25,42,63,65, EI	$ 285.38	100%	Annually 2 days allowed for completion		uc3.0 claims_cmde_ccc_itp.docx
4	Comprehensive Multi-Disciplinary Evaluation (CMDE)		No	Mental Health Professional (MHP) Master's	0359T	UB	HO		1 = 1 day	11,49,53	QD	14,20,25,42,63,65, EI	$ 228.30	80%	Annually 2 days allowed for completion		uc3.0 claims_cmde_ccc_itp.docx
5	Comprehensive Multi-Disciplinary Evaluation (CMDE)-Telemedicine	Comprehensive evaluation to determine medical necessity for EIDBI benefit	No	Physician Psychiatrist MD	0359T	UB	AM	GT	1 = 1 day	11,49,53	QD	14,20,25,42,63,65, EI	$ 285.38	100%			
6	Comprehensive Multi-Disciplinary Evaluation (CMDE)-Telemedicine		No	APRN	0359T	UB	TG	GT	1 = 1 day	11,49,53	QD	14,20,25,42,63,65, EI	$ 285.38	100%			
7	Comprehensive Multi-Disciplinary Evaluation (CMDE)-Telemedicine		No	Doctorate	0359T	UB	HP	GT	1 = 1 day	11,49,53	QD	14,20,25,42,63,65, EI	$ 285.38	100%			
8	Comprehensive Multi-Disciplinary Evaluation (CMDE)-Telemedicine		No	Master's degree	0359T	UB	HO	GT	1 = 1 day	11,49,53	QD	14,20,25,42,63,65, EI	$ 228.30	80%			
9	Individual Treatment Plan (ITP) Development and Monitoring	Autism service plan development by non-physician	Initial (first) ITP = No subsequent = yes	Qualified Supervising Professional (QSP)	H0032	UB	HK	UD	1 = 15 mins	11,12,49,53	QP	14,20,25,42,63,65, EI	$ 20.61	100%	4 hours per ITP; up to 4x/yr on SA only		uc3.0 claims_cmde_ccc_itp.docx
10	Individual Treatment Plan (ITP) Development and Monitoring		Initial (first) ITP = No subsequent = yes	Professional (Level I) - Doctorate	H0032	UB	HP	UD	1 = 15 mins	11,12,49,53	A1, DE	14,20,25,42,63,65, EI	$ 20.61	100%	4 hours per ITP		uc3.0 claims_cmde_ccc_itp.docx
11	Individual Treatment Plan (ITP) Development and Monitoring		Initial (first) ITP = No subsequent = yes	Professional (Level 1) - Master's	H0032	UB	HO	UD	1 = 15 mins	11,12,49,53	A1, DE	14,20,25,42,63,65, EI	$ 20.61	100%	4 hours per ITP		
12	Individual Treatment Plan (ITP) Development and Monitoring		Initial (first) ITP = No subsequent = yes	Professional (Level 1) - Bachelors	H0032	UB	HN	UD	1 = 15 mins	11,12,49,53	A1, DE	14,20,25,42,63,65, EI	$ 20.61	100%	4 hours per ITP		
13	Individual Treatment Plan (ITP) Development and Monitoring		Initial (first) ITP = No subsequent = yes	Practitioner (Level II) - Bachelors	H0032	UB	HN	UD	1 = 15 mins	11,12,49,54	A2, DF	14,20,25,42,63,65, EI	$ 16.49	80%	4 hours per ITP		
14	Coordinated Care Conference	An integrated specialty team contracted to provide coordinated care to the individual with multiple disabilities and determines which services would be necessary to provide care and treatment for the individual	No	Physician	T1024	UB	AM		1 = 1 day	11,12,49,53	QD	14,20,25,29,39,40, 42,63,65,EI	$ 97.98	100%	1 per provider annually		
15	Coordinated Care Conference		No	APRN	T1024	UB	TG		1 = 1 day	11,12,49,53	QD	14,20,25,29,39,40, 42,63,65,EI	$ 97.98	100%	1 per provider annually		
16	Coordinated Care Conference		No	Mental Health Professional (MHP) Doctorate	T1024	UB	HP		1 = 1 day	11,12,49,53	QD	14,20,25,29,39,40, 42,63,65,EI	$ 97.98	100%	1 per provider annually		
17	Coordinated Care Conference		No	Mental Health Professional (MHP) Master's	T1024	UB	HO		1 = 1 day	11,12,49,53	QD	14,20,25,29,39,40, 42,63,65,EI	$ 97.98	100%	1 per provider annually		
18	Coordinated Care Conference		No	Qualified Supervising Professional (QSP)	T1024	UB	HK		1 = 1 day	11,12,49,53	QP	14,20,25,29,39,40, 42,63,65,EI	$ 97.98	100%	1 per provider annually		
19	Coordinated Care Conference		No	Professional (Level I) - Doctorate	T1024	UB	HP		1 = 1 day	11,12,49,53	A1, DE	14,20,25,29,39,40, 42,63,65,EI	$ 97.98	100%	1 per provider annually		
20	Coordinated Care Conference		No	Professional (Level 1) - Masters	T1024	UB	HO		1 = 1 day	11,12,49,53	A1, DE	14,20,25,29,39,40, 42,63,65,EI	$ 97.98	100%	1 per provider annually		uc3.0 claims_cmde_ccc_itp.docx
21	Coordinated Care Conference		No	Professional (Level 1) - Bachelors	T1024	UB	HN		1 = 1 day	11,12,49,53	A1, DE	14,20,25,29,39,40, 42,63,65,EI	$ 97.98	100%	1 per provider annually		uc3.0 claims_cmde_ccc_itp.docx
22	Coordinated Care Conference		No	Practitioner (Level II) - Bachelors	T1024	UB	HN		1 = 1 day	11,12,49,53	A2, DF	14,20,25,29,39,40, 42,63,65,EI	$ 78.38	80%	1 per provider annually		uc3.0 claims_cmde_ccc_itp.docx

	Service Name	Description	Entered on SA	Professional Level	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Unit	POS	Specialty Code	Provider Type	ASD Rate		Service Limits	6 months flexible use	see Use Case # for more information
23	Coordinated Care Conference-Telemedicine	An integrated specialty team contracted to provide coordinated care to the individual with multiple disabilities and determines which services would be necessary to provide care and treatment for the individual.	No	Physician	T1024	UB	AM	GT	1 = 1 day	11,12,49,53	QD	14,20,25,29,39,40, 42,63,65,EI	$ 97.98	100%	1 per provider annually		
24	Coordinated Care Conference-Telemedicine		No	APRN	T1024	UB	TG	GT	1 = 1 day	11,12,49,53	QD	14,20,25,29,39,40, 42,63,65,EI	$ 97.98	100%	1 per provider annually		
25	Coordinated Care Conference-Telemedicine		No	Mental Health Professional (MHP) Doctorate	T1024	UB	HP	GT	1 = 1 day	11,12,49,53	QD	14,20,25,29,39,40, 42,63,65,EI	$ 97.98	100%	1 per provider annually		
26	Coordinated Care Conference-Telemedicine		No	Mental Health Professional (MHP) Master's	T1024	UB	HO	GT	1 = 1 day	11,12,49,53	QD	14,20,25,29,39,40, 42,63,65,EI	$ 97.98	100%	1 per provider annually		
26	Coordinated Care Conference-Telemedicine		No	Qualified Supervising Professional (QSP)	T1024	UB	HK	GT	1 = 1 day	11,12,49,53	QP	14,20,25,29,39,40, 42,63,65,EI	$ 97.98	100%	1 per provider annually		
28	Coordinated Care Conference-Telemedicine		No	Professional (Level I) - Doctorate	T1024	UB	HP	GT	1 = 1 day	11,12,49,53	A1, DE	14,20,25,29,39,40, 42,63,65,EI	$ 97.98	100%	1 per provider annually		
29	Coordinated Care Conference-Telemedicine		No	Professional (Level 1) - Masters	T1024	UB	HO	GT	1 = 1 day	11,12,49,53	A1, DE	14,20,25,29,39,40, 42,63,65,EI	$ 97.98	100%	1 per provider annually		
30	Coordinated Care Conference-Telemedicine		No	Professional (Level 1) - Bachelors	T1024	UB	HN	GT	1 = 1 day	11,12,49,53	A1, DE	14,20,25,29,39,40, 42,63,65,EI	$ 97.98	100%	1 per provider annually		
31	Coordinated Care Conference-Telemedicine		No	Practitioner (Level II) - Bachelors	T1024	UB	HN	GT	1 = 1 day	11,12,49,53	A2, DF	14,20,25,29,39,40, 42,63,65,EI	$ 78.38	80%	1 per provider annually		
32	EIDBI Intervention: Individual		Yes	Qualified Supervising Professional (QSP)	0368T 0369T	UB	HK		1 = 30 mins	11, 12, 49, 53	QP	14,20,25,29,39,40, 42,63,65,EI	$ 35.08	100%	Total combined EIDBI intervention cap at 9 hours/day 56 hours per week		
33	EIDBI Intervention: Individual		Yes	Professional (Level I) - Doctorate	0368T 0369T	UB	HP		1 = 30 mins	11, 12, 49, 53	A1, DE	14,20,25,29,39,40, 42,63,65,EI	$ 35.08	100%	Total combined EIDBI intervention cap at 9 hours/day 56 hours per week		0368T - first 30 minutes 0369T - additional 30 minutes
34	EIDBI Intervention: Individual		Yes	Professional (Level 1) - Masters	0368T 0369T	UB	HO		1 = 30 mins	11, 12, 49, 53	A1, DE	14,20,25,29,39,40, 42,63,65,EI	$ 35.08	100%	Total combined EIDBI intervention cap at 9 hours/day 56 hours per week		0368T - first 30 minutes 0369T - additional 30 minutes
35	EIDBI Intervention: Individual		Yes	Professional (Level 1) - Bachelors	0368T 0369T	UB	HN		1 = 30 mins	11, 12, 49, 53	A1, DE	14,20,25,29,39,40, 42,63,65,EI	$ 35.08	100%	Total combined EIDBI intervention cap at 9 hours/day 56 hours per week		0368T - first 30 minutes 0369T - additional 30 minutes
36	EIDBI Intervention: Individual		Yes	Practitioner (Level II) - Bachelors	0364T 0365T	UB	HN		1 = 30 mins	11, 12, 49, 53	A2,DF	14,20,25,29,39,40, 42,63,65,EI	$ 28.06	80%	Total combined EIDBI intervention cap at 9 hours/day 56 hours per week		0364T - first 30 minutes 0365T - additional 30 minutes
37	EIDBI Intervention: Individual		Yes	Support Specialist (Level III) - less than Bachelor's	0364T 0365T	UB	HM		1 = 30 mins	11, 12, 49, 53	A3, DG	14,20,25,29,39,40, 42,63,65,EI	$ 17.54	50%	Total combined EIDBI intervention cap at 9 hours/day 56 hours per week		0364T - first 30 minutes 0365T - additional 30 minutes
38	EIDBI Intervention: Group	Social skills group at center; place of service 11 for center	Yes	Qualified Supervising Professional (QSP)	0366T 0367T	UB	HK		1 = 30 mins	11,49,53	QP	14,20,25,29,39,40, 42,63,65,EI	$ 11.68	100%	Total combined EIDBI intervention cap at 9 hours/day 56 hours per week		
39	EIDBI Intervention: Group		Yes	Professional (Level I) - Doctorate	0366T 0367T	UB	HP		1 = 30 mins	11,49,53	A1, DE	14,20,25,29,39,40, 42,63,65,EI	$ 11.68	100%	Total combined EIDBI intervention cap at 9 hours/day 56 hours per week		
40	EIDBI Intervention: Group		Yes	Professional (Level 1) - Masters	0366T 0367T	UB	HO		1 = 30 mins	11,49,53	A1, DE	14,20,25,29,39,40, 42,63,65,EI	$ 11.68	100%	Total combined EIDBI intervention cap at 9 hours/day 56 hours per week		
41	EIDBI Intervention: Group		Yes	Professional (Level 1) - Bachelors	0366T 0367T	UB	HN		1 = 30 mins	11,49,53	A1, DE	14,20,25,29,39,40, 42,63,65,EI	$ 11.68	100%	Total combined EIDBI intervention cap at 9 hours/day 56 hours per week		
42	EIDBI Intervention: Group		Yes	Practitioner (Level II) - Bachelors	0366T 0367T	UB	HN		1 = 30 mins	11,49,53	A2, DF	14,20,25,29,39,40, 42,63,65,EI	$ 9.34	80%	Total combined EIDBI intervention cap at 9 hours/day 56 hours per week		0366T - first 30 minutes 0367T - additional 30 minutes
43	EIDBI Intervention: Group		Yes	Support Specialist (Level III) - less than Bachelor's	0366T 0367T	UB	HM		1 = 30 mins	11,49,53	A3, DG	14,20,25,29,39,40, 42,63,65,EI	$ 5.84	50%	Total combined EIDBI intervention cap at 9 hours/day 56 hours per week		0366T - first 30 minutes 0367T - additional 30 minutes

	Service Name	Description	Entered on SA	Professional Level	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Unit	POS	Specialty Code	Provider Type	ASD Rate		Service Limits	6 months flexible use	see Use Case # for more information
44	Intervention Observation and Direction	Clinical direction and oversight by a qualified EIDBI provider to a lower level provider	Yes	Qualified Supervising Professional (QSP)	0362T 0363T	UB	HK		1 = 30 mins	11,12,49,53	QP	14,20,25,29,39,40, 42,63,65,EI	$ 35.08	100%	Total combined EIDBI supervision at 4 hours/week	120 hours flexible	0362T - first 30 minutes 0363T - additional 30 minutes
45	Intervention Observation and Direction		Yes	Professional (Level I) - Doctorate	0362T 0363T	UB	HP		1 = 30 mins	11,12,49,53	A1,DE	14,20,25,29,39,40, 42,63,65,EI	$ 35.08	100%	Total combined EIDBI supervision at 4 hours/week	120 hours flexible	0362T - first 30 minutes 0363T - additional 30 minutes
46	Intervention Observation and Direction		Yes	Professional (Level 1) - Masters	0362T 0363T	UB	HO		1 = 30 mins	11,12,49,53	A1,DE	14,20,25,29,39,40, 42,63,65,EI	$ 35.08	100%	Total combined EIDBI supervision at 4 hours/week	120 hours flexible	0362T - first 30 minutes 0363T - additional 30 minutes
47	Intervention Observation and Direction		Yes	Professional (Level 1) - Bachelors	0362T 0363T	UB	HN		1 = 30 mins	11,12,49,53	A1,DE	14,20,25,29,39,40, 42,63,65,EI	$ 35.08	100%	Total combined EIDBI supervision at 4 hours/week	120 hours flexible	0362T - first 30 minutes 0363T - additional 30 minutes
48	Intervention Observation and Direction		Yes	Practitioner (Level II) - Bachelors	0362T 0363T	UB	HN		1 = 30 mins	11,12,49,53	A2,DF	14,20,25,29,39,40, 42,63,65,EI	$ 28.06	80%	Total combined EIDBI supervision at 4 hours/week	120 hours flexible	0362T - first 30 minutes 0363T - additional 30 minutes
49	Intervention Observation and Direction: Telemedicine	Clinical direction and oversight by a qualified EIDBI provider to a lower level provider via telemedicine.	Yes	Qualified Supervising Professional (QSP)	0362T 0363T	UB	HK	GT	1 = 30 mins	11,12,49,53	QP	14,20,25,29,39,40, 42,63,65,EI	$ 35.08	100%	Total combined EIDBI supervision at 4 hours/week	120 hours flexible	
50	Intervention Observation and Direction: Telemedicine		Yes	Professional (Level I) - Doctorate	0362T 0363T	UB	HP	GT	1 = 30 mins	11,12,49,53	A1,DE	14,20,25,29,39,40, 42,63,65,EI	$ 35.08	100%	Total combined EIDBI supervision at 4 hours/week	120 hours flexible	
51	Intervention Observation and Direction: Telemedicine		Yes	Professional (Level 1) - Masters	0362T 0363T	UB	HO	GT	1 = 30 mins	11,12,49,53	A1,DE	14,20,25,29,39,40, 42,63,65,EI	$ 35.08	100%	Total combined EIDBI supervision at 4 hours/week	120 hours flexible	
52	Intervention Observation and Direction: Telemedicine		Yes	Professional (Level 1) - Bachelors	0362T 0363T	UB	HN	GT	1 = 30 mins	11,12,49,53	A1,DE	14,20,25,29,39,40, 42,63,65,EI	$ 35.08	100%	Total combined EIDBI supervision at 4 hours/week	120 hours flexible	
53	Intervention Observation and Direction: Telemedicine		Yes	Practitioner (Level II) - Bachelors	0362T 0363T	UB	HN	GT	1 = 30 mins	11,12,49,53	A2,DF	14,20,25,29,39,40, 42,63,65,EI	$ 28.06	80%	Total combined EIDBI supervision at 4 hours/week	120 hours flexible	
54	Family/Caregiver Training and Counseling: Individual	Family training and counseling for child development is specialized training and education provided to a family/caregiver to assist with child's needs and development.	Yes	Qualified Supervising Professional (QSP)	T1027	UB	HK		1 = 15 mins	11,12,49,53	QP	20,25,29, 39,42,63,65,EI	$ 17.54	100%	0 hours/month	Total combined EIDBI training cap at 60 hours	
55	Family/Caregiver Training and Counseling: Individual		Yes	Professional (Level I) - Doctorate	T1027	UB	HP		1 = 15 mins	11,12,49,53	A1,DE	20,25,29, 39,42,63,65,EI	$ 17.54	100%	0 hours/month	Total combined EIDBI training cap at 60 hours	
56	Family/Caregiver Training and Counseling: Individual		Yes	Professional (Level 1) - Masters	T1027	UB	HO		1 = 15 mins	11,12,49,53	A1,DE	20,25,29, 39,42,63,65,EI	$ 17.54	100%	0 hours/month	Total combined EIDBI training cap at 60 hours	
57	Family/Caregiver Training and Counseling: Individual		Yes	Professional (Level 1) - Bachelors	T1027	UB	HN		1 = 15 mins	11,12,49,53	A1,DE	20,25,29, 39,42,63,65,EI	$ 17.54	100%	0 hours/month	Total combined EIDBI training cap at 60 hours	
58	Family/Caregiver Training and Counseling: Individual		Yes	Practitioner (Level II) - Bachelors	T1027	UB	HN		1 = 15 mins	11,12,49,53	A2,DF	20,25,29, 39,42,63,65,EI	$ 14.03	80%	0 hours/month	Total combined EIDBI training cap at 60 hours	
59	Family/Caregiver Training and Counseling: Individual-Telemedicine	Family training and counseling for child development is specialized training and education provided to a family/caregiver to assist with child's needs and development.	Yes	Qualified Supervising Professional (QSP)	T1027	UB	HK	GT	1 = 15 mins	11,12,49,53	QP	20,25,29, 39,42,63,65,EI	$ 17.54	100%	0 hours/month	Total combined EIDBI training cap at 60 hours	
60	Family/Caregiver Training and Counseling: Individual-Telemedicine		Yes	Professional (Level I) - Doctorate	T1027	UB	HP	GT	1 = 15 mins	11,12,49,53	A1,DE	20,25,29, 39,42,63,65,EI	$ 17.54	100%	0 hours/month	Total combined EIDBI training cap at 60 hours	
61	Family/Caregiver Training and Counseling: Individual-Telemedicine		Yes	Professional (Level 1) - Masters	T1027	UB	HO	GT	1 = 15 mins	11,12,49,53	A1,DE	20,25,29, 39,42,63,65,EI	$ 17.54	100%	0 hours/month	Total combined EIDBI training cap at 60 hours	
62	Family/Caregiver Training and Counseling: Individual-Telemedicine		Yes	Professional (Level 1) - Bachelors	T1027	UB	HN	GT	1 = 15 mins	11,12,49,53	A1,DE	20,25,29, 39,42,63,65,EI	$ 17.54	100%	0 hours/month	Total combined EIDBI training cap at 60 hours	
63	Family/Caregiver Training and Counseling: Individual-Telemedicine		Yes	Practitioner (Level II) - Bachelors	T1027	UB	HN	GT	1 = 15 mins	11,12,49,53	A2,DF	20,25,29, 39,42,63,65,EI	$ 14.03	80%	0 hours/month	Total combined EIDBI training cap at 60 hours	

	Service Name	Description	Entered on SA	Professional Level	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Unit	POS	Specialty Code	Provider Type	ASD Rate		Service Limits	6 months flexible use	see Use Case # for more information
64	Family/Caregiver Training and Counseling: Group	Family training and counseling for child development is specialized training and education provided to a family/caregiver to assist with child's needs and development.	Yes	Qualified Supervising Professional (QSP)	T1027	UB	HK	HQ	1 = 15 mins	11,49,53	QP	20,25,29, 39,42,63,65,EI	$ 5.84	100%	40 hours/month	Total combined EIDBI training cap at 60 hours	
65	Family/Caregiver Training and Counseling: Group		Yes	Professional (Level I) - Doctorate	T1027	UB	HP	HQ	1 = 15 mins	11,49,53	A1, DE	20,25,29, 39,42,63,65,EI	$ 5.84	100%	40 hours/month	Total combined EIDBI training cap at 60 hours	
66	Family/Caregiver Training and Counseling: Group		Yes	Professional (Level 1) - Masters	T1027	UB	HO	HQ	1 = 15 mins	11,49,53	A1, DE	20,25,29, 39,42,63,65,EI	$ 5.84	100%	40 hours/month	Total combined EIDBI training cap at 60 hours	
67	Family/Caregiver Training and Counseling: Group		Yes	Professional (Level 1) - Bachelors	T1027	UB	HN	HQ	1 = 15 mins	11,49,53	A1, DE	20,25,29, 39,42,63,65,EI	$ 5.84	100%	40 hours/month	Total combined EIDBI training cap at 60 hours	
68	Family/Caregiver Training and Counseling: Group		Yes	Practitioner (Level II) - Bachelors	T1027	UB	HN	HQ	1 = 15 mins	11,49,53	A2, DF	20,25,29, 39,42,63,65,EI	$ 4.67	80%	40 hours/month	Total combined EIDBI training cap at 60 hours	
69	Travel Time		Yes	All	H0046	UB			1 = 1 minute	12, 99	QP,A1,A2,A3, DE,DF,DG	14,20,25,29,39,40, 42,63,65,EI	$ 0.45				uc 3.x claims_travel.docx

* backgrounder info from BCBSA:

The following 5 codes 0359T-0363T are Adaptive Behavior Assessment codes. There is a lengthy introduction on the AMA category III code page where the codes are posted which gives the official definitions of the types of assessments – behavior identification, observational behavioral follow-up and exposure behavioral follow-up. The very involved assessments associated with applied behavior analysis (ABA) would be one of the main uses of these codes – but they are not restricted to that use.

0359T Behavior identification assessment, by the physician or other qualified health care professional, face-to-face with patient and caregiver(s), includes administration of standardized and non-standardized tests, detailed behavioral history, patient observation and caregiver interview, interpretation of test results, discussion of findings and recommendations with the primary guardian(s)/caregiver(s), and preparation of report

with interpretation and report, administered by physician or other qualified health care professional with the assistance

0364T Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; first 30 minutes of technician time
+0365T Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; each additional 30 minutes of technician time (List separately in addition to code for primary procedure)

0366T Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; first 30 minutes of technician time
+0367T Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; each additional 30 minutes of technician time (List separately in addition to code for primary procedure)

0368T Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; first 30 minutes of patient face-to-face time
+0369T Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; each additional 30 minutes of patient face-to-face time (List separately in addition to code for primary procedure)

PARENTHETICAL NOTES: (0362T, 0363T are reported based on a single technician's face-to-face time with the patient and not the combined time of multiple technicians)
(Do not report 0359T, 0360T, 0361T, 0362T, 0363T in conjunction with 90785-90899, 96101-96125, 96150, 96151, 96152, 96153, 96154, 96155)
Coding Tip
If the physician or other qualified health care professional personally performs the technician activities, his or her time engaged in these activities may be included as part of the required technician time to meet the elements of the code.

H0032	Mental health service plan development by nonphysician
H2000	Comprehensive multidisciplinary evaluation
T1024	handicapped children, per encounter
T1027	Family training and counseling for child development, per 15 minutes

AUC BUSINESS NEED EXPLANATION FORM
(AUC SBAR)

Instructions for Completing the AUC SBAR

Purpose: To provide a formal communication method by which member organizations or non-member interested parties may request the AUC to consider working on a particular issue related to administrative simplification or to request clarification of Minnesota rules and regulations related to administrative simplification.

Instructions: Do not combine issues in a single SBAR. Complete a separate SBAR form for each individual issue that needs to be addressed. The completion of the AUC Medical Code TAG (MCT) Decision Tree is highly recommended prior to completion of the SBAR form(s). If completed, please submit the MCT Decision Tree form along with your completed SBAR.

Complete Sections II and III of the SBAR. Section I is to be completed by MDH staff and Section IV is to be completed by the AUC.

Medical Coding TAG Decision Tree Form

In order to streamline and expedite the SBAR review process, the AUC Medical Code TAG utilizes the MCT Decision Tree in its decision-making process for consideration of SBARs under the TAG's review. The MCT also requires SBAR submitters to use the form to ensure accurate and timely SBAR responses. The MCT Decision Tree form can be accessed from the AUC website at: http://www.health.state.mn.us/auc/forms.htm or by clicking on the link below in Step 1 below.

Step 1: Complete an MCT Decision Tree for each SBAR issue. Completing the MCT Decision Tree will enable a more thorough explanation of the SBAR issue(s) and prevent omission of critical or significant information.

Step 2: Fully complete Sections I and II. Incomplete or unclear analysis of the issue may cause unnecessary delay in the AUC response to the SBAR.

Section I

1. Provide contact information for person submitting the SBAR. Additional contact information may be required for the subject matter expert if different from the person completing the SBAR form.
2. The additional contact information is completed when the SBAR is being submitted on behalf of another individual who should also be notified of the AUC TAG meeting when the SBAR will be considered and who may or may not be a member of your organization.

   Please note: There may be a need to ask additional questions in order to clarify understanding of the issue as stated in the SBAR. The SBAR submitter and subject matter expert should be in attendance or available during the AUC TAG meeting and will be notified of meeting details at least one week prior to the SBARs' scheduled review date.

Section II

1. Provide an SBAR short title for your issue.

2. Describe the issue, using descriptive and concise language and/or examples as appropriate, and by answering the questions outlined below:

   - **Situation**: Describe the type of problem or issue, e.g., coding or clarification/interpretation. What is the current business practice and why is it a problem or an issue? Would the continuance of the practice result in non-compliance of federal (e.g., CMS guidelines) and Minnesota administrative simplification rules and regulations?
   - **Background**: In explaining the pertinent history of the business practice, state how it is used within your organization or within the industry today. What is the negative impact of the business practice if not addressed by the AUC?
   - **Assessment**: Be specific and provide as much detail you feel is required to convey or explain why this issue should be addressed by the AUC. How would a change to this business practice benefit health care administrative simplification in Minnesota?
   - **Recommendation**: What are you proposing as the solution to this issue that will benefit the health care administrative simplification in Minnesota or improve standardization of the administrative simplification process in Minnesota?

Step 3: Submit the completed SBAR(s) and MCT Decision Tree(s) to the AUC via email at: health.AUC@state.mn.us.

Administrative Uniformity Committee

C&TC Developmental and Social, Emotional/Mental Health, and Autism Screenings

AUC BUSINESS NEED EXPLANATION FORM (SBAR)
TO BE COMPLETED BY THE MINNESOTA DEPARTMENT OF HEALTH

Date Received	Log No.	Date Closed

Status: Exec Review Date	Sent to TAG/WG	TAG Recommendation:	Decision to Originator
		_____ Accept _____ Reject	

REMINDER: Submit the completed SBAR and MCT Decision Tree form via email to the AUC at health.AUC@state.mn.us. The MCT Decision Tree is completed for medical coding issues only.

Section I – SBAR Short Title, Date, and Contact information (Person submitting the SBAR and/or Subject Matter Expert)

SBAR Short title:	Date
C&TC Screenings	May 6, 2015

Contact Information for person completing this form:	Organization Information:
Name: Katherine Sijan Title: HealthCare Coding Compliance Officer Email address: katherine.sijan@state.mn.us Telephone: 651-431-5784	Name: MN Dept of Human Services Address: 540 Cedar St., 7th fl -0993 St Paul, MN 55155

Complete for additional contact or Subject Matter Expert, as required:

Name: Andrea Agerlie
Title: HealthCare Coding Compliance Officer
Email address: andrea.agerlie@state.mn.us
Phone number: 651-431-3159

Section II – SBAR information (Concise and specific description of the issue to be addressed stating the Situation, Background, Assessment, and Recommendation)

SBAR Issue Title: C&TC Developmental and Social Emotional/Mental Health Screenings

S	**SITUATION** – Describe the current business practice(Please describe the problem or issue to be addressed: A Developmental and social screening, as well as an emotional/mental health screening are C&TC screening components. DHS requires providers to use a standardized screening instrument for the developmental/social screen as well as the emotional/mental health screening. A new U modifier has been developed to differentiate billing for an autism screening. See below.
B	**BACKGROUND** – Explain the pertinent history of the business practice (How does this work today): See below for outline of proposed coding and U modifiers to differentiate these C&TC services.
A	**ASSESSMENT** – See below for outline of proposed coding and U modifiers to differentiate these C&TC services.

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RECOMMENDATION – What are you recommending, including any known timing that needs to be considered:

C&TC instructions will be updated with the following information with an effective date of: 7-1-2015, pending AUC approval.

Child and Teen Checkups (C&TC)

[1] Recently, AUC voted to change 96110-UC to 96127 for the following;

Bill the developmental and/or mental health screening on the same claim as other C&TC services. Use:

- CPT code 96110 for a developmental screening with a standardized instrument
- CPT code 96127 for an emotional/mental health screening with a standardized instrument

You may bill for both a developmental and a social emotional/mental health screening on the same date of service, on the same claim.

[2] A new U modifier has been created to differentiate an Autism screening being performed at the time of the C&TC.

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Screening for Autism in Toddlers

Providers are encouraged to provide an autism specific screening only after they have used an approved developmental and social emotional/mental health screening instrument during the last year. Approved screening instruments for children under six years of age found on the *Minnesota Interagency Developmental Screening Task Force* website, including a list of All Instruments at a Glance (PDF).

When performing an autism specific screening, a standardized screening instrument must be used according to the guidelines of the developer. Without the use of a standardized screening instrument, reimbursement for autism screening is included in the payment of the E&M code used for the C&TC visit.

When an autism screening is completed in addition to a developmental screening using a standardized instrument for autism, bill for the autism screening on the C & TC claim using:

- 96110-U1, with 1 unit of service.

Section III – AUC Response (Include date SBAR recommendation was reviewed and approved by AUC TAG; coding issue addressed or SBAR issue title; whether TAG accepted or rejected recommendation requested in SBAR; explanation or basis for TAG decision and SBAR response will be placed in recommendation grid or companion guide):

Date [SBAR Response Approved by TAG]:

Reviewed by [AUC TAG Name]:

AUC Co-Chair(s):

AUC Response:

Discussion/Summary:

Decision: