Administrative Uniformity Committee

AGENDA – MEDICAL CODE TECHNICAL ADVISORY GROUP (MCT)
Thursday, June 11, 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. **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** – May 14, 2015

4. **Mental Health Service Plan Development – DHS**

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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"

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, 5/14/15: 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
5/14/15: DHS is meeting internally to discuss issue. The issue remains open.	**OPEN**

6. **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).	**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

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.	
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**
5/14/15: No discussion; waiting for CMS approval.	**OPEN**

7. MN Community Coding Practice/Recommendation Table

4/9/15, 5/14/15: Faith Bauer will update grid.	**OPEN**

8. Additional Agenda Items/ Announcements

- July meeting:
  - The next scheduled meeting is July 28, 9:00-12:00, St. Croix Room – 1st floor, HealthPartners, 8170 Building, Bloomington.
- TREATS

Title of Meeting: AUC Medical Code TAG
Date and Time of Meeting – Thursday, May 14, 2015, 9 a.m. to 12 Noon
Location of Meeting – HealthPartners
Meeting Minutes

Minutes By: Judy Edwards 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 one correction: Agenda item #7, Gambling Addiction Program – Added the letter "r" to Gebhe for correct spelling of Helen Ghebre's name	Minutes will be posted on AUC MCT website
4. Mental Health Service Plan Development – DHS	Kathy Sijan reported DHS is waiting for federal approval of program and coding recommendations. The issue remains open.	**OPEN**
5. Gambling Addiction Program - Richard Scherer, Club Recovery, LLC	DHS is meeting internally to discuss issue. The issue remains open.	**OPEN** All payers are asked to review proposed coding
6. PH Nurse Updates - DHS	Joanne Wolf reported that the Maternal and Child Health services as part of Child and Teen Check-ups (C&TC) grid has been removed from Dakota County website. Feedback from public health nurses regarding the use of POS 99 to describe place of service other than home or clinic is that additional POS 99 is not needed. PHN services are being provided either in a clinic or the client's home or place of residence and will always be POS 12, whether the residence is a dormitory, homeless shelter, etc. TAG agreed that a third column will not be added to the A.5.4.a table. The TAG voted unanimously to approve the coding change request: 1) under Public Health Nurse Clinic Services, Home or Place of Residence column – replace Patient Education only code S9123 with S9445 – individual and S9446 – group; 2) ; under Miscellaneous, Home or Place of Residence and Public Health Clinic columns – Maternal Depression Screenings – add modifier UC to 99420; and Child Mental Health Screenings – replace 96110UC with 96127; and 3) disapprove the request to add a third column for "Other place of service."	**CLOSED** – see revised SBAR for Ops
7. Behavior Health Home (BHH) – Kathy Sijan, DHS	No discussion; waiting for CMS approval.	**OPEN**
8. MN Community Coding Practice/Recommendation Table	Faith Bauer will update grid including past issues where we indicated to add to grid as informational only.	**OPEN**
9. C&TC Development and Social Emotional/Mental Health	Autism Screening for Toddlers for C&TC services SBAR – TAG voted to approve recommendations for coding Autism Screening for Toddlers as presented in SBAR. It was clarified	**CLOSED** – see revised SBAR for Ops

Agenda Item	Discussion	Action/Follow-up:
Screenings, Kathy Sijan	that this should not be part of the Autism/EIDBI policy because at the time of the autism screening there is no definitive autism diagnosis.	
10. Other Business	Kathy Sijan submitted a revised version of the Autism EIDBI benefits SBAR that was approved by the MCT and the AUC Ops in April. Kathy's was seeking the MCT review and approval of the changes. During Kathy's review and explanation of the changes, members queried Kathy on what appeared to be discrepancies in some of the changes regarding levels for practitioners/providers with a bachelor's degree and code assignments.	**CLOSED**
	Kathy will seek clarification and make corrections. She will then submit to MCT co-chair so that an e-vote can be conducted for TAG approval. After the TAG's approval MDH will submit an e-vote request to the AUC ops for final approval.	
	Since a large number of modifiers are part of the Autism EIDBI benefits coding, members wanted to know the order of which modifiers should be reported first. Kathy responded that the U modifiers should always be reported first because they describe the program; she also stated that the coding listed in the Autism EIDBI benefits table were in the order that all of the services should be reported.	
11. Next meeting	• The next scheduled meeting is June11, 9:00-12:00, St. Croix Room – 1st floor, HealthPartners, 8170 Building, Bloomington. • Treats: Faith Bauer	**CLOSED**

**AUC BUSINESS NEED EXPLANATION FORM
(AUC SBAR)**

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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

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

Section II

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 may also be 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 III

1. Provide an SBAR title for the issue you wish to have addressed.

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.

AUC BUSINESS NEED EXPLANATION FORM (SBAR)

REMINDER: Submit the completed SBAR and MCT Decision Tree 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 Status/Disposition information (To be completed by the Minnesota Department of Health)			
Date received:		Organization submitting:	
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.

Section IV – AUC Response (Include date SBAR recommendation was reviewed and approved by AUC TAG; state whether or not the SBAR originator's recommendation is accepted or rejected; substantiate in detail and specificity the basis or explanation for the TAG's response, citing or referencing as appropriate federal administrative simplification rules, Minnesota Uniform Companion Guide, HCPSC/CPT manuals, etc. reviewed and considered during the discussion.

Medical Code TAG should also include the disposition/status for coding decision in its response and effective dates, when required. (For example, inclusion of the clarification of a current practice or coding changes/additions in the MCT Coding Recommendation Grid and MN Uniform Companion Guide or inclusion in the MCT Coding Recommendation Grid only.) Additionally, information from the MCT Decision Tree summary and findings should be reflected in the response as applicable.

Date [SBAR Response Approved by TAG]:

Reviewed by: [AUC TAG Name]:

AUC Co-Chair(s):

AUC Response:

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- **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.

AUC BUSINESS NEED EXPLANATION FORM (SBAR)

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

Section I – SBAR Status/Disposition information (To be completed by the Minnesota Department of Health)			
Date received:		**Organization submitting:**	
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: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.

Section IV – AUC Response (Include date SBAR recommendation was reviewed and approved by AUC TAG; state whether or not the SBAR originator's recommendation is accepted or rejected; substantiate in detail and specificity the basis or explanation for the TAG's response, citing or referencing as appropriate federal administrative simplification rules, Minnesota Uniform Companion Guide, HCPSC/CPT manuals, etc. reviewed and considered during the discussion.

Medical Code TAG should also include the disposition/status for coding decision in its response and effective dates, when required. (For example, inclusion of the clarification of a current practice or coding changes/additions in the MCT Coding Recommendation Grid and MN Uniform Companion Guide or inclusion in the MCT Coding Recommendation Grid only.) Additionally, information from the MCT Decision Tree summary and findings should be reflected in the response as applicable.

Date [SBAR Response Approved by TAG]:

Reviewed by: [AUC TAG Name]:

AUC Co-Chair(s):

AUC Response:

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

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
5 Individual-Masters	11,22	H2019	U8	HO		15 mins
6 Individual-Doctoral	11,22	H2019	U8	HP		15 mins
7 Family-Practitioner	11,22	H2019	U8	HN	HR or HS	15 mins
8 Family-Masters	11,22	H2019	U8	HO	HR or HS	15 mins
9 Family-Doctoral	11,22	H2019	U8	HP	HR or HS	15 mins
10 Group	11,22	H2019	U8	HQ		15 mins
11 *Group -Follow up	11,22	H2019	U8	HQ	TS	15 mins

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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.

July 2014

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

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.

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: **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

_____

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 <u>row </u>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 <u>P and I</u> indicate the Minnesota Uniform Companion Guide (MUCG) to which to which the clarification applies – e.g., the 837 Professional or Institutional. The <u>"A)" through "D)"</u> 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 <u>"E)"</u> is reserved for any updates regarding adoption of the coding recommendation as part of the MUCG rules.

Screen shot of a Microsoft Word document:

Minnesota AUC Community Coding Practice/Recommendation Table
Available online at: http://www.health.state.mn.us/auc/bp.htm

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 Ops Approval date E) Proposed as an addition to next version of companion guide (if blank, is not being proposed for next version of guide)		
Chapter No.	Chapter/Description Title			
		P	I	

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 Ops approval date 2/14/13
				E) Proposed as an addition to next version of 837P companion guide.

Annotations on screenshot:
- Explanation of "A"-"E" items in each row of the table
- Table Row

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.

<table>
<tr>
<td colspan="6" align="center">MN Community Coding Practice/Recommendation Table (Informational Only)</td>
</tr>
<tr>
<td colspan="2">Medicare Claims Processing Manual</td>
<td colspan="4" rowspan="2">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)</td>
</tr>
<tr>
<td>Chapter No.</td>
<td>Chapter/Description Title</td>
</tr>
<tr>
<td></td>
<td></td>
<td>P</td>
<td>I</td>
<td colspan="2"></td>
</tr>
<tr>
<td><s>12</s></td>
<td><s>Physician/Nonphysician Practitioner Billing</s></td>
<td><s>X</s></td>
<td></td>
<td colspan="2">
A) <s>ST: Autism Spectrum Disorder</s>
<s>Question: How are autism spectrum disorder services to be reported?</s>
B) <s>Rec:</s>
<table>
<tr><td><s>T1023</s></td><td><s>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.</s></td></tr>
<tr><td><s>H2018</s></td><td><s>Psychosocial rehabilitation services, per diem. (Report modifier TF intermediate level, or TG complex level to differentiate between programs if necessary)</s></td></tr>
<tr><td><s>H2020</s></td><td><s>Therapeutic behavioral services per diem (Report modifier TF intermediate level, or TG complex level to differentiate between programs if necessary.)</s></td></tr>
<tr><td><s>H2014</s></td><td><s>Skills training and development, per 15 minutes.</s></td></tr>
<tr><td><s>H2017</s></td><td><s>Psychosocial rehabilitation services, per 15 minutes.</s></td></tr>
<tr><td><s>H2019</s></td><td><s>Therapeutic behavioral services, per 15 minutes.</s></td></tr>
<tr><td><s>G9012</s></td><td><s>Case Management Services</s></td></tr>
</table>
C) <s>MCT: 9-22-09</s>

D) <s>AUC Operations Committee approved via email vote, 10-20-09.</s>

E) <s></s>
<div align="right"></div>
</td>
</tr>
</table>

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**

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)

~~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)

Medicare Claims Processing Manual		A) Subtopic (ST)		
Chapter No.	Chapter/Description Title	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)		
		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. |

MN Community Coding Practice/Recommendation Table (Informational Only)

Medicare Claims Processing Manual		A) Subtopic (ST)		
Chapter No.	Chapter/Description Title	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)		
		P	**I**	

B) <u>Rec.</u>: 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

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

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

				D) AUC Operations Committee approval date E)	

MN Community Coding Practice/Recommendation Table (Informational Only)

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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) ○ T1016 Case management, each 15 minutes ○ 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.

Contents

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	
				~~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)					
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		

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

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.

Back to Table of Contents

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

(Applied Behavioral Analysis)

<u>Who Can Provide ABA Services?</u>

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

<u>Where does Service Take Place</u>

Home or Center-individual intervention

Center-group intervention

<u>Selected Codes</u>

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	0366T-UB-HK-Qualified Supervising Professional, first 30 minutes
0369T-UB-HK–Qualified Supervising Professional, each additional 30 minutes	0367T-UB-HK-Qualified Supervising Professional, each additional 30 min
0368T- UB-HP - Doctorate /Mental Health Professional [MHP]]first 30 minutes	0366T-UB-HP - Doctorate /Mental Health Professional [MHP]], first 30 minutes
0369T-UB-HP- Doctorate /Mental Health Professional [MHP]] each additional 30 minutes	0367T-UB -HP- Doctorate /Mental Health Professional [MHP]], each additional 30 min
0368T-UB-HO - Masters /Mental Health Professional [MHP], first 30 minutes	0366T-UB-HO - Masters /Mental Health Professional [MHP], first 30 minutes
0369T-UB-HO - Masters /Mental Health Professional [MHP], each additional 30 minutes	0367T-UB-HO- Masters /Mental Health Professional [MHP], each additional 30 min
0368T-UB-HN- Bachelor's degree level I , first 30 minutes	0366T-UB- HN- Bachelor's degree level I or II, first 30 minutes
0369T-UB-HN- Bachelor's degree level I , each additional 30 minutes	0367T-UB -HN- Bachelor's degree level I or II, each additional 30 min
0364T-UB-HN- Bachelor's degree level II, first 30 minutes	0366T-UB -HM -Less than bachelor's degree-level III, first 30 min
0365T-UB-HN- Bachelor's degree level II, each additional 30 minutes	0367T-UB -HM- Less than bachelor degree-level III, each additional 30 min
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	0366T-UB-HK-Qualified Supervising Professional, first 30 minutes
0369T-UB-HK–Qualified Supervising Professional, each additional 30 minutes	0367T-UB-HK-Qualified Supervising Professional, each additional 30 min
0368T-UB-HP - Doctorate /Mental Health Professional [MHP], first 30 minutes	0366T-UB-HP - Doctorate /Mental Health Professional [MHP], first 30 minutes
0369T-UB-HP- Doctorate /Mental Health Professional [MHP], each additional 30 minutes	0367T-UB -HP- Doctorate /Mental Health Professional [MHP], each additional 30 min
0368T-UB-HO - Masters /Mental Health Professional [MHP], first 30 minutes	0366T-UB-HO - Masters /Mental Health Professional [MHP], first 30 minutes
0369T-UB-HO - Masters /Mental Health Professional [MHP], each additional 30 minutes	0367T-UB-HO- Masters /Mental Health Professional [MHP], each additional 30 min
0368T-UB-HN- Bachelor's degree level I , first 30 minutes	0366T-UB- HN- Bachelor's degree level I or II, first 30 minutes
0369T-UB-HN- Bachelor's degree level I , each additional 30 minutes	0367T-UB -HN- Bachelor's degree level I or II, each additional 30 min
0364T-UB-HN- Bachelor's degree level II, first 30 minutes	0366T-UB -HM -Less than bachelor's degree- level III, first 30 min
0365T-UB-HN- Bachelor's degree level II, each additional 30 minutes	0367T-UB -HM- Less than bachelor degree- level III, each additional 30 min
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	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 minutes	0362T-UB-HO-GT - Masters /Mental Health Professional [MHP] (telemedicine) , first 30 minutes
0363T-UB-HO- Masters /Mental Health Professional [MHP], each additional 30 minutes	0363T-UB-HO-GT - Masters /Mental Health Professional [MHP] (telemedicine) each additional 30 minutes
0362T-UB-HP - Doctorate /Mental Health Professional [MHP] first 30 minutes	0362T-UB-HP-GT - Doctorate /Mental Health Professional [MHP] (telemedicine), first 30 minutes
0363T-UB-HP - Doctorate /Mental Health Professional [MHP] each additional 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	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 , 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)

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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

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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-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	

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-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)

7. Travel Time
<u>Who Can Provide the Service?</u>
EIDBI providers traveling to provide EIDBI Intervention, EIDBI Intervention Supervision or Family Caregiver Training and Counseling.
<u>Where does the service take place?</u>
99- Other Place of Service
<u>Selected Codes</u>
H0046
UB EIDBI [Early Intensive Developmental and Behavior Intervention] (AUTISM)
<u>Notes:</u>
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

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

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

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

<u>What is it?</u>
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)

<u>Who Can Provide Service?</u>   <u>Where does Service Take Place</u>
Qualified Supervising Professional   Home or Center-individual DBI
Developmental/Behavioral Professional-Level I or Level II Provider   Center-group DBI
Developmental/Behavioral Support Specialist - Level III Provider

<u>Selected Code Descriptions</u>
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]]   HN- Bachelor's degree level I or II
HO - Masters /Mental Health Professional [MHP]   HM -Less than bachelor degree level III
UB -EIDBI modifier   HK - Qualified Supervising Professional [QSP]

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

<u>Coding Notes:</u> 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?   Where does Service Take Place?

Physician   Center, Clinic or office

Psychiatrist[MD]

APRN

Doctorate /Mental Health Professional [MHP]

Masters /Mental Health Professional [MHP]

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

<u>What is it?</u>
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.

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

<u>Where Does the Service Take Place?</u>
Center, clinic or office

<u>Selected Code Descriptions</u>
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

<u>Coding</u>
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

<u>Notes</u>
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

<u>What is it?</u>
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.

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

<u>Where Does It Take Place?</u>
 Center, clinic or office

<u>Selected Code Descriptions</u>
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)	

<u>Coding Notes:</u>
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

<u>What is it</u>?

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.

<u>Who Can Provide the Service?</u>
Physician
APRN
Qualified Supervising Professional [QSP]
Developmental/Behavioral Professional-Level I Provider
Developmental/Behavioral Practitioner-Level II Provider

<u>Where Does It Take Place?</u>
Center, Clinic or Home

<u>Selected Code Description</u>
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

<u>What is It?</u>
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.

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

<u>Where does the service take place?</u>
99- Other Place of Service

<u>Selected Code Description</u>
H0046 -Provider Travel Time, per minute

UB- EIDBI modifier

<u>Coding</u>
H0046-UB

<u>Coding Notes</u>
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 in child development or allied;	
Bachelors plus a certification in recognized modality	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 revised 5/15/2015 to include missing info on bachelors level I

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.

ABA and DBI Developmental/Behavioral Professional (Level I provider):
All Level I ABA and DBI providers must:
Work under the supervision of a qualified supervising professional, and
Have at least 2,000 hours of clinical 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 .

Additionally, all Level I ABA treatment providers must 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, and
- Board Certified Behavior Analyst (BCBA) or Board Certified Behavior Analyst – Doctoral (BCBA-D) certification from the National Behavior Analyst Certification Board.

Additionally, all Level I DBI treatment providers must 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, or
- Bachelor'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 and certification in one of the DHS recognized treatment modalities.

Level II PROVIDERS

All Level II ABA and DBI providers must:
Have at least 2,000 hours of clinical 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, or
Be fluent in the non-English language of the ethnic group to which at least 50 percent of the practitioner's clients belong, meet the Department's ASD specific training requirements, and receive supervision from a qualified supervising professional or qualified Level I ABA or DBI Developmental/Behavioral Professional at least once a week until the requirement of 2,000 hours of supervised experience is met.

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.
- At least 6,000 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; or
- Is a graduate student in one of the behavioral sciences, child development sciences, or allied fields and is formally assigned by an accredited college or university to an agency or facility for clinical training with children with ASD.

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

I. Table of contents

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

MN Community Coding Practice/Recommendation Table (Informational Only)		
Medicare Claims Processing Manual	A) Subtopic (ST)	

Chapter No.	Chapter/Description Title	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)	
		P	**I**
~~12~~	~~Physician/Nonphysician Practitioner Billing~~	~~X~~	

Row 1 (struck through, in red):

~~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)~~

Row 2:

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

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 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	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

(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	0366T-UB-HK-Qualified Supervising Professional, first 30 minutes
0369T-UB-HK–Qualified Supervising Professional, each additional 30 minutes	0367T-UB-HK-Qualified Supervising Professional, each additional 30 min
0368T-UB-HP - Doctorate /Mental Health Professional [MHP], first 30 minutes	0366T-UB-HP - Doctorate /Mental Health Professional [MHP], first 30 minutes
0369T-UB-HP- Doctorate /Mental Health Professional [MHP], each additional 30 minutes	0367T-UB -HP- Doctorate /Mental Health Professional [MHP], each additional 30 min
0368T-UB-HO - Masters /Mental Health Professional [MHP], first 30 minutes	0366T-UB-HO - Masters /Mental Health Professional [MHP], first 30 minutes
0369T-UB-HO - Masters /Mental Health Professional [MHP], each additional 30 minutes	0367T-UB-HO- Masters /Mental Health Professional [MHP], each additional 30 min
0368T-UB-HN- Bachelor's degree level I , first 30 minutes	0366T-UB- HN- Bachelor's degree level I or II, first 30 minutes
0369T-UB-HN- Bachelor's degree level	0367T-UB -HN- Bachelor's degree level I or II, each additional 30 min

					I , each additional 30 minutes	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	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- 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 | 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)

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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]

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					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-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

| | | | | | T1027-UB -HN-GT- Bachelor's degree level I or II (telemedicine | |

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

(C) MCT: 4/9/15

(D) AUC Operations approved

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

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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) <u>Rec</u>: 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	<u>Physician/Nonphysician Practitioner Billing</u>			A) Subtopic (ST) – **Consultation Services** B) <u>Rec.:</u> 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)
~~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 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 –~~
				  ~~2/14/1~~
				  ~~3~~
				~~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. B) <u>Rec</u>.: 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 Habilation, 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 Habilation, 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

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 U5   Health club membership, monthly ~~annua~~l, MFP

'U' Modifier definitions

~~U6 Money follows the person demonstration (Moving Home Minnesota)~~

UA Night supervision (S3135)/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
U5 – Monthly
U6 - Money follows the person demonstration (Moving Home Minnesota)

C) MCT 2/14/13, 6/23/14

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 D) AUC Operations Committee approval date E)
12	Physician/Nonphysician Practitioner Billing	X		A) ST: Billing Requirements for CPT Code 69210 The MCT responded to a request to approve standardized coding for 68210. The narrative for 69210 was revised in 2014 to a unilateral code. Thus is performed on both ears it would be appropriate to bill the code with a -50 modifier. However, CMS is not recognizing (denying) 69210 if billed with a modifier 50 (bilateral procedure). Medicare has instructed to use modifiers –RT and –LT instead. B) REC: Medicare for Medicare products - report one line one unit, no modifiers. Commercial and DHS - report one line, one unit, 50 modifier. C) 6/12/14 D) E)
12	Physician/Nonphysician Practitioner Billing	X		A) ST: Modifier -25 on preventive medicine visits (99381-99397) The preventive exam denies against the immunization administration code. MN stated there is no need to add the -25 modifier but there are other health plans that require the modifier. Actions of the American Academy of Pediatrics last year caused the CCI policy to be temporary rescinded. However, the new effective date of the CCI policy is April 1, 2014. DHS must use the CCI edits. B) REC: All payers accept the -25 modifier so this is not a compliance issue, it is a payment issue. Need to work directly with payers she's having problem with. Reporting is uniform and MCT view as payment issue because it is a CCI edit. C) 4/14/14 D)

				E)
~~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)~~ ~~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
				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.
				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.
				  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~~ ~~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
~~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:**~~ ~~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~~ ~~**837P:**~~ ~~Service description Unit Revenue Code HCPCS~~

				Procedure Code TOB MAT Day 0944 H0020 089x or 013x N/A MAT – all other drugs Day 0944 H0047 UA N/A MAT Plus Day N/A N/A H0020 N/A MAT Plus – all other drugs Day N/A 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.

12/11/14 minutes:

7. Mental Health Clinical Care Consultation - DHS	• See MINNESOTA STATUTES 2013 256B.0625. Approved by CMS January 2015. The statute indicates these services are for patients up to age 21. • The approved coding is: 90899-U8 (5-10 minutes) 90899-U9 (11-20 minutes) 90899-UB (21-30 minutes) 90899-UC (31+ minutes) • Additional modifiers could be appended, such as U4 for phone and/or HN for clinical training. • This guide will be added to the MN Uniform Companion Guides during the comment period.	**CLOSED**

8/26/14 Minutes:

7. MN Uniform Companion Guide Updates	Changes to the 837P and 837I were recommended as follows:
	
	1. CTSS table revisions in 837P and 837I:
	  ▪ Delete: H2012 UA – Behavioral health day treatment, per hour, therapeutic components of preschool program, 60 minutes, CTSS
	  ▪ Add: 99354 UA – Prolonged service code for psychotherapy services (add-on to 90837); 90839 UA - Psychotherapy for crisis; 90840 UA
	  ▪ Format CTSS table to mirror DHS website listing for CTSS billing
	2. Delete repeat services code Modifier 77 in 837P and 837I
	
	MCT completed revisions of Appendix A in the 837P and 837I companion guid[...] stated the goal is to have guides approved by TAGs in time for Ops vote at the[...] meeting, which will be held September 16, 2014 meeting. Would like to have[...] at least a week to review the updated guides prior to requesting their vote.
		MDH will format CTSS table in companion guide to mirror DHS website.
		
		OPEN for final review and vote.

Commented [MN1]: Did not complete the descriptions for these new codes because decision was made to mirror DHS website

Commented [MN2]: Faith, Andrea is confirming these new codes; they are not posted on DHS website or in their provider manual. They were listed in a rates documents; so, not sure how they should be documented in minutes since the minutes are incomplete…

10.Health Care Home Guide Clarification – Gail Cain, Fairview	Healthcare Home guide clarification – Community work group got together and determined coding and it is the codes that are in the companion guide. CMS healthcare homes direct use policy POS 99. The companion guide does not mention a required POS. Close issue. Deb will forward document.	**CLOSED**

8/14/14 Minutes:

7. MN Uniform Companion Guide Updates	Changes to 837P: • *Table A.5.1, Chapter 16, Laboratory services, repeat services:* After discussion it was agreed not to add modifier 77. The words "pathology only" were added in parentheses after "Modifiers 76." The words "clinical diagnostic lab" were added in parentheses after "or 91."	**OPEN**

Changes to 837I:

- *Table A.5.1, Chapter 4, Part B Hospital (Including Inpatient Hospital Part B and OPPS, Modifiers 76 or 91:* The title was changed to include "77." The rule was also changed to add "77." [Note: Following discussion regarding modifier 59, Deb Sorg will further research the 837I issue of repeat services modifiers.]
- A footnote referencing CPT on page 25 was removed.

DHS will review the mental health sections of the 837I and 837P for any possible changes, including whether H2012 UA is still being used for CTSS. Any changes will apply to 837P and 837I Guides (Andrea, Kathy and Cindy will work on this)

In conjunction with reviewing the companion guides, the MCT also reviewed the coding clarification grid and made the following changes:

- *Chapter 12, Physician/Non-physician Practitioner Billing, Autism Spectrum Disorder:* Code "G2012" was corrected to "H2012"
- *Chapter 12, Physician/Non-physician Practitioner Billing, In-reach Community Based Coordination:* Deleted from grid (it is now in the companion guides)
- *Chapter 12, Physician/Non-physician Practitioner Billing, Collaborative Psychiatric Consultation:* To be deleted when latest revisions of companion guides are approved (this entry will be included in the companion guides)
- *Chapter 15, Ambulance, Community Paramedics:* Deleted from grid (it is now in the companion guides)
- *Chapter 16, Laboratory Services, Reporting Newborn Screening:* Deleted from grid (it is now in the companion guides)
- *Chapter N/A, A.5.3 Substance Abuse Services, Substance Abuse Services:* To be deleted when latest revisions of companion guides are approved (this entry will be included in the companion guides)
- *Chapter N/A, N/A, MAT (Medicated Assisted Treatment) Billing – Methadone vs. Other*: Deleted from grid (it is now in the companion guides.)

10. Health Care Home Guide Clarification – Gail Cain, Fairview	Deb Sorg will pull documents from previous work on health care homes to see if there was a recommendation for POS. There was a brief discussion regarding the significance of the companion guides being silent on an issue. Generally, unless the guides state otherwise, the default is to "follow Medicare" as well as to follow HIPAA coding.	**OPEN**

7/22/14 Minutes:

8. MN Uniform Companion Guide Updates	Ops is meeting September 16. Materials for discussion need to be sent to Ops one –two weeks prior to the meeting. So we need to finish and send our guides to Ops by the end of August. DHS mental health and foster care changes will not be published until approved by CMS.	**OPEN** TAG members will check to see if modifier 77 is being accepted for professional and

	Page 32: Chapter 16 Laboratory Services – Repeat Services. Questions regarding billing for repeat lab services due to bills being denied. Should a modifier 77 be used (should 77 be added to guide)? Is 77 an appropriate code? For lab services, is code 76 or 91 okay for repeat services? Separate lab tests performed in ER on same day patient came from different facility (e.g. clinic or urgent care) Mary Kay Edwards reported that if a patient comes to Children's from another facility (such as clinic or urgent care) they use 77 for the repeated lab test (the initial test was done at the other facility). The 91 is used for repeats within same facility. Tentatively, modifier 77 will be added but all members are asked to review their policies. Change to guide: Delete footnote 5 and add "current" to second sentence: *The number of units reported is the number of services performed as defined in the code description or relevant, **current** AMA guidelines in CPT*. **Page 28**: Chapter 12 – Physicians/Non-physician Practitioners – Collaborative Psychiatric Consultation – Divided APRN or consulting psychologist into four separate entries, illustrating coding for the APRN <u>and</u> Psychologist	institutional claims – Report at next meeting

6/24/14 Minutes:

9. MN Uniform Companion Guide Updates	The MCT began its first review of the proposed revised Coding Recommendation Grid (grid) and the annual maintenance of the current 837P and 837I companion guides (Appendix A) to determine required changes to both documents. The MCT discussed and agreed upon the following recommended changes: **Grid revisions**: Chapter 12 Physicians/Non-physician Practitioners 1. Moving Home Minnesota – • Revise table and put in alpha order by code and by U modifier. • Update the health club membership with the U5 modifier and new description for the entry to read: S9970 U6 U5 health club membership, monthly, MFP • Add "U5" to list of U modifier definitions • Update MCT approval date in C : 6/23/14 2. Collaborative psychiatric consultation • Revise line item A to include~~d~~ (Minnesota Statutes 256b.0265, subd. 48 – Psychiatric consultation to primary care practitioners) • Revise line item B instructions to code 99499 for specific consultations; add new non-physician practitioners: • Coding for a consultation initiated by the primary care practitioner/provider to psychiatrist (APRN or psychologist) for an opinion or advice regarding a patient should be reported using 99499 as follows: • *Consulting APRN (certified in psychiatric mental health) or psychologist – 99499 HE AM* • *Consulting APRN (certified in psychiatric mental health) or psychologist – 99499 HE AM U4 (non-face-to-face)*	**OPEN**

	3. Add new subtopic entry: Bilateral billing requirements for CPT Code 69210	
	4. A.5.3. Substance Abuse Services • Revised line item B: *Replaced Claim Type 837P grid with sentence: MAT take home doses place of service (POS) guide: The POS for directly observed administration would be 11 or 22. Additional days where the patient self-administers the doses should be reported with POS 12.* • Added line item E: *Proposed as an addition to next version of 837P and 837I companion guides*	
	5. Add new subtopic entry: Birth Centers **837P companion guide**: 1. P. 28 – Collaborative psychiatric consultation: Transferred coding description and new non-physician practitioners' codes as outlined in coding recommendation grid above. 2. P. 38 – Licensed Traditional Midwife Services (Not Certified Nurse Midwives): • Under Place of Service, second paragraph, second sentence: replace "office" with "birth center". **837I companion guide**: P. 31 – Freestanding Birth Centers: Added additional sentence in the Notes section to clarify Revenue Code 0724 Birthing Centers, "*There is no room and board charge for the mother and/or the baby.*"	

6/12/14 Minutes:

3. Review of last meeting's Minutes	Minutes were approved with the changes to the following Agenda items: #7- Changes to second paragraph -Corrected modifiers description from U4 for phone to U4 for non-face-to-face HN for clinical training to HN for clinical trainee #9- Changes to third paragraph – Deleted 55 and replaced it with "22 (for a hospital-based outpatient MAT clinic)"; fifth paragraph – Deleted "they" and replaced it with "who"; seventh paragraph – Revised the first sentence to read: "Members discussed whether a POS 22 should be added to the recommendation table, the issues tracking grid and/or the companion guide."	Minutes will be sent to MDH for posting on AUC MCT website

9. Billing Requirements for CPT Code 69210 – Gail Cain, Fairview Health Services	Discussion: • Gail – change 69210 from lateral to bilateral Medicare states to override MUE Correct way to code 50 LT and RT • Judith – AMA updated 69210 - CMS clarified that bilateral indicator of two (2) will be maintained for this CPT code. • Andrea – DHS follows AMA/CPT bilateral, one unit 69210 – with 50 modifier The RT or LT will work on ASCs but not on APC • HealthPartners – same as DHS	**CLOSED** Add to recommendation grid and tracking issues grid

| | • UCare will deny claims with modifier 50 - one line with one unit and RT and LT for Medicare
• Medica will allow 50 modifier

The TAG's approved recommendation is to add the following to recommendation grid and include in tracking issues grid. Will determine at later date if placed in companion guide.

Medicare for Medicare products - report one line one unit, no modifiers.

Commercial and DHS - report one line, one unit, 50 modifier. | |

5/8/14 Minutes:

| 8. Intensive Treatment in Foster Care – DHS | DHS is seeking the approval of the MCT of S5145-HE for coding.

S5145 - Foster care, therapeutic, child; per diem

HE –   Mental health program

DHS confirmed that there would only be one per diem per day regardless of the number of services or who provides services. MCT approved code and modifier recommended by DHS. Will place in coding recommendation grid. Will include in companion guide pending approval by feds.

Code and modifier is to be used for the Intensive Treatment in Foster Care in a mental health program only. | **CLOSED**

Add to Recommendation grid with intent to move to MN Companion Guides |

| 9. POS Codes for CCDTF Claims – HCMC | See SBAR
DHS is requiring place of service 12 be reported for home administered MAT services. The intent of the request is to clarify the definition of "Home" for clients that have take home privileges to self-administer their drugs dispensed by the methadone clinic.
12 – Home: Location, other than a hospital or other facility, where the patient receives care in a private residence.

An example of a situation is where the patient presents to the facility weekly for a directly observed dose and receives take home doses for the remaining days of the week.

The POS for directly observed administration would be 55 22 (for a hospital-based outpatient MAT clinic) but the additional days where the patient self-administers the doses should be reported with POS 12. The patient's home; however, may not a private residence as defined by POS 12. The request is to consider POS 12 the patient's home regardless if the "home" is a private residence or another "home" such as a group home.

It was reported that it would require additional work and cost for billing vendors to identify and accommodate the specific national living arrangement POS, such as 04 for homeless shelter or 14 group home. | **CLOSED**

Add to Recommendation grid |

	The DHS instruction arose from a billing issue that was OIG identified regarding improper billing by transportation providers billing for certain patients who ~~they~~ were not transported because they self-administered at home. Providers should bill on professional claim for non-residential services. Members discussed whether a POS 22 ~~(22 versus 12)~~ should be added to the recommendation table, the issues tracking grid and/or the companion guide. TAG voted to place clarification in coding recommendation grid regarding POS for CCDTF claims. If added to the Companion Guide, the table would need to be revised. At this time the same grid is present in both the 837I and 837P guide. This change would be applicable only to the 837P guide. Possible future changes would require retitling the last column to POS instead of TOB.	
11. Newborn Facility Service Fee – Paula Bernini Feigal, Morning Star	Newborn facility is not what the statutes say; it states nursery care services. - Shawnet Healy supplied the following information: - Per Minnesota Statute 256.0625, subdivision 54, section b, "facility services provided by a birth center shall be paid at the lower of billed charges or 70% of the statewide average for a facility payment rate made to a hospital for an uncomplicated vaginal birth as determined using the most recent calendar year for which complete claims data is available". It goes on to describe payment if a recipient is transported from a birth center to a hospital prior to the delivery. This section is the facility fee for the delivery. - Per Minnesota Statute 256.0625, subdivision 54, section c, nursery care services provided by a birth center shall be paid the lower of billed charges or 70% of the statewide average for a payment rate paid to a hospital for nursery care as determined by using the most recent complete claims date is available. This section does not indicate a nursery facility fee. It states *nursery care services*. Professional services to the newborn, which are *care services*, are billed on the professional claim form. - The birth center does not have a separate and established newborn nursery as seen in a hospital. The baby stays with the mother and is discharged a few hours after birth. - There is no billable *facility* fee service. Companion guides can be clarified for the 724 revenue code.	**CLOSED** Clarification to current guides – 837P; "office" reference will be struck from the guide and add "newborn care services"
13. Billing Requirements for CPT Code 69210 – Gail Cain, Fairview Health Services	The narrative for 69210 was revised in 2014 to a unilateral code. Thus is performed on both ears it would be appropriate to bill the code with a -50 modifier. However, CMS is not recognizing (denying) 69210 if billed with a modifier 50 (bilateral procedure). Medicare has instructed to use modifiers –RT and –LT instead. Kathy Sijan supplied the following information: Federal Register info: http://www.gpo.gov/fdsys/pkg/FR-2013-12-10/html/2013-28696.htm	**OPEN**

"14) Cerumen Removal (CPT Code 69210)

   This code was reviewed as a potentially misvalued code pursuant to the CMS high expenditure screen. The CPT Editorial Panel changed the code descriptor for removal of impacted cerumen from ``1 or both ears'' to ``unilateral,'' effective January 1, 2014. The AMA RUC recommended a work RVU for this code of 0.58. In its recommendation to the AMA RUC, the specialty society stated that there was no information to determine how often the service was performed unilaterally but asserted, and the AMA RUC agreed, that the service was performed bilaterally 10 percent of the time. In determining its recommendation, the AMA RUC applied work neutrality to the current work RVU of 0.61 to arrive at the recommended work RVU of 0.58 based upon the assertion that the code that was previously only reported once if furnished bilaterally, would now be reported for two units, due the descriptor change.

   We disagree with the assumption by the AMA RUC that the procedure will be furnished in both ears only 10 percent of the time as the physiologic processes that create cerumen impaction likely would affect both ears. Given this, we will continue to allow only one unit of CPT 69210 to be billed when furnished bilaterally. We do not believe the AMA RUC's recommended value reflects this and therefore, we will maintain the CY 2013 work value of 0.61 for CPT code 69210 when the service is furnished."

The current guides in the 837P Companion guide referencing the -50 modifier are:

Chapter 12, Physicians/Nonphysician Practitioners, Modifier 50

Modifier 50 should only be used on surgical services that can be performed bilaterally and are not already defined as a bilateral service. When appropriate, report the service appended with the 50 modifier on one line with one unit.

Chapter 12, Physicians/Nonphysician Practitioners, Bilateral Radiology
Bilateral radiology services are reported as either:
o one line with a 50 modifier and one unit, or
o two separate lines, one with RT modifier and one with LT

Chapter 13, Radiology Services and Other Diagnostic Procedures, Bilateral Radiology
Bilateral radiology services are reported as either:
o one line with a 50 modifier and one unit, or
o two separate lines, one with RT modifier and one with LT

Chapter 14, Ambulatory Surgical Centers, Modifier 50

 Modifier 50 should be used on surgical services that can be performed bilaterally and are not already defined as a bilateral service. When appropriate, report the service appended with the 50 modifier on one line with one unit.

Chapter 14, Ambulatory Surgical Centers, Bilateral radiology

| | Professional bilateral radiology services are reported as two separate lines, one with RT modifier and one with LT modifier

Members will review. | |

4/10/14 Minutes:

| 5. Modifier -25 on preventive medicine visits (99381-99397) - JoAnne Wolf, Children's Physician Network | JoAnne Wolf stated that this is affecting Children's Physician claims – most based on CCI edits for Medicaid. The preventive exam denies against the immunization administration code.

MN stated there is no need to add the -25 modifier but there are other health plans that require the modifier.

DHS will also implement the edit. The hope is to have the same guide for all.

Members agree to add the guide in the recommendation grid; however, we do not want to add it to the companion guide or grid. | **OPEN**

Faith Bauer will draft proposed Q&A |

| 9. Family Psycho-education Services – DHS | See SBAR.

TAG agreed to codes recommended by DHS. Will place in Coding Recommendation Grid, pending federal approval.

• H2027 Individual
• H2027 HQ Group (peer group)
• H2027 HR Family with client present
• H2027 HS Family without client present
• H2027 HQ HR Multiple different families with clients present
• H2027 HQ HS Multiple different families without clients present
• H2027 HN Individual, clinical trainee
• H2027 HQ HN Group (peer group), clinical trainee
• H2027 HR HN Family with client present, clinical trainee
• H2027 HS HN Family without client present, clinical trainee
• H2027 HQ HR HN Multiple different families with clients present, clinical trainee
• H2027 HQ HS HN Multiple different families without clients present, clinical trainee | **CLOSED**

Add to Coding Recommendation Grid and MN Uniform Companion Guides when updated |

| 10. Certified Family Peer Specialist – DHS | Peer specialist is different from the adult; for parents who have children who have gone through the system and can assist another parent; can be advocate for family going through the system. | **CLOSED**

Add to Coding Recommendation Grid and MN Uniform Companion Guides when updated |

| | Used in other states for parents with children with mental illness; Concern that there be a training program and certification to ensure providing positive support. Certification standards will be adopted hopefully nationally (continuing education requirements).

Services are for children under 21. The HA modifier. TAG <u>approved DHS recommended codes</u> for these services and to place in <u>coding recommendation grid, pending federal approval</u>. New codes will also be placed in companion guide upon approval. For mental health services only and do not apply to substance abuse.

H0038 Certified peer specialist services, per 15 minutes

H0038 U5 Advanced level certified peer specialist services, per 15 minutes

H0038 HQ Group setting, certified peer specialist services, per 15 minutes

H0038 HA Child/adolescent program, certified peer specialist services, per 15 minutes

H0038 HA HQ Child/adolescent program, group setting, certified peer specialist services, per 15 minutes | |

3/13/14 Minutes:

| 4. Collaborative psychiatric consultation – Faith Bauer, BCBSMN | Andrea reported that DHS reviewed 99499—on two tracks as 99446-99449 are for consulting physicians only. (See MN statutes.)

Track 1, for 99499, need to include two additional providers in the guides – Psychologist or Advance Practice Registered Nurse (APRN) certified in psychiatric mental health. This change can be done now with an effective date of 7/1/13.

Track 2, DHS will have to change state plan coding for consulting psychiatrists and submit to federal for approval. State plan has 99499, with payment rates. Codes are not just for mental health services but also other services. After approval from feds, will change 99446-99449. Will also look at primary care.

Recommendation: Add the following to the Coding Recommendation Grid with the intent to revise the MN Companion Guide in the next yearly update. Changes to the current guide in red. Effective 7/1/14. | **CLOSED** |

Chapter 12, Physician/Nonphysician Practitioners, Collaborative psychiatric consultation

Coding for a consultation initiated by the primary care provider (MD, DO, NPP, ~~Psychologist, APRN~~) to psychiatrist, psychologist, or APRN for an opinion or advice regarding a patient should be reported using 99499 as follows:
• Primary Care – 99499 HE AG
• Primary Care – 99499 HE AG U4 (non-face-to-face)
• Primary Care – 99499 HE AG U7 (by physician extender)
• Primary Care – 99499 HE AG U4 U7 (non-face-to-face by physician extender)
• Consulting Psychologist or Advanced Practice Registered Nurse (APRN) certified in psychiatric mental health – 99499 HE
• Consulting Psychologist or Advanced Practice Registered Nurse (APRN) certified in psychiatric mental health – 99499 HE U4 (non-face-to-face)
• Consulting Psychiatrist – 99499 HE AM
• Consulting Psychiatrist – 99499 HE AM U4 (non-face-to-face)

6. Modifier -25 on preventive medicine visits (99381-99397) - JoAnne Wolf, Children's Physician Network	Carolyn Larson noted that actions of the American Academy of Pediatrics last year caused the CCI policy to be temporary rescinded. However, the new effective date of the CCI policy is April 1, 2014. DHS must use the CCI edits. There is no current policy in the Companion Guide. Modifier-25 not addressed in companion guide. All payers accept the -25 modifier so this is not a compliance issue, it is a payment issue. Need to work directly with payers she's having problem with. Reporting is uniform and MCT view as payment issue because it is a CCI edit.	**OPEN** Leave open for JoAnne's comments.

9. Family Planning Services – Paula Bernini Feigal, Morning Star	Services are being denied for family planning services performed by qualified MHCP - MA patients seen by certified midwives. If listed as free-standing birth center per MHCP guideline the birth center is POS 25. ~~In order to be enrolled as an 11, must have a physician on record). Clinic services POS 11 is restricted to physician on record.~~ POS 25 is the most appropriate code for place of service. Can bill professional services under POS 25 in companion guide? Based on guidelines 11 will not be appropriate. This is a payment and contract issue. Recommendation: Companion guide – performing services under free-standing birth centers.	**OPEN** Leave open for comments.

| | Who's rendering the service? Because of the licensure of the facility (POS), the midwife cannot be paid for family planning services performed in a birthing center. (Tentative)

POS 25 is correct based on MHCP requirements. | |

10. Newborn Facility Service Fee – Paula Bernini Feigal, Morning Star	Services provided in birth center. The codes recommended are room and board and is not allowed in a freestanding birthing center.
	
	The AUC did not determine that the revenue code. National standards (NUBC) that this type of bill is outpatient. Room and board (the nursery revenue code) is inpatient only.
	
	HCPCS codes are required with revenue code. This is noted in the Companion Guide and is part of the NUBC standards.
	
	Newborn care is specified in MN statutes (256D.0625 subd. 54.
	
	Recommendation: Add the following to the Coding Recommendation Grid with the intent to revise the 837I MN Companion Guide in the next yearly update. Changes to the current guide in red. Effective ?.
	
	Freestanding Birth Centers (Not addressed in the Medicare Claims Processing Manual)
	Licensed birthing centers
	Medicare publishes limited billing information for free-standing birthing centers.
	"Birth center" means a facility licensed for the primary purpose of performing low-risk deliveries that is not a hospital or licensed as part of a hospital and where births are planned to occur away from the mother's usual residence following a low-risk pregnancy. See Minnesota Statutes, Sections 144.615 and 144.651 for more information.
	Low-risk deliveries, and services related to the delivery, performed in a free-standing birthing center should be reported on an 837I transaction including the following data:
	• Type of Bill:
	
	084x – Special Facility – Freestanding Birthing Center (NOTE: TOB 084x will be considered outpatient. HCPCS codes are required with submitted revenue codes.)
	• Revenue Code:
	
	0724 – Birthing Center
	
	Note: Ancillary services and/or items relating to delivery or labor 0724 are included under this revenue code and should not be reported separately.
	• HCPCS Code:
	  • Appropriate HCPCS code with revenue code 0724 for delivery, or ~~S4005 when labor does not result in delivery.~~
	  • HCPCS S4005 code with revenue code 0724 when labor does not result in delivery
	  • Appropriate HCPCS code with revenue code 0724 for newborn specific services
		OPEN
		
		Leave open for comments.

| | Note: Professional services related to the mother's and newborn's cares are reported on the 837P only. | |