

Title of Meeting: AUC Medical Code TAG
Date and Time of Meeting – Thursday, August 13, 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 <ul style="list-style-type: none"> • Attendance tracking: Deb Sorg deb.a.sorg@healthpartners.com • Membership request and/or updates: Deb Sorg deb.a.sorg@healthpartners.com 	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 corrections to items 3 and 10. Review of last meeting’s Minutes. Changes were made to last paragraph as follows. #3: 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 in the in the first position-position. Kathy responded that the U modifiers should always be reported in the first position because they describe the program; she also stated that the coding listed in the Autism EIDBI benefits table is/were in eode code order. #10: C&TC Screenings and C&TC Update - Items 12 and 13 were combined. Kathy will provide a grid clarifying three services and appropriate coding. The revised coding/guides for 96110 are effective 7/1/15. The revised coding/guides for 96127 96117 are effective 5/12/15.	Minutes will be posted on AUC MCT website
4. Mental Health Service Plan Development – DHS	Kathy Sijan noted that there is no update on federal approval. Kathy mentioned that there will be additional coding (modifiers) added to the program coding recommendation. ACTION: The SBAR will be withdrawn at this time and Kathy will work internally to develop and submit new SBAR to the AUC.	CLOSED
5. Gambling Addiction Program - Richard Scherer, Club Recovery, LLC	The proposed coding grid was revised. It grid will be revised to include H2020 and its definition. This code is similar to the already listed code H2019. The difference is time – H2019 is “per 15 minutes”. H2020 is “per diem”. While a motion was made and approved the revised grid unanimously. We need to wait for the DHS decision about whether they will move forward with requiring billing on claims rather than invoice. This will ultimately affect how the recommendation is written and listed in the guides. Kathy Sijan will setup meeting with MDH, DHS and Faith.	OPEN
6. Behavior Health Home (BHH) – Kathy Sijan, DHS	DHS will be submitting State plan to CMS. No updates at this time.	OPEN
7. Family Caregiver Coaching and Counseling: Family Memory Care – Kathy Sijan, DHS	Family caregiver service already have coding in place on the DHS manual but memory care coding is being added for the professional guide (837P) in DHS only section.	OPEN

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	<p>Family Memory Care – Family Memory Care [FMC] is a multi-component coaching and counselling intervention for supporting family and friend caregivers living with a person with dementia.</p> <p>Training and Education – S5115 Assessment – S5115-TF Memory Care - S5115 – TG - Home care training, nonfamily; per 15 minutes, Complex/high level of care [Family Caregiver Coaching and Counselling; Family Memory Care]</p> <p>Note: 1 unit = 15 minutes Effective date: 7/1/15</p> <p>ACTION: Kathy Sijan will research the definition of caregiver and how the caregiver identification is billed.</p>	
8. Appendix A Review – Deb Sorg, HealthPartners	TAG reported update and completed manual assignments	OPEN
9. C&TC Screenings and C&TC Update – Kathy Sijan, DHS	Waiting for DHS policy department to update website. Kathy Sijan will confirm the effective date.	OPEN
10. Eye codes 92014 & 92004 – Mary Cremers, Health Partners	<p>For UCare for Seniors, a routine screening eye examination is identified by use of the V72.0 diagnosis code in the first position on the claim and any of the six benign refractive disorder ICD-9-CM codes in the second or subsequent position on the claim.</p> <p>Under the UCare for Seniors supplemental benefit, CPT code 92014 is reported for a comprehensive routine screening eye exam and CPT code 92015 is reported for refraction performed with the routine screening eye examination. Both CPT code 92014 AND 92015 reported with ICD-9-CM code V72.0 in the first position on the claim form (and any appropriate ICD-9-CM codes for benign refractive disorders in the second or subsequent position) must be reported in order to qualify for the supplemental benefit.</p> <p>CPT code 92014 typically represents comprehensive ophthalmological services for an established patient. UCare has requested that providers report this code (92014) regardless if the patient is new (which is identified by another code). It was noted that there is a defined code specifically for a routine or screening eye exam. This is an “S” code and Medicare will not allow submission of “S” codes.</p> <p>Was it the intention of UCare to ask for this to be a standard coding in the MN guides? The intent for an AUC guide is to identify a coding standard when we differ from Medicare. The AUC will not support or put special coding in the guide for any one payer. There are no guides for eye exams, thus the state policy would fall to follow Medicare.</p> <p>According to AUC guideline you cannot use codes outside of the standard definition of the code. The services should be submitted as new or established based on the actual services performed and documented. Providers feel it is inappropriate to use 92012 or 92014. UCare stated that the request for providers to use CPT code 92014 to report a routine screening eye examination is only to identify the service as the supplemental benefit. Original Medicare does not cover routine screening eye examinations performed in the absence of eye disorders, disease or injury.</p> <p>The MCT cannot address this issue. All are asked to follow Medicare submission guides. Because this is a specific benefit for a Medicare Advantage Plan product, UCare may define the benefit.</p>	CLOSED

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	<p>The MCT stated that use of CPT code 92014 for both new and established patients is not in line with State policy. AUC cannot dictate benefit. The code must represent the services provided.</p> <p>The AUC recommended that UCare address this issue with national AAO for clarification.</p> <p>Decision: No action by the MCT. Nothing will be added to the recommendation grid or companion guides. Add the following to coding issues Q&A grid: Eye exams: report the appropriate HCPCS code (92002, 92004, 92012, 92014, S0620, S0621, 92002-92015) for the services performed and documented. The diagnosis supporting the service should be linked to the service.</p>	
11. ICD-10 Grace Period – Carolyn Larson, PreferredOne	<p>CMS - Coding to the highest specificity has always been the rule and that is still supported in the ICD-10 CMS Q&A. Follow Medicare guidelines re submission of ICD-10 codes to report diagnosis to their highest specificity. Additional info referencing benefit and payment policies are not applicable to MCD guides.</p> <p>The guides will need to be updated where ICD-9 is noted, for example, “ICD-CM diagnosis based on date of service.”</p>	CLOSED
12. 2016 MN Uniform Companion Guide Review	Being updated.	OPEN
13. Adult Day Care Corrections – Kathy Sijan, DHS	<p>Upon further review with the child [John Kowalczyk] and adult [Deidre Jackson] Mental Health policy managers, it was noted that the following services should not be listed in the 837I. These services should only be listed in the 837P. Please remove the following from the MN AUC Companion Guide 837I, section A.5.2.2:</p> <ul style="list-style-type: none"> ACT Assertive Community Treatment Adult Crisis Response Services ARMHS-Adult Rehabilitative Mental Health Services Children’s Crisis Response Services Children’s Therapeutic Services and Supports -CTSS Dialectal Behavior Therapy - DBT Family Psychoeducation Intensive Treatment in Foster Care Peer Services Youth Assertive Community Treatment <p>Keep the following in the 837I guide:</p> <ul style="list-style-type: none"> Adult Day Treatment Children’s Day Treatment <p>Therefore the following modifiers need to be removed from 837I Table A.5.2.1 as well: UA - Children’s Therapeutic Services and Supports (CTSS) UD - Transition to community living (Adult Rehabilitation Mental Health Services (ARMHS)) U1 - Dialectical Behavioral Therapy U5 - Advanced level specialist</p> <p>TAG voted revise services on 837I guide.</p>	CLOSED – these corrections will be made in the 837I guide

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14. Doula Correction – Shawnet Healy, DHS	<p>The following will be revised on page 39 of the 837P Companion Guide: Coverage of Doula services applies to both DHS fee-for-service and managed care. Doula services are limited to seven sessions. Prior authorization with medical necessity documentation is required for any additional sessions beyond the seven. Doula services must be provided under a supervising practitioner (must be a physician, nurse practitioner, or certified nurse midwife) and billed on behalf of the doulas under the supervising practitioner’s NPI. Coding and billing for these services on the 837P are as follows: <input type="checkbox"/>S9445 U4– ante-partum and post –partum Doula services <input type="checkbox"/>99199 U4– Doula attendance at labor and delivery</p>	CLOSED – these corrections will be made in the 837P guide
15. Next meeting	The next scheduled meeting is August 25, 9:00-12:00, St. Croix Room – 1 st floor, HealthPartners, 8170 Building, Bloomington.	CLOSED