



**AGENDA – MEDICAL CODE TECHNICAL ADVISORY GROUP  
(MCT)**

**Tuesday, August 25, 2015**

**9:00 a.m. to 12:00 a.m.**

**Location: HealthPartners, 8170 Building,  
Bloomington, St. Croix – 1<sup>st</sup> floor**

**Webex Information**

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”

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](mailto:deb.a.sorg@healthpartners.com)
- **Membership request and/or updates:**  
Deb Sorg [deb.a.sorg@healthpartners.com](mailto:deb.a.sorg@healthpartners.com)

**2. Review of Antitrust Statement**

**3. Review of last meeting’s minutes – August 13, 2015**

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

<p>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.</p>	<p><b>OPEN</b> Commercial payers TAG members will research issue with their contracting division Richard will send additional information to Faith prior to next meeting</p>
<p>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.</p>	<p><b>OPEN</b></p>
<p>08/26/14 Minutes:</p>	<p><b>OPEN</b></p>

<p>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.</p> <p>Leave open until SBAR originator is able to attend and address the issue.</p>	
<p>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</p> <p>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. 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 addiction is based on contracts. If providers can be identified to contact or the payers can determine. Gambling providers meet monthly.</p>	<p><b>OPEN</b>  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</p>
<p>12/11/14:  <del>Andrea Agerlie</del> 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.</p>	<p><b>OPEN</b></p>
<p>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 (<del>Andrea Agerlie</del> Judy Edwards and Kathy Sijan)</p>	<p><b>OPEN</b></p>
<p>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.</p>	<p><b>OPEN</b>  DHS will present in March</p>
<p>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.</p>	<p><b>OPEN</b></p>
<p>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.</p>	<p><b>OPEN</b>  All payers are asked to review proposed coding</p>

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.	
5/14/15, 6/11/15, 7/28/15: DHS is meeting internally to discuss issue. The issue remains open.	<b>OPEN</b>
8/13/15: 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	<b>OPEN</b>

## 5. 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: <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul> A question was asked if 99490 was considered. Codes S0280 and S0281 are already used for Health Care Home (HCH) but with different modifiers. The codes were chosen but with the U5 modifier because of the similarity of the program, BHH does not need to be rendered by a physician, this is not a timed procedure (99490 designates time, and DHS want to establish a model for future health models. Participation is voluntary but has requirements for the patient/participant to be actively involved with an engaged health plan. For DHS this is a per patient/per month straight payment methodology; not flexible. There are no levels of complexity for BHH (HCH has four levels of billing). DHS currently has a pilot program. 36 providers are interested in participating in BHH. Must be a Medicaid provider, MH practitioner or MH practitioner; MH provider and/or meet DHS standards and provide service. This is professional only. The patient/participant cannot receive duplicative services in the same/month. For example, payment may only be 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.	<b>OPEN</b> DHS will send info to Faith re: State Plan language DHS will also make corrections to the SBAR and forward to Faith for distribution and request for an e-vote by MCT to approve
4/9/15: Andrea Agerlie of DHS presented a summary of coding recommendations for Behavior Health Home (BHH). She clarified that the program will become effective January 1, 2017, and that the codes could be incorporated with the TAG’s coding clarification grid. However, federal approval of the codes is needed the codes could be considered for inclusion in the claims companion guides.	<b>OPEN</b>
5/14/15: No discussion; waiting for CMS approval.	<b>OPEN</b>
6/11/15: The program was open for public comments. DHS reviewed responses and updated the plan based on feedback received during public comment period. State plan was resubmitted to federal.	<b>OPEN</b>
7/28/15, 8/13/15: BHH start date is 7/1/16 per legislative update. DHS is initiating informal conversations with CMS and will be submitting State Plan Amendment in the next few weeks.	<b>OPEN</b>

## 6. Family Caregiver Coaching and Counseling: Family Memory Care – Kathy Sijan, DHS

6/11/15: Memory Care SBAR – Kathy will research to determine if services fall under managed care. Are there any managed care services that do not have coding? TAG will review SBAR prior to July TAG meeting.	<b>OPEN</b>
7/28/15: All MCOs should have the service in their contracts. (The service does fall under MCO managed care.)	<b>OPEN</b>
8/13/15: Family caregiver service already have coding in place on the DHS manual but memory care coding is being added for the	<b>OPEN</b>

professional guide (837P) in DHS only section. 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. Training and Education – S5115 Assessment – S5115-TF Memory Care - S5115 – <b>TG</b> - Home care training, nonfamily; per 15 minutes, Complex/high level of care [Family Caregiver Coaching and Counselling; Family Memory Care] Note: 1 unit = 15 minutes Effective date: 7/1/15 ACTION: Kathy Sijan will research the definition of caregiver and how the caregiver identification is billed.	
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**7. Appendix A Review – Deb Sorg, HealthPartners**

6/11/15: Deb Sorg reported that it is time to review Medicare manual to assure our MN rules are correct or if any new guides need to be developed. Need to address issue of A9270 for take home drugs for Medicare members. Deb volunteered to review Chapter 4/inpatient/outpatient hospital (A9270). Volunteers will be recruited to review a specific chapter(s) in the Medicare Claims Processing Manual.	<b>OPEN – Medicare chapters will be reviewed; a sign-up sheet will be routed</b>
7/28/15, 8/13/15: The table of Appendix A delegations was updated (see attached).	<b>OPEN</b>

**8. C&TC Screenings and C&TC Update – Kathy Sijan, DHS**

7/28/15: See SBARs. 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 <del>96117</del> are effective 5/12/15. . 96110 is for social/emotional (developmental) screening 96127 is for mental health screening 96110-U1 is for autism screening	<b>OPEN</b>
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**9. 2016 MN Uniform Companion Guide Review**

7/28/15, 8/13/15: The plan for completion of the 2016 Guide if targeted for fall, preferably September. The MCT will start working on revisions/updates.	<b>OPEN</b>
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**10. Additional Agenda Items/ Announcements**

- The next scheduled meeting is September 10, 9:00-12:00, St. Croix Room – 1<sup>st</sup> floor, HealthPartners, 8170 Building, Bloomington.

**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"> <li>• Attendance tracking: Deb Sorg <a href="mailto:deb.a.sorg@healthpartners.com">deb.a.sorg@healthpartners.com</a></li> <li>• Membership request and/or updates: Deb Sorg <a href="mailto:deb.a.sorg@healthpartners.com">deb.a.sorg@healthpartners.com</a></li> </ul>	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 <a href="mailto:deb.a.sorg@healthpartners.com">deb.a.sorg@healthpartners.com</a> . 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 <del>in the in-the first position-position.</del> 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 <del>is/were</del> in <del>code</del> 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 <del>96127 96117</del> 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.	<b>CLOSED</b>
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.	<b>OPEN</b>

Agenda Item	Discussion	Action/Follow-up:
6. Behavior Health Home (BHH) – Kathy Sijan, DHS	DHS will be submitting State plan to CMS. No updates at this time.	<b>OPEN</b>
7. Family Caregiver Coaching and Counseling: Family Memory Care – Kathy Sijan, DHS	<p>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.</p> <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 – <b>TG</b> - 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>	<b>OPEN</b>
8. Appendix A Review – Deb Sorg, HealthPartners	TAG reported update and completed manual assignments	<b>OPEN</b>
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.	<b>OPEN</b>
10. Eye codes 92014 & 92004 – Mary Cremers, Health Partners	<p>Sue (UCare) reported that some confusion about what UCare covers and doesn't. If one member is seen by optometrist or ophthalmologist for medical eye condition, codes 92002, 92004, 92012, or 92014 would be accepted. What has created confusion is that the benefit is a routine, screening eye exams. Because this is Medicare advantage plan; to obtain approval UCare filed a supplemental benefits with CMS in order to offer the service to members. CMS approved the benefit. 92014 was chosen because it was most highly used code under eye exam. Allowed link to ICD-9 codes to ensure appropriate code was made. UCare also stated that this was supported by the MN Ophthalmological Association.</p> <p>This supplemental benefit applies to UCare for seniors Medicare Advantage products. UCare got approval to redefine the code narrative for their benefit. Under original routine screening Medicare done, in absence of disorder, does not have a specific CPT code. Routine screening is identified by use of the V72.0 diagnosis code in the first position and any benign refractive in any other subsequent claims and then are linked.</p> <p>CPT 92014 comprehensive exam with routine supplemental benefit (refractive and routine) 92014 is for established patient and providers are instructed to bill this code 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, it 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?</p>	<b>CLOSED</b>

Agenda Item	Discussion	Action/Follow-up:
	<p>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 fraudulent 92012 or 92014 will they get fined if coding new patients as established.</p> <p>The MCT cannot address this issue. All are asked to follow Medicare submission guides. Because this is a specific benefit thus payment, it is not in line with State policy. AUC cannot dictate benefit. The code must represent the services provided.</p> <p>Recommendation to 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&amp;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&amp;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>	<b>CLOSED</b>
12. 2016 MN Uniform Companion Guide Review	Being updated.	<b>OPEN</b>
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"> <li>ACT Assertive Community Treatment</li> <li>Adult Crisis Response Services</li> <li>ARMHS-Adult Rehabilitative Mental Health Services</li> <li>Children’s Crisis Response Services</li> <li>Children’s Therapeutic Services and Supports -CTSS</li> <li>Dialectal Behavior Therapy - DBT</li> <li>Family Psychoeducation</li> </ul>	<b>CLOSED</b> – these corrections will be made in the 837I guide

Agenda Item	Discussion	Action/Follow-up:
	<p>Intensive Treatment in Foster Care Peer Services Youth Assertive Community Treatment</p> <p>Keep the following in the 837I guide: Adult Day Treatment Children’s Day Treatment</p> <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>	
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 <b>seven</b> sessions. Prior authorization with medical necessity documentation is required for any additional sessions beyond the <b>seven</b>. 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>	<b>CLOSED</b> – 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 <sup>st</sup> floor, HealthPartners, 8170 Building, Bloomington.	<b>CLOSED</b>

At the 7/28/15 and 8/13/15 meetings, the AUC Medical Code TAG reviewed the recent guidance and clarifications from the CMS/AMA regarding a grace period for ICD-10 (ICD-10 Grace Period – Carolyn Larson, PreferredOne).

Discussion from the MCT is that CMS has always instructed providers to code diagnoses to the highest specificity. This has always been the rule and that is still supported in the ICD-10 CMS Q&A. The additional information from CMS deals with review, adjudication and appeals. This is outside the purview of the AUC MCT.

The MCT will not pursue any formal instruction for the MN Uniform Companion Guide, but will endorse that providers should follow Medicare guidelines regarding submission of ICD-10 codes to report diagnosis to their highest specificity. Additional information referencing benefit and payment policies are not applicable to MCT guides.

However, the guides will to be updated wherever ICD-9 is noted, as appropriate. For example, replace ICD-9 reference with “ICD-CM diagnosis based on date of service.”

**I. Table of contents**

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

Topic	Original Date Approved	Most Recent Update Other
EIDBI – Autism Spectrum Disorder/Early Intensive Developmental and Behavioral Intervention	April 9, 2015	
<a href="#">Coding for SBIRT</a>	May 9, 2013	
<a href="#">Consultation Services</a>	May 9, 2013	
<a href="#">"Moving Home Minnesota" – A Federal Demonstration Project</a>	May 9, 2013	October, 2014
<a href="#">Labor Epidural Billing</a>	May 9, 2013	
Billing Requirements for CPT Code 69210	June 12, 2014	
Modifier -25 on preventive medicine visits (99381-99397)	April 14, 2014	
Certified Family Peer Specialist – DHS	April 10, 2014	
<a href="#">Dental Services Performed in OR</a>	May 9, 2013	

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)	
		<b>P</b>	<b>I</b>
<b>12</b>	<a href="#">Physician/Nonphysician Practitioner Billing</a>	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.

On July 7, 2014, CMS submitted an information 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.

(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 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

1a. The EIDBI Intervention – Applied Behavioral Analysis or Developmental and Behavioral Intervention (DBT)

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

0368T-UB-HK–Qualified Supervising Professional, first 30 minutes  
 0369T-UB-HK–Qualified Supervising Professional, each additional 30 minutes

Coding Group

0366T-UB-HK-Qualified Supervising Professional, first 30 minutes  
 0367T-UB-HK-Qualified Supervising Professional, each additional 30 min

			<p>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  <hr/> 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</p>	<p>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</p>
<p>1b. The EIDBI Intervention - (Developmental and Behavioral Intervention)  <u>Selected Code Descriptions</u>  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)</p>				
<p><u>Coding Individual</u>  0368T-UB-HK–Qualified Supervising Professional, first 30 minutes  0369T-UB-HK–Qualified Supervising Professional, each additional 30 minutes</p>			<p><u>Coding Group</u>  0366T-UB-HK-Qualified Supervising Professional, first 30 minutes  0367T-UB-HK-Qualified Supervising Professional, each additional 30 min</p>	

			<p>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</p> <hr/> <p>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</p>	<p>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</p>		
<p>2. EIDBI Intervention Observation and Direction</p>			<p><u>Selected Codes</u></p>			
<p>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)</p>			<table border="1"> <tr> <td data-bbox="703 1263 1270 1430"> <p><u>Coding</u>  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</p> </td> <td data-bbox="1270 1263 2005 1430"> <p><u>Telemedicine</u>  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</p> </td> </tr> </table>		<p><u>Coding</u>  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</p>	<p><u>Telemedicine</u>  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</p>
<p><u>Coding</u>  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</p>	<p><u>Telemedicine</u>  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</p>					

			<p>0362T-UB-HO - Masters /Mental Health Professional [MHP], first 30 minutes  0363T-UB-HO- Masters /Mental Health Professional [MHP], each additional 30 minutes  0362T-UB-HP - Doctorate /Mental Health Professional [MHP] first 30 minutes  0363T-UB-HP - Doctorate /Mental Health Professional [MHP] each additional 30 minutes  0362T-UB-HK - Qualified Supervising Professional , first 30 minutes  0363T-UB-HK - Qualified Supervising Professional , each additional 30 minutes</p>	<p>0362T-UB-HO-GT - Masters /Mental Health Professional [MHP] (telemedicine) , first 30 minutes  0363T-UB-HO-GT - Masters /Mental Health Professional [MHP] (telemedicine) each additional 30 minutes  0362T-UB-HP-GT - Doctorate /Mental Health Professional [MHP] (telemedicine), first 30 minutes  0363T-UB-HP-GT - Doctorate /Mental Health Professional [MHP] (telemedicine), each additional 30 minutes  0362T-UB-HK-GT - Qualified Supervising Professional, first 30 minutes  0363T-UB-HK-GT - Qualified Supervising Professional , each additional 30 minutes</p>
			<p>3. Comprehensive Multi-Disciplinary Evaluation (CMDE)</p> <p><u>Selected Code</u>  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  UB EIDBI [Early Intensive Developmental and Behavior Intervention] (AUTISM)</p> <div data-bbox="701 1036 1642 1409" style="border: 1px solid black; padding: 5px;"> <p><u>Coding</u>  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)</p> </div>	

4. Individual Treatment Plan Development and Monitoring

Selected Codes

H0032 Mental Health Service Plan Development by non-physician

UD 15 minute unit

HK - Qualified Supervising Professional [QSP]

HN -Bachelor's degree level I or II

HO - Masters /Mental Health Professional [MHP]

HP - Doctorate /Mental Health Professional [MHP]

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

Note:

This service is time based although H0032 by definition is not time based. The H0032 was approved for mental health service plan development with modifier UD to indicate a 15 minute time unit.

Coding

H0032-UB-HK-UD- Qualified Supervising Professional [QSP]

H0032-UB-HP-UD- Doctorate /Mental Health Professional [MHP]

H0032-UB-HO-UD- Masters /Mental Health Professional [MHP]

H0032-UB-HN-UD- Bachelor's degree level I or II

5. Family Caregiver Training and Counseling

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

T1027-UB –HK – Qualified Supervising Professional [QSP]

T1027-UB- HK-GT- Qualified Supervising Professional [QSP] (telemedicine)

T1027-UB -HP- Doctorate /Mental Health Prof [MHP]

Coding Group

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

			<p>T1027-UB -HP-GT - Doctorate /Mental Health Prof [MHP] (telemedicine)  T1027-UB -HO- Masters /Mental Health Prof [MHP]  T1027-UB -HO-GT - Masters /Mental Health Prof [MHP] (telemedicine)  T1027-UB–HN - Bachelor’s degree level I or II  T1027-UB -HN-GT- Bachelor’s degree level I or II (telemedicine)</p>	<p>T1027-UB-HN-HQ- Bachelor’s degree level I or II, Group</p>
<p>6. Coordinated Care Conference</p> <p><u>Selected Codes Description</u></p> <p>T1024  AM – Physician  HK – 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)  TG - APRN</p>				
<p><u>Coding</u></p> <p>T1024-UB-AM -Physician  T1024-UB-TG - APRN  T1024-UB-HK- Qualified Supervising Professional [QSP]  T1024-UB-HP- Doctorate /Mental Health Professional [MHP]  T1024-UB-HO- Masters /Mental Health Professional[MHP]  T1024-UB-HN - Bachelor’s degree level I or II</p>			<p><u>Telemedicine Coding</u></p> <p>T1024-UB-AM-GT –Physician (telemedicine)  T1024-UB-TG-GT- APRN (telemedicine)  T1024-UB-HK-GT- Qualified Supervising Professional [QSP] (telemedicine)  T1024-UB-HP-GT- Doctorate /Mental Health Professional [MHP] (telemedicine)  T1024-UB-HO-GT- Masters /Mental Health Professional[MHP] (telemedicine)  T1024-UB-HN-GT- Bachelor’s degree level I or II (telemedicine)</p>	
<p>7. Travel Time</p> <p><u>Selected Codes</u></p> <p>H0046</p>				

			<p>UB EIDBI [Early Intensive Developmental and Behavior Intervention] (AUTISM)</p> <p><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).</p> <div style="border: 1px solid black; padding: 5px;"> <p><u>Coding</u></p> <ul style="list-style-type: none"> <li>• H0046/UB</li> </ul> </div> <p>(C) MCT: 4/9/15</p> <p>(D) AUC Operations approved</p> <p>(E) Proposed as an addition to next version of 837I and 837P companion guides</p>
12	<a href="#">Physician/Nonphysician Practitioner Billing</a>		<p>A) ST: <b>Coding for SBIRT</b></p> <p>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:</p> <ul style="list-style-type: none"> <li>▪ For commercial payers the codes are 99408 and 99409</li> <li>▪ For Medicare the codes are G0396 and G0397</li> <li>▪ For Medicaid the codes are H0049 and H0050</li> </ul> <p>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.)</p> <p>C) 1/10/13</p> <p>D) AUC Operations Committee</p> <p>E)</p>
12	<a href="#">Physician/Nonphysician Practitioner Billing</a>		<p>A) Subtopic (ST) – <b>Consultation Services</b></p> <p>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.</p> <p>C) AUC Medical Code TAG minutes reference 11-24-09</p> <p>D) AUC Operations Committee approved via email vote, 12-21-09.</p> <p>E)</p>

12 [Physician/Nonphysician Practitioner Billing](#)

X

**A) Moving Home Minnesota – A Federal 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 Demonstration Project which 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) Rec.: The following codes are recommended to report MHM activities:

<b>HCPCS/ Modifiers</b>	<b>Description</b>
A0160 U6	Non-Emergency transportation, case worker, per mile , MHM
A0170 U6	Transportation Ancillary: parking fees, tolls, other, MHM
A0180 U6	Non-emergency transportation: ancillary lodging, recipient, MHM
A0190 U6	Meals, recipient, MHM
A0200 U6	Lodging for caseworker, escort, parent, MHM
A0210 U6	Meals for caseworker, escort, parent, MHM
H0038 U5 U6	Self-help/Peer services – Level II Certified Peer Specialist, MHM
H0038 U6	Self-help/Peer services – Level I Certified Peer Specialist, MHM
H0038 U6 HQ	Self-help/Peer services – Certified Peer Specialist in a group setting, MHM
H0040 U6	Assertive Community Treatment, MHM
H0045 U6	Respite care services, not in home, MHM
H2000 U6	Pre-Discharge Case Consultation and Collaboration, MHM
H2015 U6	Comprehensive community support services, MHM
H2027 U6	Psychoeducational service, 15 minutes, MHM
S5111 U6	Home Care Training - Family, MHM
S5115 U6	Family Memory Care Intervention – 15 minutes, MHM
S5116 (U6)	Home Care Training – Non-Family, MHM
S5135 UA U6	Overnight Assistance, MHM
S5150 U6	Respite Care, in home, MHM
S5150 UB U6	Respite Care, out of home, MHM
S5151 U6	Respite Care in home, MHM
S5160 U6	Emergency response system installation and testing, MHM
S5161 U6	Emergency response system service fee per month, MHM

				<table border="1"> <tr><td>S5162 U6</td><td>Emergency response system purchase, MHM</td></tr> <tr><td>S5165 U6</td><td>Environmental accessibility adaptations, MHM</td></tr> <tr><td>S9970 U6 U5</td><td>Health club membership, monthly, MHM</td></tr> <tr><td>T1016 U6</td><td>Case management, MHM</td></tr> <tr><td>T1017 U6</td><td>Transition coordination, MHM</td></tr> <tr><td>T1028 U6</td><td>Adaptations – home assessment, MHM</td></tr> <tr><td>T1999 U6</td><td>Tools, clothing and equipment for employment, MHM</td></tr> <tr><td>T2018 U6</td><td>Supported Employment Benchmark Payment, daily, MHM</td></tr> <tr><td>T2019 U6</td><td>Supported Employment (15 minutes) , MHM</td></tr> <tr><td>T2029 U6 NU</td><td>Durable medical equipment, new, MHM</td></tr> <tr><td>T2029 U6 RB</td><td>Durable medical equipment, repair, MHM</td></tr> <tr><td>T2029 U6 RR</td><td>Durable medical equipment, rental, MHM</td></tr> <tr><td>T2038 U1 U6</td><td>Transitional services, furniture, MHM</td></tr> <tr><td>T2038 U2 U6</td><td>Transitional services, supplies, MHM</td></tr> <tr><td>T2038 U6</td><td>Transition plan development, MHM</td></tr> <tr><td>T2038 UA U6</td><td>Transitional services, housing deposit, MHM</td></tr> </table> <p><u>'U' Modifier definitions</u></p> <p>UA Night supervision (S3135)/Item, service or procedure furnished in conjunction with a demonstration project (T2038)</p> <p>UB – Out-of home</p> <p>UD – Transition to community living services</p> <p>U1 – Transitional services – furniture</p> <p>U2 – Transitional services- supplies</p> <p>U5 – Monthly</p> <p>U6 - Moving Home Minnesota</p> <p>C) MCT 2/14/13, 6/23/14</p> <p>D) AUC Operations Committee approved</p> <p>E)</p>	S5162 U6	Emergency response system purchase, MHM	S5165 U6	Environmental accessibility adaptations, MHM	S9970 U6 U5	Health club membership, monthly, MHM	T1016 U6	Case management, MHM	T1017 U6	Transition coordination, MHM	T1028 U6	Adaptations – home assessment, MHM	T1999 U6	Tools, clothing and equipment for employment, MHM	T2018 U6	Supported Employment Benchmark Payment, daily, MHM	T2019 U6	Supported Employment (15 minutes) , MHM	T2029 U6 NU	Durable medical equipment, new, MHM	T2029 U6 RB	Durable medical equipment, repair, MHM	T2029 U6 RR	Durable medical equipment, rental, MHM	T2038 U1 U6	Transitional services, furniture, MHM	T2038 U2 U6	Transitional services, supplies, MHM	T2038 U6	Transition plan development, MHM	T2038 UA U6	Transitional services, housing deposit, MHM
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12	<a href="#">Physician/Nonphysician Practitioner Billing</a>			<p>A (ST): <b>Labor Epidural Billing</b></p> <p>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.</p> <p>B) <u>Rec</u>: 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</p>																																

				<p>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.”</p> <p>C) MCT 2/14/13 D) AUC Operations Committee approval date E)</p>
12	<u>Physician/Nonphysician Practitioner Billing</u>	X		<p><b>A) ST: Billing Requirements for CPT Code 69210</b> The MCT responded to a request to approve standardized coding for 69210. 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.</p> <p>B) REC: Medicare for Medicare products - report one line one unit, no modifiers. Commercial and DHS - report one line, one unit, 50 modifier.</p> <p>C) 6/12/14 D) AUC Operations approved E)</p>
12	<u>Physician/Nonphysician Practitioner Billing</u>	X		<p><b>A) ST: Modifier -25 on preventive medicine visits (99381-99397)</b> 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.</p> <p>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.</p> <p>C) 4/14/14 D) AUC Operations approved E)</p>
N/A	TABLE A.5.2 -- Behavioral Health Procedure Code/Modifier Combinations: For Specific Benefit Packages Unique To Minnesota Government Programs	X	X	<p><b>A) Certified Family Peer Specialist – DHS</b></p> <p>B) Rec: 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. 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 with 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.</p> <p>H0038 Certified peer specialist services, per 15 minutes</p>

				<p>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  C) MCT: 4/10/14  D) AUC Operations Committee  E) Proposed as an addition to next version of 837P and the 837I companion guides.</p>
N/A	N/A	X	X	<p>A) ST: <b>Dental services performed in the operating room</b>  B) <u>Rec:</u> 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)</p>

## I. Table of contents

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

Topic	Original Date Approved Most Recent Update	Most Recent Update Other
<a href="#">Autism Spectrum Disorder</a>	May 9, 2013	
EIDBI – Early Intensive Developmental and Behavioral Intervention	April 9, 2015	
<a href="#">Coding for SBIRT</a>	May 9, 2013	
<a href="#">Consultation Services</a>	May 9, 2013	
<del><a href="#">In-reach Community Based Coordination</a></del>	<del>May 9, 2013</del>	
<del><a href="#">"Moving Home Minnesota" – A Money Follows the Money</a></del> <a href="#">Perse</a>	May 9, 2013	October, 2014
<del><a href="#">Federal Demonstration Project</a></del>		
<a href="#">Labor Epidural Billing</a>	May 9, 2013	
Billing Requirements for CPT Code 69210	June 12, 2014	
Modifier -25 on preventive medicine visits (99381-99397)	April 14, 2014	
Certified Family Peer Specialist – DHS	April 10, 2014	
<del><a href="#">E-visits</a></del>	<del>May 9, 2013</del>	
<del><a href="#">Telephone Services</a></del>	<del>May 9, 2013</del>	
<del><a href="#">Community Paramedics</a></del>	<del>May 9, 2013</del>	
<del><a href="#">Reporting Newborn Screening</a></del>	<del>May 9, 2013</del>	
<a href="#">Dental Services Performed in OR</a>	May 9, 2013	
<del><a href="#">MAT (Medication Assisted Therapy)</a></del>	<del>May 9, 2013</del>	

**MN Community Coding Practice/Recommendation Table (Informational Only)**

Medicare Claims Processing		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)
		<b>P I</b>

<b>12</b>	<u>Physician/Nonphysician Practitioner Billing</u>	<b>X</b>	<p><b>A) ST: <del>Autism Spectrum Disorder</del></b>  <b>Question: How are autism spectrum disorder services to be reported?</b></p> <p><b>B) Rec:</b></p> <p><del>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.</del></p> <p><del>H2018—Psychosocial rehabilitation services, per diem. (Report modifier TF intermediate level, or TG complex level to differentiate between programs if necessary)</del></p> <p><del>H2020—Therapeutic behavioral services per diem (Report modifier TF intermediate level, or TG complex level to differentiate between programs if necessary.)</del></p> <p><del>H2014—Skills training and development, per 15 minutes. H2017—Psychosocial rehabilitation services, per 15 minutes. H2019—Therapeutic behavioral services, per 15 minutes.</del></p> <p><del>G9012—Case Management Services</del></p> <p><del>C) MCT: 9-22-09</del>  <del>D) AUC Operations Committee approved via email vote, 10-20-09.</del>  <del>E) —</del></p>
<b>12</b>	<u>Physician/Nonphysician Practitioner Billing</u>	<b>X</b>	<p><b>(A) ST: Autism Spectrum Disorder/Early Intensive Developmental and Behavioral Intervention (EIDBI)</b>  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</p>

			<p>Behavioral Intervention (EIDBI) benefit.</p> <p>On July 7, 2014, CMS submitted an information 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.</p> <p>(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:</p> <ol style="list-style-type: none"> <li>1. The EIDBI Intervention</li> <li>2. EIDBI Intervention <del>Observation</del> <del>Supervision</del> and Direction</li> <li>3. Comprehensive Multi-Disciplinary Evaluation (CMDE)</li> <li>4. Individual Treatment Plan Development and Monitoring</li> <li>5. Family Caregiver Training and Counseling</li> <li>6. Coordinated Care Conference</li> <li>7. Travel Time</li> </ol> <p>1a. The EIDBI Intervention – Applied Behavioral Analysis <del>or Developmental and Behavioral Intervention (DBT)</del> <del>(Applied Behavioral Analysis and Developmental and Behavioral Intervention)</del></p> <p><u>Who Can Provide ABA Services?</u></p> <p><del>Qualified Supervising Professional</del>  <del>Developmental/Behavioral Professional (Board Certified Behavior Analyst or BCBA)-Level I Provider</del>  <del>Developmental/Behavioral Practitioner (Board Certified Behavior Analyst Assistant or BCaBA)-Level II Provider</del>  <del>Developmental/Behavioral Support Specialist (Registered Behavior Technician or RBT)-Level III Provider</del></p> <p><u>Where does Service Take Place</u></p> <p><del>Home or Center individual intervention</del>  <del>Center group intervention</del></p> <p><u>Selected Codes</u></p> <p>0364T, 0365T, 0366T, 0367T, 0368T, 0369T  HK -Qualified Supervising Professional [QSP]  HP Doctorate /Mental Health Professional [MHP]  HO Masters /Mental Health Professional [MHP]</p>
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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

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

Coding Group

0366T-UB-HK- Qualified Supervising Professional, first 30 minutes  
 0367T-UB-HK- Qualified Supervising Professional, each additional 30 min  
 0366T-UB-HP - Doctorate /Mental Health Professional [MHP]], first 30 minutes  
 0367T-UB -HP- Doctorate /Mental Health Professional [MHP]], each additional 30 min  
 0366T-UB-HO - Masters /Mental Health Professional [MHP], first 30 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

1b. The EIDBI Intervention - (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

			<p><u>Where does Service Take Place?</u>  Home or Center-individual DBI  Center-group DBI</p> <p><u>Selected Code Descriptions</u>  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)</p> <table border="1" data-bbox="716 532 1934 1442"> <thead> <tr> <th data-bbox="716 532 1318 565"><u>Coding Individual</u></th> <th data-bbox="1318 532 1934 565"><u>Coding Group</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="716 565 1318 634">0368T-UB-HK- Qualified Supervising Professional, first 30 minutes</td> <td data-bbox="1318 565 1934 634">0366T-UB-HK- Qualified Supervising Professional, first 30 minutes</td> </tr> <tr> <td data-bbox="716 634 1318 704">0369T-UB-HK- Qualified Supervising Professional, each additional 30 minutes</td> <td data-bbox="1318 634 1934 704">0367T-UB-HK- Qualified Supervising Professional, each additional 30 min</td> </tr> <tr> <td data-bbox="716 704 1318 774">0368T-UB-HP - Doctorate /Mental Health Professional [MHP], first 30 minutes</td> <td data-bbox="1318 704 1934 774">0366T-UB-HP - Doctorate /Mental Health Professional [MHP], first 30 minutes</td> </tr> <tr> <td data-bbox="716 774 1318 867">0369T-UB-HP- Doctorate /Mental Health Professional [MHP], each additional 30 minutes</td> <td data-bbox="1318 774 1934 867">0367T-UB -HP- Doctorate /Mental Health Professional [MHP], each additional 30 min</td> </tr> <tr> <td data-bbox="716 867 1318 937">0368T-UB-HO - Masters /Mental Health Professional [MHP], first 30 minutes</td> <td data-bbox="1318 867 1934 937">0366T-UB-HO - Masters /Mental Health Professional [MHP], first 30 minutes</td> </tr> <tr> <td data-bbox="716 937 1318 1006">0369T-UB-HO - Masters /Mental Health Professional [MHP], each additional 30 minutes</td> <td data-bbox="1318 937 1934 1006">0367T-UB-HO- Masters /Mental Health Professional [MHP], each additional 30 min</td> </tr> <tr> <td data-bbox="716 1006 1318 1105">0368T-UB-HN- Bachelor's degree level I , first 30 minutes</td> <td data-bbox="1318 1006 1934 1105">0366T-UB- HN- Bachelor's degree level I or II, first 30 minutes</td> </tr> <tr> <td data-bbox="716 1105 1318 1175">0369T-UB-HN- Bachelor's degree level I , each additional 30 minutes</td> <td data-bbox="1318 1105 1934 1175">0367T-UB -HN- Bachelor's degree level I or II, each additional 30 min</td> </tr> <tr> <td data-bbox="716 1175 1318 1245">0364T-UB-HN- Bachelor's degree level II, first 30 minutes</td> <td data-bbox="1318 1175 1934 1245">0366T-UB -HM -Less than bachelor's degree- level III, first 30 min</td> </tr> <tr> <td data-bbox="716 1245 1318 1315">0365T-UB-HN- Bachelor's degree level II, each additional 30 minutes</td> <td data-bbox="1318 1245 1934 1315">0367T-UB -HM- Less than bachelor degree- level III, each additional 30 min</td> </tr> <tr> <td data-bbox="716 1315 1318 1385">0364T-UB-HM -Less than bachelor's degree- level III, first 30 min</td> <td></td> </tr> <tr> <td data-bbox="716 1385 1318 1442">0365T-UB-HM- Less than bachelor's degree- level III, each additional 30 minutes</td> <td></td> </tr> </tbody> </table>	<u>Coding Individual</u>	<u>Coding Group</u>	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	
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2. EIDBI Intervention Observation ~~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

0362T-UB-HN - Bachelor's degree level I or II, first 30 minutes

0363T-UB-HN- Bachelor's degree level I or II ,each additional 30 minutes

0362T-UB-HO - Masters /Mental Health Professional [MHP], first 30 minutes

0363T-UB-HO- Masters /Mental Health Professional [MHP], each additional 30 minutes

0362T-UB-HP - Doctorate /Mental Health Professional [MHP] first 30 minutes

0363T-UB-HP - Doctorate /Mental Health Professional [MHP] each additional 30 minutes

0362T-UB-HK - Qualified Supervising Professional , first 30 minutes

0363T-UB-HK - Qualified Supervising Professional , each additional 30

Telemedicine

0362T-UB-HN-GT- Bachelor's degree level I or II , (telemedicine, first 30 minutes

0363T-UB-HN-GT- Bachelor's degree level I or II , (telemedicine) each additional 30 minutes

0362T-UB-HO-GT - Masters /Mental Health Professional [MHP] (telemedicine) , first 30 minutes

0363T-UB-HO-GT - Masters /Mental Health Professional [MHP] (telemedicine) each additional 30 minutes

0362T-UB-HP-GT - Doctorate /Mental Health Professional [MHP] (telemedicine), first 30 minutes

0363T-UB-HP-GT - Doctorate /Mental Health Professional [MHP] (telemedicine), each additional 30 minutes

0362T-UB-HK-GT - Qualified Supervising Professional, first 30 minutes

0363T-UB-HK-GT - Qualified Supervising Professional , each additional 30 minutes

minutes

3. Comprehensive Multi-Disciplinary Evaluation (CMDE)

Who Can Provide Service?

Licensed Mental Health Professional

Psychiatrist

APRN

Doctorate /Mental Health Professional [MHP]

Masters /Mental Health Professional [MHP]

Where does Service Take Place?

Center, clinic or office

Selected Code

0359T

AM- Psychiatrist [MD]/Physician

HO - Masters /Mental Health Professional [MHP]

HP- Doctorate /Mental Health Professional [MHP]

TG- APRN

GT- via interactive audio and video telecommunications systems

~~GT- via interactive audio and video telecommunications systems~~

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

Coding

0359T-UB-AM - Psychiatrist[MD]/Physician

0359T-UB-AM-GT- Psychiatrist[MD]/Physician (telemedicine)

0359T-UB-TG – APRN

0359T-UB-TG-GT- APRN (telemedicine)

0359T-UB –HP - Doctorate /Mental Health Professional [MHP]

0359T-UB -HP-GT – Doctorate /Mental Health Professional [MHP]  
(telemedicine)

0359T-UB –HO - Masters /Mental Health Professional [MHP]

0359T-UB -HO-GT - Masters /Mental Health Professional [MHP]  
(telemedicine)

4. Individual Treatment Plan Development and Monitoring

Who Can Provide the Service?

Qualified Supervising Professional

Developmental/Behavioral Professional-Level I Provider

Developmental/Behavioral Practitioner-Level II Provider

Where Does the Service Take Place?

Center, clinic or office

Selected Codes

H0032 Mental Health Service Plan Development by non-physician

UD 15 minute unit

HK - Qualified Supervising Professional [QSP]

HN -Bachelor's degree level I or II

HO - Masters /Mental Health Professional [MHP]

HP - Doctorate /Mental Health Professional [MHP]

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

Note:

This service is time based although H0032 by definition is not time based. The H0032 was approved for mental health service plan development with modifier UD to indicate a 15 minute time unit.

Coding

H0032-UB-HK-UD- Qualified Supervising Professional [QSP]

H0032-UB-HP-UD- Doctorate /Mental Health Professional [MHP]

H0032-UB-HO-UD- Masters /Mental Health Professional [MHP]

H0032-UB-HN-UD- Bachelor's degree level I or II

5. Family Caregiver Training and Counseling

Who Can Provide the Service?

Qualified Supervising Professional (physician, mental health professional or APRN)

Developmental/Behavioral Professional-Level I Provider

Developmental/Behavioral Practitioner-Level II Provider

Where Does It Take Place?

Home or center individual training and counseling

Center group training and counseling

Selected Codes

T1027

HK - Qualified Supervising Professional [QSP]

HN –Bachelor's degree level I or level II

HO - Masters /Mental Health Professional [MHP]

HP - Doctorate /Mental Health Professional [MHP]

GT via interactive audio and video telecommunications systems

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

Coding Individual

T1027-UB –HK – Qualified Supervising Professional [QSP]

Coding Group

T1027-UB-HK-HQ- Qualified Supervising Professional [QSP], Group

			<p>T1027-UB- HK-GT- Qualified Supervising Professional [QSP] (telemedicine)  T1027-UB -HP- Doctorate /Mental Health Prof [MHP]  T1027-UB -HP-GT - Doctorate /Mental Health Prof [MHP] (telemedicine)  T1027-UB -HO- Masters /Mental Health Prof [MHP]  T1027-UB -HO-GT - Masters /Mental Health Prof [MHP] (telemedicine)  T1027-UB–HN - Bachelor’s degree level I or II  T1027-UB -HN-GT- Bachelor’s degree level I or II (telemedicine)</p>	<p>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</p>
<p>6. Coordinated Care Conference  <u>Who Can Provide the Service?</u>  Physician  APRN  Qualified Supervising Professional  Developmental/Behavioral Professional-Level I Provider  Developmental/Behavioral Practitioner-Level II Provider</p> <p><u>Where Does It Take Place?</u>  Center or clinic  Home</p> <p><u>Selected Codes Description</u>  T1024  AM – Physician  HK – 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)  TG - APRN</p>				
<p><u>Coding</u>  T1024-UB-AM -Physician</p>			<p><u>Telemedicine Coding</u>  T1024-UB-AM-GT –Physician</p>	

			<p>T1024-UB-TG - APRN  T1024-UB-HK- Qualified Supervising Professional [QSP]  T1024-UB-HP- Doctorate /Mental Health Professional [MHP]  T1024-UB-HO- Masters /Mental Health Professional[MHP]  T1024-UB-HN - Bachelor's degree level I or II</p>	<p>(telemedicine)  T1024-UB-TG-GT- APRN (telemedicine)  T1024-UB-HK-GT- Qualified Supervising Professional [QSP] (telemedicine)  T1024-UB-HP-GT- Doctorate /Mental Health Professional [MHP] (telemedicine)  T1024-UB-HO-GT- Masters /Mental Health Professional[MHP] (telemedicine)  T1024-UB-HN-GT- Bachelor's degree level I or II (telemedicine)</p>
			<p>7. Travel Time  <u>Who Can Provide the Service?</u>  <del>EIDBI providers traveling to provide EIDBI Intervention, EIDBI Intervention Supervision or Family Caregiver Training and Counseling.</del>  <u>Where does the service take place?</u>  <del>99- Other Place of Service</del>  <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).</p> <div data-bbox="716 971 1934 1057" style="border: 1px solid black; padding: 5px;"> <p><u>Coding</u></p> <ul style="list-style-type: none"> <li>• H0046/UB</li> </ul> </div> <p>(C) MCT: 4/9/15  (D) AUC Operations approved  (E) Proposed as an addition to next version of 837I and 837P companion guides</p>	
12	<a href="#">Physician/Nonphysician Practitioner Billing</a>		<p>A) ST: <b>Coding for SBIRT</b>  SBIRT (Screening, Brief intervention, and Referral to Treatment) is an alcohol/substance abuse structured screening. Current reporting per SAMHSA (Substance Abuse and</p>	

				<p>Mental Health Services Administration) is as follows:</p> <ul style="list-style-type: none"> <li>▪ For commercial payers the codes are 99408 and 99409</li> <li>▪ For Medicare the codes are G0396 and G0397</li> <li>▪ For Medicaid the codes are H0049 and H0050</li> </ul> <p>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.)</p> <p>C) 1/10/13</p> <p>D) AUC Operations Committee</p> <p>E)</p>												
12	<a href="#">Physician/Nonphysician Practitioner Billing</a>			<p>A) Subtopic (ST) – <b>Consultation Services</b></p> <p>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.</p> <p>C) AUC Medical Code TAG minutes reference 11-24-09</p> <p>D) AUC Operations Committee approved via email vote, 12-21-09.</p> <p>E)</p>												
12	<a href="#">Physician/Nonphysician Practitioner Billing</a>	X	X	<p><del><b>A) ST – In-reach Community Based Coordination</b></del></p> <p><del>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.</del></p> <p><del>B) <u>Rec:</u> In-Reach Services applies to both 837I and 837P:</del></p> <table border="1" style="margin-left: 20px;"> <tr> <td></td> <td><del>837I</del></td> <td><del>837P</del></td> </tr> <tr> <td><del>TOB</del></td> <td><del>013x</del></td> <td><del>N/A</del></td> </tr> <tr> <td><del>Revenue Code</del></td> <td><del>0984</del></td> <td><del>N/A</del></td> </tr> <tr> <td><del>HCPCS</del></td> <td><del>T1016-U2 T1016-U2 TS</del></td> <td><del>T1016-U2 T1016-U2 TS</del></td> </tr> </table> <p><del>T1016 Case management, each 15 minutes</del></p> <p><del>U2 = In-reach, initial service</del></p> <p><del>U2 TS = In-reach, follow-up</del></p>		<del>837I</del>	<del>837P</del>	<del>TOB</del>	<del>013x</del>	<del>N/A</del>	<del>Revenue Code</del>	<del>0984</del>	<del>N/A</del>	<del>HCPCS</del>	<del>T1016-U2 T1016-U2 TS</del>	<del>T1016-U2 T1016-U2 TS</del>
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<del>HCPCS</del>	<del>T1016-U2 T1016-U2 TS</del>	<del>T1016-U2 T1016-U2 TS</del>														

			<p>C) <del>MCT-2/14/13</del></p> <p>D) <del>AUC Operations Committee approved</del></p> <p>E) <del>Proposed as an addition to next version of 837I and 837P companion guides</del></p>																																		
12	<u>Physician/Nonphysician Practitioner Billing</u>	X	<p>A) <b>Moving Home Minnesota – A Money Follows the Person Federal Demonstration Project (a.k.a. MFP Demonstration Project)</b></p> <p>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 – <del>A Money Follows the Person (MFP)</del> a Demonstration Project which 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.</p> <p>B) <u>Rec.:</u> The following codes are recommended to report <del>MHM MFP</del> activities:</p> <table border="1"> <thead> <tr> <th><b>HCPCS/ Modifiers</b></th> <th><b>Description</b></th> </tr> </thead> <tbody> <tr> <td>A0160 U6</td> <td>Non-Emergency transportation, case worker, per mile , MHM</td> </tr> <tr> <td>A0170 U6</td> <td>Transportation Ancillary: parking fees, tolls, other, MHM</td> </tr> <tr> <td>A0180 U6</td> <td>Non-emergency transportation: ancillary lodging, recipient, MHM</td> </tr> <tr> <td>A0190 U6</td> <td>Meals, recipient, MHM</td> </tr> <tr> <td>A0200 U6</td> <td>Lodging for caseworker, escort, parent, MHM</td> </tr> <tr> <td>A0210 U6</td> <td>Meals for caseworker, escort, parent, MHM</td> </tr> <tr> <td>H0038 U5 U6</td> <td>Self-help/Peer services – Level II Certified Peer Specialist, MHM</td> </tr> <tr> <td>H0038 U6</td> <td>Self-help/Peer services – Level I Certified Peer Specialist, MHM</td> </tr> <tr> <td>H0038 U6 HQ</td> <td>Self-help/Peer services – Certified Peer Specialist in a group setting, MHM</td> </tr> <tr> <td>H0040 U6</td> <td>Assertive Community Treatment, MHM</td> </tr> <tr> <td>H0045 U6</td> <td>Respite care services, not in home, MHM</td> </tr> <tr> <td>H2000 U6</td> <td>Pre-Discharge Case Consultation and Collaboration, MHM</td> </tr> <tr> <td>H2015 U6</td> <td>Comprehensive community support services, MHM</td> </tr> <tr> <td>H2027 U6</td> <td>Psychoeducational service, 15 minutes, MHM</td> </tr> <tr> <td>S5111 U6</td> <td>Home Care Training - Family, MHM</td> </tr> <tr> <td>S5115 U6</td> <td>Family Memory Care Intervention – 15 minutes, MHM</td> </tr> </tbody> </table>	<b>HCPCS/ Modifiers</b>	<b>Description</b>	A0160 U6	Non-Emergency transportation, case worker, per mile , MHM	A0170 U6	Transportation Ancillary: parking fees, tolls, other, MHM	A0180 U6	Non-emergency transportation: ancillary lodging, recipient, MHM	A0190 U6	Meals, recipient, MHM	A0200 U6	Lodging for caseworker, escort, parent, MHM	A0210 U6	Meals for caseworker, escort, parent, MHM	H0038 U5 U6	Self-help/Peer services – Level II Certified Peer Specialist, MHM	H0038 U6	Self-help/Peer services – Level I Certified Peer Specialist, MHM	H0038 U6 HQ	Self-help/Peer services – Certified Peer Specialist in a group setting, MHM	H0040 U6	Assertive Community Treatment, MHM	H0045 U6	Respite care services, not in home, MHM	H2000 U6	Pre-Discharge Case Consultation and Collaboration, MHM	H2015 U6	Comprehensive community support services, MHM	H2027 U6	Psychoeducational service, 15 minutes, MHM	S5111 U6	Home Care Training - Family, MHM	S5115 U6	Family Memory Care Intervention – 15 minutes, MHM
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S5116 (U6)	Home Care Training – Non-Family, MHM
S5135 UA U6	Overnight Assistance, MHM
S5150 U6	Respite Care, in home, MHM
S5150 UB U6	Respite Care, out of home, MHM
S5151 U6	Respite Care in home, MHM
S5160 U6	Emergency response system installation and testing, MHM
S5161 U6	Emergency response system service fee per month, MHM
S5162 U6	Emergency response system purchase, MHM
S5165 U6	Environmental accessibility adaptations, MHM
S9970 U6 U5	Health club membership, monthly, MHM
T1016 U6	Case management, MHM
T1017 U6	Transition coordination, MHM
T1028 U6	Adaptations – home assessment, MHM
T1999 U6	Tools, clothing and equipment for employment, MHM
T2018 U6	Supported Employment Benchmark Payment, daily, MHM
T2019 U6	Supported Employment (15 minutes) , MHM
T2029 U6 NU	Durable medical equipment, new, MHM
T2029 U6 RB	Durable medical equipment, repair, MHM
T2029 U6 RR	Durable medical equipment, rental, MHM
T2038 U1 U6	Transitional services, furniture, MHM
T2038 U2 U6	Transitional services, supplies, MHM
T2038 U6	Transition plan development, MHM
T2038 UA U6	Transitional services, housing deposit, MHM

~~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 –~~

				<del>T1016 U6 Case management, each 15 minutes, MFP</del> <del>T2019 U6 Habilitation, supported employment, per 15 minutes, MFP</del> <del>H0038 U6 Self-help/peer services, per 15 minutes, MFP</del> <del>H2027 U6 Psychoeducational service, per 15 minutes, MFP</del> <del>S5115 U6 Home care training, nonfamily, per 15 minutes, MFP (caregiver education)</del> <del>H2000 U6 Comprehensive multidisciplinary evaluation, MFP (in the development of a transition or service plan)</del> <del>T2013 U6 Habilitation, educational, per hour, MFP (intervention provided to support placement in the community)</del> <del>S5150 U6 Unskilled respite care, per 15 minutes, MFP (in home)</del> <del>S5151 U6 Unskilled respite care, per diem, MFP (in home)</del> <del>S5150 U6 UB Unskilled respite care, per 15 minutes, MFP, out of home</del> <del>H0045 U6 Respite care services, not in the home, per diem, MFP</del> <del>S5165 U6 Home modifications; per service, MFP</del> <del>S5162 U6 Emergency response system; purchase only, MFP</del> <del>S5161 U6 Emergency response system; service fee, per month, MFP</del> <del>T1999 U6 Miscellaneous therapeutic items and supplies, retail purchases, NOC, MFP</del> <del>E1399 U6 (NU, RR or RB) Durable medical equipment, MFP (include modifier for purchase, rental or repair)</del> <del>S5135 U6 UA Companion care, adult; per 15 minutes, MFP, night supervision</del> <del>A0160 U6 Nonemergency transportation; per mile—caseworker or social, MFP</del> <del>A0170 U6 Transportation ancillary: parking fees, tolls, other, MFP</del>
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			<p><del>A0180 — U6 — Nonemergency transportation: ancillary; lodging-recipient, MFP</del>  <del>A0190 — U6 — Nonemergency transportation: ancillary; meals, recipient, MFP</del>  <del>A0200 — U6 — Nonemergency transportation: ancillary; lodging, escort, MFP</del>  <del>A0210 — U6 — Nonemergency transportation: ancillary; meals, escort, MFP</del></p> <hr/> <p><del>S9970 — U6 U5 — Health club membership, monthly annual, MFP</del></p> <p><u>'U' Modifier definitions</u></p> <p><del>U6 Money follows the person demonstration (Moving Home Minnesota)</del></p> <p>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 - Moving Home Minnesota</p> <p>C) MCT 2/14/13, 6/23/14  D) AUC Operations Committee approved  E)</p>
12	<u>Physician/Nonphysician Practitioner Billing</u>		<p>A (ST): <b>Labor Epidural Billing</b>  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.</p> <p>B) <u>Rec:</u> 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.”</p> <p>C) MCT 2/14/13  D) AUC Operations Committee approval date  E)</p>
12	<u>Physician/Nonphysician Practitioner Billing</u>	X	<p>A) <b>ST: Billing Requirements for CPT Code 69210</b>  The MCT responded to a request to approve standardized coding for 69210. The narrative for 69210 was revised in 2014 to a unilateral code. Thus is performed on both ears it</p>

				<p>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.</p> <p>B) REC: Medicare for Medicare products - report one line one unit, no modifiers. Commercial and DHS - report one line, one unit, 50 modifier.</p> <p>C) 6/12/14</p> <p>D) AUC Operations approved</p> <p>E)</p>
12	<u>Physician/Nonphysician Practitioner Billing</u>	X		<p>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.</p> <p>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.</p> <p>C) 4/14/14</p> <p>D) AUC Operations approved</p> <p>E)</p>
12	<u>Physician/Nonphysician Practitioner Billing</u>	X		<p><del><b>A) E-visits</b></del></p> <p><del>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."</del></p> <p><del>B) Rec.: Based on the definition change, the MCT agreed that the current MUGG coding instructions for E-visits should be removed. Providers should submit codes based on the new CPT definition.</del></p> <p><del>C) MCT 5/9/13</del></p> <p><del>D)</del></p> <p><del>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)."</del></p>
12	<u>Physician/Nonphysician</u>	X		<del><b>A) Telephone services</b></del>

	<del>Practitioner Billing</del>			<p><del>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."</del></p> <p><del>B) Rec.: Based on the definition change, the MGT agreed that the current MUCG coding instructions for Telephone services should be removed. Providers should submit codes based on the new CPT definition.</del></p> <p><del>C) MGT 5/9/13</del></p> <p><del>D)</del></p> <p><del>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)."</del></p>
15	<u>Ambulance</u>	X		<p><del>A) ST: <b>Community Paramedics</b></del></p> <p><del>MN Statute 256B.0625, subd. 60 requires Medical Assistance cover services provided by community paramedics certified under section 144R.28, subd. 9</del></p> <p><del>B) Rec: Community paramedic services should be billed as followed:</del></p> <ul style="list-style-type: none"> <li><del>• Professional claims only — 837P</del></li> <li><del>• Place of services — 12 (home)</del></li> <li><del>• Individual provider number — report the Medical director's NPI</del></li> <li><del>• Code T1016 U3, 15 minutes increments (one billing, services all inclusive)</del> <ul style="list-style-type: none"> <li><del>o T1016 Case management, each 15 minutes</del></li> <li><del>o U3 — service provided by certified community paramedic (EMT-CP)</del></li> </ul> </li> <li><del>• Supplies and vaccines may be reported as needed with the appropriate HCPCS codes C) MCT 2/14/13</del></li> </ul> <p><del>D) AUC Operations Committee approved</del></p> <p><del>Proposed as an addition to next version of 837P companion guide.</del></p>
16	<u>Laboratory Services</u>	X	X	<p><del>A) <b>Reporting Newborn Screening</b></del></p> <p><del>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.</del></p> <p><del>Rec.: When the specimen is taken for the Newborn Screening Card purchased from Minnesota</del></p>

				<p><del>Department of Health after the birth discharge, the newborn screen should be reported using S3620.</del></p> <p><del>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.</del></p> <p><del>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; phenylalanine (PKU); and thyroxine, total)</del></p> <p><del>76, 77 repeat service</del></p> <p><del>C) MCT 2/14/13</del></p> <p><del>D) AUC Operations Committee approved</del></p> <p><del>Proposed as an addition to next version of 837P and 837I companion guides.</del></p>
N/A	TABLE A.5.2 -- Behavioral Health Procedure Code/Modifier Combinations: For Specific Benefit Packages Unique To Minnesota Government Programs	X	X	<p>A) Certified Family Peer Specialist – DHS</p> <p>B) Rec: 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. 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.</p> <p>H0038 Certified peer specialist services, per 15 minutes</p> <p>H0038 U5 Advanced level certified peer specialist services, per 15 minutes</p> <p>H0038 HQ Group setting, certified peer specialist services, per 15 minutes</p> <p>H0038 HA Child/adolescent program, certified peer specialist services, per 15 minutes</p> <p>H0038 HA HQ Child/adolescent program, group setting, certified peer specialist services, per 15 minutes</p> <p>C) MCT: 4/10/14</p> <p>D) AUC Operations Committee</p> <p>E) Proposed as an addition to next version of 837P and the 837I companion guides.</p>
N/A	N/A	X	X	<p>A) <b>ST: Dental services performed in the operating room</b></p> <p>B) <u>Rec:</u> 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.</p>

				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	<p><b>A) <del>ST: MAT (Medication Assisted Treatment) Billing – Methadone vs. Other</del></b>  <del>To meet CMS and legislative requirements, DHS must revise coding for MAT services:</del></p> <ol style="list-style-type: none"> <li><del>1. to establish a code to distinguish methadone from all other drugs for MAT and</del></li> <li><del>2. to identify MAT intensive (plus) services for</del> <ol style="list-style-type: none"> <li><del>a. methadone and</del></li> <li><del>b. all other drugs</del></li> </ol> </li> </ol> <p><del>B) <u>Rec:</u> Revise MUCG Table A.5.3.c – Substance Abuse Services: Outpatient Services as follows:</del></p> <p><del><b>837I:</b></del></p> <table border="1"> <thead> <tr> <th><del>Procedure Code</del></th> <th><del>TOB</del></th> <th><del>Service description</del></th> <th><del>Unit</del></th> <th><del>Revenue Code</del></th> <th><del>HCPCS</del></th> </tr> </thead> <tbody> <tr> <td><del>MAT</del></td> <td><del>Day</del></td> <td><del>0944</del></td> <td><del>H0020</del></td> <td><del>089x or 013x</del></td> <td></td> </tr> <tr> <td><del>MAT – all other drugs</del></td> <td><del>Day</del></td> <td><del>0944</del></td> <td><del>H0047</del></td> <td><del>U9</del></td> <td><del>089x or 013x</del></td> </tr> </tbody> </table> <p><del><b>837P:</b></del></p> <table border="1"> <thead> <tr> <th><del>Procedure Code</del></th> <th><del>TOB</del></th> <th><del>Service description</del></th> <th><del>Unit</del></th> <th><del>Revenue Code</del></th> <th><del>HCPCS</del></th> </tr> </thead> <tbody> <tr> <td><del>MAT</del></td> <td><del>Day</del></td> <td><del>0944</del></td> <td><del>H0020</del></td> <td><del>089x or 013x</del></td> <td><del>N/A</del></td> </tr> <tr> <td><del>MAT – all other drugs</del></td> <td><del>Day</del></td> <td><del>0944</del></td> <td><del>H0047</del></td> <td><del>UA</del></td> <td><del>N/A</del></td> </tr> <tr> <td><del>MAT Plus</del></td> <td><del>Day</del></td> <td><del>N/A</del></td> <td><del>N/A</del></td> <td><del>H0020</del></td> <td><del>N/A</del></td> </tr> <tr> <td><del>MAT Plus – all other drugs</del></td> <td><del>Day</del></td> <td><del>N/A</del></td> <td><del>N/A</del></td> <td><del>N/A</del></td> <td><del>H0047 UB N/A</del></td> </tr> </tbody> </table> <p><del>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.</del></p> <p><del>UA – MAT Plus, methadone UB – MAT Plus, all other drugs</del></p> <p><del>C) MCT 2/14/13</del></p> <p><del>D) AUC Operations Committee approved</del></p>	<del>Procedure Code</del>	<del>TOB</del>	<del>Service description</del>	<del>Unit</del>	<del>Revenue Code</del>	<del>HCPCS</del>	<del>MAT</del>	<del>Day</del>	<del>0944</del>	<del>H0020</del>	<del>089x or 013x</del>		<del>MAT – all other drugs</del>	<del>Day</del>	<del>0944</del>	<del>H0047</del>	<del>U9</del>	<del>089x or 013x</del>	<del>Procedure Code</del>	<del>TOB</del>	<del>Service description</del>	<del>Unit</del>	<del>Revenue Code</del>	<del>HCPCS</del>	<del>MAT</del>	<del>Day</del>	<del>0944</del>	<del>H0020</del>	<del>089x or 013x</del>	<del>N/A</del>	<del>MAT – all other drugs</del>	<del>Day</del>	<del>0944</del>	<del>H0047</del>	<del>UA</del>	<del>N/A</del>	<del>MAT Plus</del>	<del>Day</del>	<del>N/A</del>	<del>N/A</del>	<del>H0020</del>	<del>N/A</del>	<del>MAT Plus – all other drugs</del>	<del>Day</del>	<del>N/A</del>	<del>N/A</del>	<del>N/A</del>	<del>H0047 UB N/A</del>
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## 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 has made the form available for use 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.

**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 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](mailto:health.AUC@state.mn.us).

SBAR ISSUE: Gambling Addiction Program  
**AUC BUSINESS NEED EXPLANATION FORM (SBAR)**

<b>REMINDER: Submit the completed SBAR and MCT Decision Tree via email to the AUC at <a href="mailto:health.AUC@state.mn.us">health.AUC@state.mn.us</a>. The MCT Decision Tree is completed for medical coding issues only.</b>			
<b>Section I – SBAR Status/Disposition information (To be completed by the Minnesota Department of Health)</b>			
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
<b>Section II – Contact information (Person submitting the SBAR and/or Subject Matter Expert)</b>			
Contact Information for person completing this form: <b>Name: RICHARD SCHERER</b> <b>Title: BUSINESS MANAGER</b> <b>Email address: richard@clubrecoveryllc.com</b> <b>Telephone: 952.926.2526</b>		Organization Information: <b>Name: CLUB RECOVERY, LLC</b> <b>Address: 6550 YORK AVE SOUTH</b> <b>SUITE 620</b> <b>EDINA, MN 55435</b>	
Complete for additional contact or Subject Matter Expert, as required: <b>Name:</b> <b>Title:</b> <b>Email address:</b> <b>Phone number:</b>			
<b>Section III – SBAR information (Concise and specific description of the issue to be addressed stating the Situation, Background, Assessment, and Recommendation)</b>			
<b>SBAR Issue Title:</b>			
S	<p><b>SITUATION</b> 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"</p>		
B	<p><b>BACKGROUND</b> 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.</p>		

<b>A</b>	<p><b>ASSESSMENT</b> –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.</p>
<b>R</b>	<p><b>RECOMMENDATION</b> – 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.</p>

**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:



## SBAR: Behavioral Health Home

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

#### Instructions for Completing the 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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#### Section II

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  - **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?

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**SBAR: BHH – Behavioral Health Home**

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

Date Received		Log No.	Date Closed	
Status: Exec Review Date	Sent to TAG/WG	TAG Recommendation:		Decision to Originator
		<input type="checkbox"/> Accept <input type="checkbox"/> Reject		

**REMINDER: Submit the completed SBAR and MCT Decision Tree form via email to the AUC at [health.AUC@state.mn.us](mailto: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: <b>BHH – Behavioral Health Home</b>	Date: <b>March 2, 2015</b>
Contact Information for person completing this form: <b>Name: Katherine Sijan</b> <b>Title: HealthCare Coding Compliance Officer</b> <b>Email address: <a href="mailto:katherine.sijan@state.mn.us">katherine.sijan@state.mn.us</a></b> <b>Telephone: 651-431-5784</b>	Organization Information: <b>Name: MN Dept of Human Services</b> <b>Address: 540 Cedar St., 7<sup>th</sup> fl -0993</b> <b>St Paul, MN 55155</b>
Complete for additional contact or Subject Matter Expert, as required: <b>Name: Andrea Agerlie</b> <b>Title: HealthCare Coding Compliance Officer</b> <b>Email address: <a href="mailto:andrea.agerlie@state.mn.us">andrea.agerlie@state.mn.us</a></b> <b>Phone number: 651-431-3159</b>	

**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**

<b>S</b>	<p><b>SITUATION</b> – Describe the current business practice(Please describe the problem or issue to be addressed:</p> <p>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).</p> <p>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.</p> <p>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.</p>
<b>B</b>	<p><b>BACKGROUND</b> – Explain the pertinent history of the business practice (How does this work today):</p> <p>There currently is no other service like this at this time. This is only a professional service.</p>
<b>A</b>	<p><b>ASSESSMENT</b> – 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):</p> <p>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.</p> <p>The first six months of BHH are called ‘care engagement’.</p> <p>After the first six months of care engagement [can be non-consecutive], an individual will receive ‘ongoing standard care’.</p>

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](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:**



## AUC BUSINESS NEED EXPLANATION FORM (AUC SBAR)

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#### Section I

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#### 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:
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  - **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?

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## Family Caregiver Coaching and Counseling: Family Memory Care

**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](mailto: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: <b style="color: blue;">Family Caregiver Coaching and Counseling: Family Memory Care</b>	Date: <b style="color: blue;">June 1, 2015</b>
Contact Information for person completing this form: <b style="color: blue;">Name: Katherine Sijan</b> <b style="color: blue;">Title: HealthCare Coding Compliance Officer</b> <b style="color: blue;">Email address: <a href="mailto:katherine.sijan@state.mn.us">katherine.sijan@state.mn.us</a></b> <b style="color: blue;">Telephone: 651-431-5784</b>	Organization Information: <b style="color: blue;">Name: MN Dept of Human Services</b> <b style="color: blue;">Address: 540 Cedar St., 7<sup>th</sup> fl -0993 St Paul, MN 55155</b>

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](mailto: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)**

**Title: Family Caregiver Coaching and Counseling: Family Memory Care**

S	<p><b>SITUATION</b> – Describe the current business practice(Please describe the problem or issue to be addressed):</p> <p>DHS Link: <a href="http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&amp;RevisionSelectionMethod=LatestReleased&amp;dDocName=id_056766">http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&amp;RevisionSelectionMethod=LatestReleased&amp;dDocName=id_056766</a></p> <p><a href="#">Elderly Waiver (EW)</a> and <a href="#">Alternative Care (AC)</a> programs fund home and community-based services (HCBS) for people age 65 and older who require the level of care provided in a nursing home, but choose to live in the community. These programs provide services and supports for people to live in their homes or a community setting, and may delay or prevent nursing facility (NF) care. The purpose of these programs is to promote community living and independence with services and</p>
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supports designed to address each person's individual needs and choices. In the case of EW, the additional services go beyond what is otherwise available through Medical Assistance (MA).

### Family Caregiver

This service provides training, education, coaching and counseling services for family and informal caregivers who provide direct and ongoing services for recipients enrolled in EW and AC programs.

Elderly Waiver (EW) and Alternative Care (AC) Program currently includes the following Family Caregiver Services:

- 1- Training and Education – S5115
- 2- Assessment - S5115-TF

## B

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

See Below

## A

**ASSESSMENT** – Summarize your analysis of this issue (what are your challenges, what type of organizations are impacted by these challenges – provider types, health plans, others? Please indicate how this applies to AUC's mission, vision, values, and strategy. Are there any national or community standards that exist or are being developed that might help address the situation? If so, please explain):

EW and AC would like to add a new service called **Family Memory Care**. Family Memory Care [FMC] is a multi-component coaching and counseling intervention for supporting family and friend caregivers living with a person with dementia. Family Memory Care is a new service is based on the \*New York University Caregiver Intervention program, which has been shown to prevent or delay nursing facility placement by 18 months on average.

Family Memory Care includes:

- Assessment
- Education
- Plan development
- Coaching on strategies for coping

FMC Consultants must meet professional standards and qualifications; participate in specialized training and clinical monitoring sessions. Caregiver consultants are trained in in memory care support.

Caregivers live with the person with dementia where they are the primary caregiver. Caregivers attend 4 to 6 meetings in a 90 day period, with a consultant, and a family member who participates in 2-4 meetings. The person with dementia must have a GDS score of 4 or higher.

The limit of total billable hours is up to 20 over a 365 day period for this intervention. Family caregiver services are a part of the care recipient's support plan and billed under the recipient's name and ID. The FMC targets the primary caregivers but other family members participate in the meetings. [Regardless the billable amount is up to 20 hours every 365 days.]

Ad hoc support - family caregivers often need follow up information and advice from the family memory care consultant which can be provided in-person or over the phone. The ad hoc support has been a most helpful component of this intervention to families and is included in memory care training.\

NOTE: Per the program policy person, the waiver amendment has been submitted to federal gov't.

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\* <http://nrepp.samhsa.gov/ViewIntervention.aspx?id=74>

**R**

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

Recommend to add the following service to EW/AC Family Caregiver Services:

S5115 – **TG** - Home care training, nonfamily; per 15 minutes, Complex/high level of care [Family Caregiver Coaching and Counseling; Family Memory Care]

Note: 1 unit = 15 minutes

Effective date: 7/1/15

**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:**

Medicare Claims Processing Manual		Volunteer
Chapter #	Title/Description	
1	General Billing Requirements	Deb Sorg – no changes
2	Admission and Registration Requirements	No changes
3	Inpatient Hospital Billing	Deb Sorg
4	Part B Hospital (Including Inpatient Hospital Part B and OPPTS)	Deb Sorg
5	Part B Outpatient Rehabilitation and CORF/OPT Services	Faith Bauer
6	Inpatient Part A Billing and SNF Consolidated Billing	Faith Bauer
7	SNF Part B (Including Inpatient Part B and Outpatient Fee Schedule)	Mary Trethewey
8	Outpatient ESRD Hospital, Independent Facility and Physician/Supplier Claims	Sara Luther
9	Rural Health Clinics/Federal Qualified Health Centers	Kathy Sijan – no changes
10	Home Health Agency Billing	Mary Trethewey, Cindy Norling, Donna Lindberg – no changes
11	Processing Hospice Claims	Mary Trethewey
12	Physicians/Nonphysician Practitioners	Judith Blyth, Sheryl Theno
13	Radiology Services and Other Diagnostic Procedures	De Kregel
14	Ambulatory Surgical Centers	Paula Walerius
15	Ambulance	Sara Luther
16	Laboratory Services	Carolyn Larson
17	Drugs and Biologicals	No changes
18	Preventive and Screening Services	Christy May and Gail Cain P15 – change to ICD9/ICD10 P16 – 96127 – social, emotional, mental health screening Remove reference to CPT codes (remove complete para) P17 – ICD9 reference (change to ICD10) in 837I
19	Indian Health Services	Kathy Sijan – no changes
20	Durable Medical Equipment, Prosthetics, Orthotics and Supplies	Carolyn Larson
21	Medicare Summary Notices	No changes
22	Remittance Advice	No changes
23	Fee Schedule Administration and Coding Requirements	No changes
24	General EDI and EDI Support Requirements, Electronic Claims and Coordination of Benefits Requirements, Mandatory Electronic Filing of Medicare Claims	No changes
25	Completing and Processing the Form CMS-1450 Data Set	No changes
26	Completing and Processing Form CMS-1500 Data Set	No changes
27	Contractor Instructions for CWF	No changes
28	Coordination with Medigap, Medicaid, and other Complementary Insurers	No changes
29	Appeals of Claims Decisions	De Kregel
30	Financial Liability Protections	No changes
31	ANSI X12N Formats Other than Claims or Remittance	No changes
32	Billing Requirements for Special Services	Faith Bauer
33	Miscellaneous Hold Harmless Provisions	No changes
34	Reopening and Revision of Claim Determinations and Decisions	No changes
35	Independent Diagnostic Testing Facility (IDTF)	Deb Sorg – no changes
36	Competitive Bidding	No changes
37	Department of Veteran Affairs (VA) Claims Adjudication Services Project	No changes
38	Emergency Preparedness Fee for Service Guidelines	No changes



## SBAR – C & TC update

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

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# 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](mailto: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: <b>C&amp;T C update</b>	Date: <b>February 6, 2015</b>
Contact Information for person completing this form: Name: <b>Katherine Sijan</b> Title: <b>HealthCare Coding Compliance Officer</b> Email address: <b>katherine.sijan@state.mn.us</b> Telephone: <b>651-431-5784</b>	Organization Information: Name: <b>Minnesota Dept of Human Services</b> Address: <b>540 Cedar St St Paul, MN 55155</b>

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:**      **SBAR – C & TC update**

S	<b>SITUATION</b> – Describe the current business practice(Please describe the problem or issue to be addressed: There has been a coding update relating to the following code. See recommendation below. <b>96110-UC</b>
B	<b>BACKGROUND</b> – Explain the pertinent history of the business practice (How does this work today):  See below.
A	<b>ASSESSMENT</b> – 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):  See below.
R	<b>RECOMMENDATION</b> – What are you recommending, including any known timing that needs to be considered:  Per the CT&C Policy manager, DHS is making the following updates: 96110 was revised as of 1/1/2015 to be only developmental screening and a new code was released for mental health screening. DHS would like to change 96110-UC (mental health screening) to 96127 effective 1-1-2015.  Code verbiage as of 1/1/2015; <b>96110-</b> Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument <b>96127-</b> Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument

**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:**

18	<a href="#">Preventive and Screening Services</a>	C&TC	<p>S0302 is reported in addition to all of the age appropriate components of a Child and Teen Checkups (C&amp;TC) exam to indicate a complete C&amp;TC exam has been performed.</p> <ul style="list-style-type: none"> <li>▪ Maternal depression screening: 99420 UC</li> <li>▪ Developmental screening: 96110</li> <li>▪ Child Mental Health Screening: 96110 UC</li> <li>▪ Report CPT codes 99401-99404 if patient comes for counseling <u>only</u>. Preventive counseling is included in the preventive medicine evaluation and management service and should not be reported separately.</li> <li>▪ Visit can still be reported as a complete C&amp;TC if documentation shows that a component could not be completed due to:             <ul style="list-style-type: none"> <li>○ Contraindication (medical reasons, service recently performed elsewhere): Service may still be reported with \$0.00 or</li> </ul> </li> </ul>
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## 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](mailto:health.AUC@state.mn.us).

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

<b>AUC BUSINESS NEED EXPLANATION FORM (SBAR)</b> <b>TO BE COMPLETED BY THE MINNESOTA DEPARTMENT OF HEALTH</b>			
Date Received		Log No.	Date Closed
Status: Exec Review Date	Sent to TAG/WG	TAG Recommendation: _____ Accept _____ Reject	Decision to Originator
<b>REMINDER: Submit the completed SBAR and MCT Decision Tree form via email to the AUC at <a href="mailto:health.AUC@state.mn.us">health.AUC@state.mn.us</a>. The MCT Decision Tree is completed for medical coding issues only.</b>			
<b>Section I – SBAR Short Title, Date, and Contact information (Person submitting the SBAR and/or Subject Matter Expert)</b>			
SBAR Short title: <b>C&amp;TC Screenings</b>		Date <b>May 6, 2015</b>	
Contact Information for person completing this form: <b>Name: Katherine Sijan</b> <b>Title: HealthCare Coding Compliance Officer</b> <b>Email address: <a href="mailto:katherine.sijan@state.mn.us">katherine.sijan@state.mn.us</a></b> <b>Telephone: 651-431-5784</b>		Organization Information: <b>Name: MN Dept of Human Services</b> <b>Address: 540 Cedar St., 7<sup>th</sup> fl -0993</b> <b>St Paul, MN 55155</b>	
Complete for additional contact or Subject Matter Expert, as required: <b>Name: Andrea Agerlie</b> <b>Title: HealthCare Coding Compliance Officer</b> <b>Email address: <a href="mailto:andrea.agerlie@state.mn.us">andrea.agerlie@state.mn.us</a></b> <b>Phone number: 651-431-3159</b>			
<b>Section II – SBAR information (Concise and specific description of the issue to be addressed stating the Situation, Background, Assessment, and Recommendation)</b>			
<b>SBAR Issue Title: C&amp;TC Developmental and Social Emotional/Mental Health Screenings</b>			
S	<b>SITUATION</b> – Describe the current business practice(Please describe the problem or issue to be addressed: A Developmental and social screening, as well as an emotional/mental health screening are C&TC screening components. DHS requires providers to use a standardized screening instrument for the developmental/social screen as well as the emotional/mental health screening. A new U modifier has been developed to differentiate billing for an autism screening. See below.		
B	<b>BACKGROUND</b> – Explain the pertinent history of the business practice (How does this work today): See below for outline of proposed coding and U modifiers to differentiate these C&TC services.		
A	<b>ASSESSMENT</b> – See below for outline of proposed coding and U modifiers to differentiate these C&TC services.		

# R

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

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

### Child and Teen Checkups (C&TC)

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

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

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

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

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

DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT DRAFT

### Screening for Autism in Toddlers

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

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

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

- 96110-U1, with 1 unit of service.

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

Date [SBAR Response Approved by TAG]:

Reviewed by [AUC TAG Name]:

AUC Co-Chair(s):

AUC Response:

**Discussion/Summary:**

**Decision:**

**Yellow** = no action or changes as noted; changes in **red**

## A.2 HIPAA Code Sets

Code sets have been adopted under federal HIPAA rules (45 CFR § 162 Subpart J), including: Current Procedural Terminology (CPT); Healthcare Common Procedure Coding System (HCPCS); International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM); **International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM); International Classification of Diseases, Tenth Revision, Procedural Coding System (ICD-10-PCS);** and Revenue codes.<sup>2</sup>

Consistent with the HIPAA electronic Transactions and Code Sets regulations, all covered entities are required to submit or receive codes that are:

- valid on the date of service for medical code sets;
- valid at the time the transaction was created and submitted for non-medical code sets.

This Appendix includes requirements and information related to the HIPAA code sets, as well as: modifiers found in the CPT and HCPCS Level II including those established for definition by State Medicaid; revenue codes – a data element of the institutional claim; and units of service (basis for measurement).

### A.3.2 Instructions for Using This Appendix and Its Accompanying Tables

<sup>2</sup> CPT is a registered trademark of the American Medical Association (AMA); ICD-9-CM, **ICD-10-CM and ICD-10-PCS are is** maintained and distributed by the National Center for Health Statistics, U.S. Department of Health and Human Services (HHS); HCPCS are developed by the Centers for Medicare and Medicaid Services (CMS); Revenue codes are developed by the National Uniform Billing Committee (NUBC). Code set updates can be found at websites of the organizations named above.

## A.5 Tables of Coding Requirements

### A.5.1 Table A.5.1 -- Minnesota Coding Specifications: When to Use Codes Different From Medicare

Table A.5.1 below lists chapters from the Medicare Claims Processing Manual, which can be accessed at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS018912.html>. In addition, in the electronic version of this document each of the chapter titles below is also provided as a link to the corresponding chapter of the Medicare Claims Processing Manual.

Medicare Claims Processing Manual		Specific Coding Topic 837P	Minnesota Rule 837P	Specific Coding Topic 837I	Minnesota Rule 837I
Chapter Number	Title/Description				

Yellow = no action or changes as noted; changes in red

1	General Billing Requirements		Follow Medicare coding guidelines		Follow Medicare coding guidelines
2	Admission and Registration Requirements		Not applicable to coding guidelines		Not applicable to coding guidelines
3	Inpatient Hospital Billing		Follow Medicare coding guidelines		Follow Medicare coding guidelines
4	Part B Hospital (Including Inpatient Hospital Part B and OPPS)	Outpatient professional services provided by CAH, Method II billing	Outpatient professional services provided by Critical Access Hospitals electing Method II billing should be reported on the professional claim type (i.e. 837P).	Outpatient professional services provided by CAH, Method II billing	Outpatient professional services provided by Critical Access Hospitals electing Method II billing should be reported on the professional claim type (i.e. 837P).
4	Part B Hospital (Including Inpatient Hospital Part B and OPPS)			Observation	Any HCPCS Level I or II code can be submitted as appropriate for observation with revenue code 0762
4	Part B Hospital (Including Inpatient Hospital Part B and OPPS)			Partial Hospitalization	To report partial hospitalization, use revenue codes 0912 or 0913 and procedure code H0035. For child/adolescent program use H0035 with HA modifier
4	Part B Hospital (Including Inpatient Hospital Part B and OPPS)			Bilateral Radiology	Bilateral radiology services are reported as either: <ul style="list-style-type: none"> <li>one line with a 50 modifier and one unit, <b>or</b></li> <li>two separate lines, one with RT modifier and one with LT modifier.</li> </ul>
4	Part B Hospital (Including Inpatient Hospital Part B and OPPS)			Interpreter Services	For interpreter services: <ul style="list-style-type: none"> <li><input type="checkbox"/> Use Revenue code 0949 and appropriate HCPCS code(s) as follows.</li> </ul> <p><b>Note:</b> Rounding rules apply to all services below. A minimum of eight minutes must be spent in order to report a unit.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1013 -- Face-to-face oral language interpreter services per 15 minutes</li> <li><input type="checkbox"/> 1013-U3 -- Face-to-face sign language interpreter services per 15 minutes</li> </ul>

Yellow = no action or changes as noted; changes in red

					<ul style="list-style-type: none"><li>• <input type="checkbox"/> T1013-GT -- Telemedicine interpreter services per 15 minutes</li><li>• <input type="checkbox"/> T1013-U4 -- Telephone interpreter services per 15 minutes</li><li>• <input type="checkbox"/> T1013-UN, UP, UQ, UR, US -- Interpreter services provided to multiple patients in a group setting</li> <li>• Report T1013 for each patient in the group setting<ul style="list-style-type: none"><li>o Append the modifier indicating how many patients in the group</li><li>o Report one unit per 15 minutes per patient</li></ul></li> <li>• T1013-52 -- Interpreter drive time, wait time, no show/cancellation per 15 minutes<ul style="list-style-type: none"><li>o Report one unit per 15 minutes per client</li><li>o If more than one service is provide, report each on a separate line appended with the -59 modifier</li><li>o T1013-52 x 2 units (30 minutes of drive time)</li><li>o T1013-5259 (12 minutes of wait time)</li><li>o Add narrative(s) in the NTE segment to report the service(s) rendered. An NTE segment is required for each line.</li><li>o Reporting drive time versus mileage is based on individual contract. T1013-52 may not be used for drive time if mileage (see 99199) is reported</li><li>o A canceled service may only be reported if the interpreter has already arrived for the appointment prior to the cancellation</li></ul></li></ul>
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Yellow = no action or changes as noted; changes in red

					<ul style="list-style-type: none"> <li>• 99199 -- Mileage for interpreter service <ul style="list-style-type: none"> <li>o Reporting mileage versus drive time is based on individual contract. 99199 may not be used if drive time (T1013-52) is reported</li> <li>o Report one unit per mile</li> </ul> </li> </ul>
5	Part B Outpatient Rehabilitation and CORF/OPT Services		Follow Medicare coding guidelines		Do not follow Medicare's rounding rules for physical, occupational and speech therapies. See general rules for reporting units at the front of this appendix.
6	Inpatient Part A Billing and SNF Consolidated Billing		Not applicable to Professional claim		
6	Inpatient Part A Billing and SNF Consolidated Billing			Room and Board	Room and Board is reported according to the level of nursing care provided using revenue codes 019X
6	Inpatient Part A Billing and SNF Consolidated Billing			Reporting private room and/or in lieu of day differentials	<p>There are situations when skilled nursing and long term care facilities need to report private room and/or in lieu of day differentials separate from room and board charges.</p> <ul style="list-style-type: none"> <li>• <input type="checkbox"/> Private Room differential use 0229; 1 unit = 1 day</li> <li>• <input type="checkbox"/> In lieu of days differential use 0230; 1 unit = 1 hour</li> </ul>
6	Inpatient Part A Billing and SNF Consolidated Billing			Ancillaries	Ancillaries are reported separately as appropriate
6	Inpatient Part A Billing and SNF Consolidated Billing			Long term care	Also applicable to Long Term Care
7	SNF Part B (Including Inpatient Part B		Not applicable to Professional claim		Follow Medicare coding guidelines

Yellow = no action or changes as noted; changes in red

	and Outpatient Fee Schedule)				
8	Outpatient ESRD Hospital, Independent Facility and Physician/Supplier Claims		Follow Medicare coding guidelines		Follow Medicare coding guidelines
9	Rural Health Clinics/Federal Qualified Health Centers	Claim type	Report on the claim type with procedure codes appropriate to the services provided, e.g., physician/clinic services on the 837P, dental services on the 837D, pharmacy on NCPDP.		Not applicable to the Institutional guide. Report on the claim type appropriate to the services provided, e.g., physician/clinic services on the 837P, dental services on the 837D, pharmacy on NCPDP.
10	Home Health Agency Billing	PCA and Homemaking Services	PCA: T1019 PCA Shared 1:2: T1019-TT PCA Shared 1:3 or more: T1019-HQ PCA Temporary Service Increase: T1019-U6 PCA Notice of Reduction: T1019-U5 RN PCA Supervision: T1019-UA Homemaking: S5130, S5131 PCA services may not be billed with a span of dates; each date of service must be billed separately.		
10	Home Health Agency Billing	Home Infusion	Home infusion is not addressed in this chapter. See instructions following this table.		
10	Home Health Agency Billing			Home Health Services	Home Health Services are reported on the 837I using the revenue code corresponding with the approved HCPCS code set with the exception of PCA services which are billed on the 837P Revenue Codes 041X – 044X and 055x – 060x as appropriate
10	Home Health Agency Billing			Reporting continuous services beyond the encounter and multiple nurse encounters with the same date of service	For home care the industry standard defines "per diem" as all-inclusive services per patient encounter up to two hours. <ul style="list-style-type: none"> <li>To report extended continuous services beyond the encounter use the fifteen minute code(s).</li> </ul>

Yellow = no action or changes as noted; changes in red

					<ul style="list-style-type: none"> <li>To report multiple nurse encounters within the same date of service use the appropriate encounter code with multiple units.</li> </ul>
10	Home Health Agency Billing			Approved HCPCS code set	<p>Medicare's G codes are insufficient to describe the level of time codes that group purchasers require for proper case management. See Approved HCPCS Code Set below.</p> <p>Approved HCPCS code set:</p> <ul style="list-style-type: none"> <li>Skilled Nursing Encounter: <ul style="list-style-type: none"> <li>o RN: T1030</li> <li>o LPN:T1031</li> </ul> </li> <li>Home Health Aide Visit: T1021</li> <li>Home Health Aide (Extended): T1004</li> <li>PT Visit: S9131 <ul style="list-style-type: none"> <li>o PT Asst. Visit: S9131 TF</li> </ul> </li> <li>OT Visit: S9129 <ul style="list-style-type: none"> <li>o OT Asst. Visit: S9129 TF</li> </ul> </li> <li>RT Evaluation: S5180</li> <li>RT Visit: S5181</li> <li>Speech Visit: S9128</li> <li>MSW Visit: S9127</li> <li>RN: T1002</li> <li>RN Complex: T1002 TG</li> <li>RN Shared 1:2 ratio T1002 TT</li> <li>LPN: T1003</li> <li>LPN Complex: T1003 TG</li> <li>LPN Shared 1:2 ratio T1003 TT</li> <li>Postpartum home visit 99501</li> <li>Newborn care home visit 99502</li> </ul>
11	Processing Hospice Claims		Not applicable to Professional claim		Follow Medicare coding guidelines
12	Physicians/ Nonphysician Practitioners	Allergy, clinical immunology	Medicare does not allow all allergy and clinical immunology codes, but group purchasers accept all applicable codes. Follow the code selection guidelines in the front of Appendix A.		

Yellow = no action or changes as noted; changes in red

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. Bilateral services are to be reported with the 50 modifier on one line with one unit.		
12	Physicians/ Nonphysician Practitioners	Bilateral Radiology	<p>Bilateral radiology services are reported as either:</p> <ul style="list-style-type: none"> <li>• one line with a 50 modifier and one unit, or</li> <li>• two separate lines, one with RT modifier and one with LT modifier.</li> </ul>		
12	Physicians/ Nonphysician Practitioners	Interpreter services	<p>To report interpreter services: Note: Rounding rules apply to all services below. A minimum of eight minutes must be spent in order to report one unit.</p> <ul style="list-style-type: none"> <li>• T1013 -- Face-to-face oral language interpreter services per 15 minutes</li> <li>• T1013-U3 -- Face-to-face sign language interpreter services per 15 minutes</li> <li>• T1013-GT -- Telemedicine interpreter services per 15 minutes</li> <li>• T1013-U4 -- Telephone interpreter services per 15 minutes</li> <li>• T1013-UN, UP, UQ, UR, US -- Interpreter services provided to multiple patients in a group setting</li> <li>• Report T1013 for each patient in the group setting <ul style="list-style-type: none"> <li>o Append the modifier indicating how many patients in the group</li> <li>o Report one unit per 15 minutes per patient</li> </ul> </li> <li>• T1013-52 -- Interpreter drive time, wait time, no show/cancellation per 15 minutes <ul style="list-style-type: none"> <li>o Report one unit per 15 minutes per client</li> </ul> </li> </ul>		

Yellow = no action or changes as noted; changes in red

			<ul style="list-style-type: none"> <li>o If more than one service is provided, report each on a separate line appended with the -59 modifier</li> <li>• T1013-52 x 2 units (30 minutes of drive time)</li> <li>• T1013-52 59 (12 minutes of wait time) <ul style="list-style-type: none"> <li>o Add narrative(s) in the NTE segment to report the service(s) rendered. An NTE segment is required for each line.</li> <li>o Reporting drive time versus mileage is based on individual contract. T1013-52 may not be used for drive time if mileage (see 99199) is reported</li> <li>o A canceled service may only be reported if the interpreter has already arrived for the appointment prior to the cancellation</li> </ul> </li> <li>• 99199 -- Mileage for interpreter service <ul style="list-style-type: none"> <li>o Reporting mileage versus drive time is based on individual contract. 99199 may not be used if drive time (T1013-52) is reported</li> <li>o Report one unit per mile</li> </ul> </li> </ul>		
12	Physicians/ Nonphysician Practitioners	Collaborative psychiatric consultation (MN Statutes 256b.0625, subd. 48 – Psychiatric consultation to primary care practitioners)	<p>Coding for a consultation initiated by the primary care practitioner/provider to psychiatrist, APRN (certified in psychiatric mental health) or psychologist for an opinion or advice regarding a patient should be reported using 99499 as follows:</p> <ul style="list-style-type: none"> <li>• Primary Care – 99499 HE AG</li> <li>• Primary Care – 99499 HE AG U4 (non-face-to-face)</li> <li>• Primary Care 99499 HE AG U7 (by physician extender)</li> <li>• Primary Care 99499 HE AG U4 U7 (non-face-to-face by physician extender)</li> <li>• Consulting Psychiatrist – 99499 HE AM</li> </ul>		

Yellow = no action or changes as noted; changes in red

			<ul style="list-style-type: none"> <li>• Consulting Psychiatrist – 99499 HE AM U4 (non-face-to-face)</li> <li>• Consulting APRN (certified in psychiatric mental health) – 99499 HE AM</li> <li>• Consulting APRN (certified in psychiatric mental health) – 99499 HE AM U4 (non-face-to-face)</li> <li>• Consulting psychologist – 99499 HE AM</li> <li>• Consulting psychologist – 99499 HE AM U4 (non-face-to-face)</li> </ul>		
12	Physicians/ Nonphysician Practitioners	Patient not in exam room	<p>There are circumstances when it is inappropriate to have the patient in the exam room with the physician or nurse practitioner due to extenuating circumstances regarding the patient's condition. When a discussion between clinician and caregiver is vital for the health of the patient and necessary for the patient to be properly cared for, the appropriate CPT code for evaluation and management services may be billed based on time to the patient's group purchaser. Report the appropriate ICD-9-CM code(s) based on date of service for the diagnosis of the patient as the primary diagnosis or diagnoses. Also ICD-9-CM code V65.19 or ICD-10-CM Z71.0, based on date of service. Other person consulting on behalf of another person must be reported.</p>		
12	Physicians/ Nonphysician Practitioners	Health Care Homes	<p>The following instructions are for reporting health care home with patient complexity level and supplemental factor modifiers. Use U modifiers in conjunction with medical home codes S0280 or S0281 as shown below: Patient Complexity Level and Supplemental Factors</p>		

Yellow = no action or changes as noted; changes in red

			Patient Complexity Level	Complexity Modifiers	Non English Speaking Modifier	Active Mental Health Condition		
			Low (no major conditions)	No modifier	U3	U4		
			Basic	U1	U3	U4		
			Intermediate	TF	U3	U4		
			Extended	U2	U3	U4		
			Complex (most major conditions)	TG	U3	U4		
			Definitions of U modifiers with S0280 or S0281: o U1 – Care coordination, basic complexity level o U2 – Care coordination, extended complexity level o U3 – Care coordination, supplemental factor; Non-English language o U4 – Care coordination, supplemental factor; Major Active Mental Health Condition					
12	Physicians/ Nonphysician Practitioners	ImpACT testing	96120 U2 – Post injury, neuro-cognitive testing (e.g., ImpACT), professional service only					

Yellow = no action or changes as noted; changes in red

12	Physicians/ Nonphysician Practitioners	In-reach Community Based Coordination	Use HCPCS T1016-U2 or T1016-U2 TS. <ul style="list-style-type: none"> <li>T1016 Case management, each 15 minutes</li> <li>U2 = In-reach, initial service</li> <li>U2 TS = In-reach, follow-up</li> </ul>		
12	Physicians/ Nonphysician Practitioners				Not applicable to Institutional claim
12	Physicians/ Nonphysician Practitioners	Autism Spectrum Disorder/Early Intensive Developmental and Behavioral Intervention (EIDBI)	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: <ol style="list-style-type: none"> <li>The EIDBI Intervention</li> <li>EIDBI Intervention <del>Supervision</del> Observation and Direction</li> <li>Comprehensive Multi-Disciplinary Evaluation (CMDE)</li> <li>Individual Treatment Plan Development and Monitoring</li> <li>Family Caregiver Training and Counseling</li> <li>Coordinated Care Conference</li> <li>Travel Time</li> </ol> 1a. The EIDBI Intervention – Applied Behavioral Analysis or Developmental and Behavioral Intervention (DBT) <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)		Not applicable to the Institutional guide

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			<u>Coding Individual</u>	<u>Coding Group</u>		
			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 minutes		
			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 minutes		
			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 minutes		
			0366T-UB- HN- Bachelor's degree level I or II, first 30 minutes	0366T-UB- HN- Bachelor's degree level I or II, first 30 minutes		

Yellow = no action or changes as noted; changes in red

			<p>0368T-UB-HN- Bachelor's degree level I , first 30 minutes</p> <p>0369T-UB-HN- Bachelor's degree level I , each additional 30 minutes</p> <hr/> <p>0364T-UB-HN- Bachelor's degree level II, first 30 minutes</p> <p>0365T-UB-HN- Bachelor's degree level II, each additional 30 minutes</p> <p>0364T-UB-HM - Less than bachelor's degree- level III, first 30 min</p> <p>0365T-UB-HM- Less than bachelor's degree- level III, each additional 30 minutes</p>		
<p>1b. The EIDBI Intervention - {Developmental and Behavioral Intervention}</p> <p><u>Selected Code Descriptions</u> 0364T, 0365T, 0366T, 0367T, 0368T, 0369T HK - Qualified Supervising Professional HM -Less than bachelor degree level III [QSP]</p>					

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			<p>HN- Bachelor's degree level I or II  HO - Masters /Mental Health Professional [MHP]  HP- Doctorate /Mental Health Professional [MHP]]</p> <p>UB EIDBI [Early Intensive Developmental and Behavior Intervention] (AUTISM)</p> <table border="1"> <thead> <tr> <th><u>Coding Individual</u></th> <th><u>Coding Group</u></th> </tr> </thead> <tbody> <tr> <td>0368T-UB-HK- Qualified Supervising Professional, first 30 minutes</td> <td>0366T-UB-HK- Qualified Supervising Professional, first 30 minutes</td> </tr> <tr> <td>0369T-UB-HK- Qualified Supervising Professional, each additional 30 minutes</td> <td>0367T-UB-HK- Qualified Supervising Professional, each additional 30 min minutes</td> </tr> <tr> <td>0368T-UB-HP - Doctorate /Mental Health Professional [MHP], first 30 minutes</td> <td>0366T-UB-HP - Doctorate /Mental Health Professional [MHP], first 30 minutes</td> </tr> <tr> <td>0369T-UB-HP- Doctorate /Mental Health Professional [MHP], each additional 30 minutes</td> <td>0367T-UB -HP- Doctorate /Mental Health Professional [MHP], each additional 30 min minutes</td> </tr> <tr> <td>0368T-UB-HO - Masters /Mental Health Professional [MHP], first 30</td> <td>0366T-UB-HO - Masters /Mental Health Professional [MHP], first 30 minutes</td> </tr> <tr> <td></td> <td>0367T-UB-HO-</td> </tr> </tbody> </table>	<u>Coding Individual</u>	<u>Coding Group</u>	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 minutes	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 minutes	0368T-UB-HO - Masters /Mental Health Professional [MHP], first 30	0366T-UB-HO - Masters /Mental Health Professional [MHP], first 30 minutes		0367T-UB-HO-		
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	0367T-UB-HO-																		

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			<p>minutes</p> <p>0369T-UB-HO - Masters /Mental Health Professional [MHP], each additional 30 minutes</p> <p>0368T-UB-HN- Bachelor's degree level I , first 30 minutes</p> <p>0369T-UB-HN- Bachelor's degree level I , each additional 30 minutes</p> <hr/> <p>0364T-UB-HN- Bachelor's degree level II, first 30 minutes</p> <p>0365T-UB-HN- Bachelor's degree level II, each additional 30 minutes</p> <p>0364T-UB-HM - Less than bachelor's degree- level III, first 30 min</p> <p>0365T-UB-HM- Less than bachelor's degree- level III, each additional 30 minutes</p>	<p>Masters /Mental Health Professional [MHP], each additional 30 min</p> <p>0366T-UB- HN- Bachelor's degree level I or II, first 30 minutes</p> <p>0367T-UB -HN- Bachelor's degree level I or II, each additional 30 min</p> <p>0366T-UB -HM - Less than bachelor's degree- level III, first 30 min</p> <p>0367T-UB -HM- Less than bachelor degree- level III, each additional 30 min</p>		
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			<p>2. EIDBI Intervention Observation Supervision and Direction</p> <p><u>Selected Codes</u>            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)</p> <table border="1"> <thead> <tr> <th><u>Coding</u></th> <th><u>Telemedicine</u></th> </tr> </thead> <tbody> <tr> <td>0362T-UB-HN - Bachelor's degree level I or II, first 30 minutes</td> <td>0362T-UB-HN-GT- Bachelor's degree level I or II , (telemedicine, first 30 minutes</td> </tr> <tr> <td>0363T-UB-HN- Bachelor's degree level I or II ,each additional 30 minutes</td> <td>0363T-UB-HN-GT- Bachelor's degree level I or II , (telemedicine) each additional 30 minutes</td> </tr> <tr> <td>0362T-UB-HO - Masters /Mental Health Professional [MHP], first 30 minutes</td> <td>0362T-UB-HO-GT - Masters /Mental Health Professional [MHP]</td> </tr> <tr> <td>0363T-UB-HO- Masters /Mental Health Professional [MHP], each</td> <td>(telemedicine) , first 30 minutes 0363T-UB-HO-GT - Masters /Mental</td> </tr> </tbody> </table>	<u>Coding</u>	<u>Telemedicine</u>	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]	0363T-UB-HO- Masters /Mental Health Professional [MHP], each	(telemedicine) , first 30 minutes 0363T-UB-HO-GT - Masters /Mental		
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			<p>3. Comprehensive Multi-Disciplinary Evaluation (CMDE)</p> <p><u>Selected Code</u>  0359T  AM- Psychiatrist [MD]/Physician</p>			

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			<p>HO - Masters /Mental Health Professional [MHP]          HP- Doctorate /Mental Health Professional [MHP]          TG- APRN          GT- via interactive audio and video telecommunications systems          UB EIDBI [Early Intensive Developmental and Behavior Intervention] (AUTISM)</p> <div style="border: 1px solid black; padding: 5px;"> <p><u>Coding</u></p> <p>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)</p> </div> <p>4. Individual Treatment Plan Development and Monitoring</p> <p><u>Selected Codes</u>          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</p>		
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			<p>HO - Masters /Mental Health Professional [MHP]          HP - Doctorate /Mental Health Professional [MHP]          UB EIDBI [Early Intensive Developmental and Behavior Intervention] (AUTISM)  <u>Note:</u>          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.</p> <table border="1" data-bbox="718 589 1184 883"> <tr> <td data-bbox="718 589 1184 623"><u>Coding</u></td> </tr> <tr> <td data-bbox="718 623 1184 688">H0032-UB-HK-UD- Qualified Supervising Professional [QSP]</td> </tr> <tr> <td data-bbox="718 688 1184 753">H0032-UB-HP-UD- Doctorate /Mental Health Professional [MHP]</td> </tr> <tr> <td data-bbox="718 753 1184 818">H0032-UB-HO-UD- Masters /Mental Health Professional [MHP]</td> </tr> <tr> <td data-bbox="718 818 1184 883">H0032-UB-HN-UD- Bachelor's degree level I or II</td> </tr> </table> <p>5. Family Caregiver Training and Counseling</p> <p><u>Selected Codes</u>          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)</p>	<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		
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			<p>6. Coordinated Care Conference</p> <p><u>Selected Codes Description</u></p> <p>T1024 AM – Physician</p>																				

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	level I or II (telemedicine)								
<u>Coding</u>									
H0046/UB									
13	Radiology Services and Other Diagnostic Procedures	Technical and professional component	If both technical and professional component are being billed by the same billing provider, same place of service, a global code should be used rather than TC/26 modifiers and separate components						
13	Radiology Services and Other Diagnostic Procedures	Bilateral radiology	Bilateral radiology services are reported as either: <ul style="list-style-type: none"> <li>one line with a 50 modifier and one unit, or</li> <li>two separate lines, one with RT modifier and one with LT modifier.</li> </ul>	Bilateral radiology	Bilateral radiology services are reported as either: <ul style="list-style-type: none"> <li>one line with a 50 modifier and one unit, or</li> <li>two separate lines, one with RT modifier and one with LT modifier.</li> </ul>				
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.						
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						

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14	Ambulatory Surgical Centers	Claim Type	Per trading partner agreement, either the 837P or the 837I claim type is allowed pending further guidance from CMS. Check with payer to determine the preferred billing method.	Claim Type	Per trading partner agreement, either the 837P or the 837I claim type is allowed pending further guidance from CMS. Check with payer to determine the preferred billing method.
15	Ambulance	General	Follow Medicare coding guidelines		Follow Medicare coding guidelines
15	Ambulance	Non-emergent, scheduled transport	For non-emergent, scheduled transportation by non-ambulance providers: <ul style="list-style-type: none"> <li>• A0080</li> <li>• A0090</li> <li>• A0100</li> <li>• A0110</li> <li>• A0120</li> <li>• T2002</li> <li>• T2003</li> <li>• T2004</li> </ul>		
15	Ambulance	Community Paramedic	Community paramedic services are to be billed as follows: <ul style="list-style-type: none"> <li>• Professional claims only – 837P</li> <li>• Place of services – 12 (home)</li> <li>• Individual provider number – report the Medical director’s NPI</li> <li>• Code T1016 U3, 15 minutes increments (one billing, services all inclusive) — a minimum of 8 minutes of face to face time must be rendered in order to report one unit (see also section A.3.4.2 for units rounding rules) <ul style="list-style-type: none"> <li>o T1016 Case management, each 15 minutes</li> <li>o U3 – service provided by certified community paramedic (EMT-CP)</li> </ul> </li> <li>• Non-reportable services include:</li> </ul>		

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			<ul style="list-style-type: none"> <li>o Incidental supplies (e.g., gloves, test strips, band aids, etc.);</li> <li>o Travel;</li> <li>o Mileage;</li> <li>o Medical record documentation.</li> </ul> <p>Supplies and vaccines are reported by the ordering primary care physician only.</p>		
16	Laboratory Services	Lab panels	Lab panels should be reported as 1 line item with 1 unit per panel. CPT defines panel components.		
16	Laboratory Services	Newborn Screening	<p>When the specimen is taken for the Newborn Screening Card purchased from Minnesota Department of Health after the birth discharge, the newborn screen is reported using S3620. This covers the cost incurred for the screening card.</p> <p>For repeat screens, report S3620 with the appropriate modifier (76, 77) for repeat services. Diagnostic testing should be reported with the appropriate HCPCS code for the test being performed.</p>	Newborn Screening	<p>When the specimen is taken for the Newborn Screening Card purchased from Minnesota Department of Health after the birth discharge, the newborn screen is reported using S3620. This covers the cost incurred for the screening card.</p> <p>For repeat screens, report S3620 with the appropriate modifier (76, 77) for repeat services. Diagnostic testing should be reported with the appropriate HCPCS code for the test being performed.</p>
17	Drugs and Biologicals		Follow Medicare coding guidelines		Follow Medicare coding guidelines
18	Preventive and Screening Services	Preventive services and coding as defined by Medicare	Preventive services and coding as defined by Medicare (i.e. "Welcome to Medicare") are only applicable to Medicare and Medicare replacement products.	Preventive services and coding as defined by Medicare	Preventive services and coding as defined by Medicare (i.e. "Welcome to Medicare") are only applicable to Medicare and Medicare replacement products.
18	Preventive and Screening Services	New patient receives preventive care and an illness-related E/M service at the same visit	In instances when a new patient receives preventive care and an illness-related E/M service at the same visit, an established patient E/M service should be used to report a separately-identifiable problem-oriented E/M code in addition to a new patient preventive medicine service HCPCS		

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			code on the same date. Append the 25 modifier to problem oriented E/M code.		
18	Preventive and Screening Services	Diagnosis coding for screening services	Diagnosis coding for screening services must follow the ICD-9-CM/ICD-10-CM, based on date of service, code set instructions. All applicable diagnoses should be submitted.		
18	Preventive and Screening Services	Roster billing	Roster billing is not applicable to Minnesota Group Purchasers		
18	Preventive and Screening Services	Vaccine administration	Either G codes or CPT codes may be reported as needed for vaccine administration. If using G codes for covered Medicare vaccines, use CPT for subsequent administration of additional immunizations	Vaccine administration	Either G codes or CPT codes may be reported as needed for vaccine administration. If using G codes for covered Medicare vaccines, use CPT for subsequent administration of additional immunizations
18	Preventive and Screening Services	Vaccines acquired through the Minnesota Vaccines For Children (MnVFC) program	When vaccines are acquired through the Minnesota Vaccines For Children (MnVFC) program, Group purchasers require the SL modifier be appended to the vaccine code	Minnesota Vaccines For Children (MnVFC) program	When vaccines are acquired through the Minnesota Vaccines For Children (MnVFC) program, group purchasers require the SL modifier be appended to the vaccine code
18	Preventive and Screening Services	Vaccine administration with counseling for patients through 18 years of age	Vaccine administration with counseling for patients through 18 years of age: <input type="checkbox"/> Vaccine administration with counseling should be reported in units with the accumulated total administrations representing initial and additional vaccine/toxoid components.  Do not report separate administration lines for each administered vaccine. For example, DTaP-IPV/Hib would be reported with 1 unit of initial vaccine/toxoid component administration with counseling and 4 units of additional vaccine/toxoid component administration with counseling.	Vaccine administration with counseling for patients through 18 years of age	Vaccine administration with counseling for patients through 18 years of age: <input type="checkbox"/> Vaccine administration with counseling should be reported in units with the accumulated total administrations representing initial and additional vaccine/toxoid components.  Do not report separate administration lines for each administered vaccine. For example, DTaP-IPV/Hib would be reported with 1 unit of initial vaccine/toxoid component administration with counseling and 4 units of additional vaccine/toxoid component administration with counseling.
18	Preventive and Screening Services	C&TC	S0302 is reported in addition to all of the age appropriate components of a Child and		

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			<p>Teen Checkups (C&amp;TC) exam to indicate a complete C&amp;TC exam has been performed.</p> <ul style="list-style-type: none"><li>• Social/Emotional or Child Mental Health Screening: 96127.</li><li>• <del>Report CPT codes 99401-99404 if patient comes for counseling only. Preventive counseling is included in the preventive medicine evaluation and management service and should not be reported separately.</del></li><li>• Visit can still be reported as a complete C&amp;TC if documentation shows that a component could not be completed due to:<ul style="list-style-type: none"><li>o Contraindication (medical reasons, service recently performed elsewhere): Service may still be reported with \$0.00 or \$0.01 charge</li><li>o Parent Refusal: Service may still be reported with \$0.00 or \$0.01 charge</li><li>o Unsuccessful Attempt (child uncooperative): Service may be reported with modifier -52 with usual charge if documentation shows that a valid attempt was made to complete the service and rescheduling for a later date was not feasible.</li></ul></li></ul> <p>Report all C&amp;TC services together on the same claim even if components were performed on different dates of service. Each line of the claim should indicate the appropriate date the service was performed.</p> <ul style="list-style-type: none"><li>• Use most appropriate diagnosis code based on patient age.</li></ul>		
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18	Preventive and Screening Services			Colonoscopy	Coding of diagnosis for colonoscopy claims should follow the ICD-9-CM/ICD-10-CM, based on date of service, code set instructions for coding for a screening visit where findings are noted. All applicable diagnoses should be submitted.
19	Indian Health Services	Claim type	Report on the claim type with procedure codes appropriate to the services provided, e.g., physician/clinic services on the 837P, dental services on the 837D, pharmacy on NCPDP.		Follow Medicare coding guidelines
20	Durable Medical Equipment, Prosthetics, Orthotics and Supplies	Oxygen codes	Oxygen codes are used as defined. When appropriate to report contents, MN providers may report E or S oxygen content codes as definition allows.		
20	Durable Medical Equipment, Prosthetics, Orthotics and Supplies	Modifiers to indicate rental or purchase	Appropriate modifiers are required to indicate rental or purchase of DME, e.g., NU, RR		
20	Durable Medical Equipment, Prosthetics, Orthotics and Supplies	Binaural hearing aids	Binaural hearing aids are reported as one line, with one unit		
20	Durable Medical Equipment, Prosthetics, Orthotics and Supplies	Upgrades	Upgrades – if a patient prefers an item with features or upgrades that are not medically necessary and has elected responsibility, the items are billed as two lines using the same code on both lines, if no upgrade code is available. Use the GA modifier for the upgraded and GK for the standard item.		
20	Durable Medical Equipment, Prosthetics, Orthotics and Supplies				Not applicable to the Institutional guide

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21	Medicare Summary Notices		Not applicable to coding guidelines		Not applicable to the Institutional guide
22	Remittance Advice		Not applicable to coding guidelines		Not applicable to the Institutional guide
23	Fee Schedule Administration and Coding Requirements		Follow the code selection guidelines in the Appendix A front matter		Follow the code selection guidelines in the Appendix A front matter
24	General EDI and EDI Support Requirements, Electronic Claims and Coordination of Benefits Requirements, Mandatory Electronic Filing of Medicare Claims		Not applicable to coding guidelines		Not applicable to the Institutional guide
25	Completing and Processing the Form CMS-1450 Data Set		Not applicable to coding guidelines		Not applicable to the Institutional guide
26	Completing and Processing Form CMS-1500 Data Set		Not applicable to coding guidelines		Not applicable to the Institutional guide
27	Contractor Instructions for CWF		Not applicable to coding guidelines		Not applicable to the Institutional guide
28	Coordination with Medigap, Medicaid, and other Complementary Insurers		Not applicable to coding guidelines		Not applicable to the Institutional guide
29	Appeals of Claims Decisions		Not applicable to coding guidelines		Not applicable to the Institutional guide
30	Financial Liability Protections		Not applicable to coding guidelines		Not applicable to the Institutional guide

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31	ANSI X12N Formats Other than Claims or Remittance		Not applicable to coding guidelines		Not applicable to the Institutional guide
32	Billing Requirements for Special Services		Follow the code selection guidelines in the front matter of Appendix A		Follow the code selection guidelines in the front matter of Appendix A
33	Miscellaneous Hold Harmless Provisions		Not applicable to coding guidelines		Not applicable to the Institutional guide
34	Reopening and Revision of Claim Determinations and Decisions		Not applicable to coding guidelines		Not applicable to coding guidelines
35	Independent Diagnostic Testing Facility (IDTF)		Not applicable to coding guidelines		Not applicable to coding guidelines
36	Competitive Bidding		Not applicable to coding guidelines		Not applicable to coding guidelines
37	Department of Veteran Affairs (VA) Claims Adjudication Services Project		Not applicable to coding guidelines		Not applicable to coding guidelines
38	Emergency Preparedness Fee for Service Guidelines		Emergency Preparedness Fee for Service Guidelines		Not applicable to coding guidelines

N/A	N/A	Doula Services MS 256B.0625, Subd. 28B Doula Services	Coverage of Doula services applies to both DHS fee-for-service and managed care. Doula services are limited to seven <del>six</del> -sessions. Prior authorization with medical necessity documentation is required for any additional sessions beyond the seven <del>six</del> . Doula services must be provided under a supervising		
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			<p>practitioner (must be a physician, nurse practitioner, or certified nurse midwife) and billed on behalf of the doula under the supervising practitioner's NPI.</p> <p>Coding and billing for these services on the 837P are as follows:</p> <ul style="list-style-type: none"> <li>▪ S9445 U4 – ante-partum and post – partum Doula services</li> <li>▪ 99199 U4 – Doula attendance at labor and delivery</li> </ul>		
N/A	N/A	Home Infusion	<p>Medicare has limited coverage for home infusion services. Home Infusion services must be reported on the 837P transaction using applicable home infusion HCPCS codes (per diem S codes, CPT home infusion nurse visit codes, and drug codes). Providers must perform/provide all services as defined in order to report the S code(s). Related NDC codes for compounded products are itemized using the LIN and CTP segments.</p>		
N/A	N/A	Licensed Traditional Midwife Services (Not Certified Nurse Midwives)	<p>Minnesota group purchasers require that professional services by licensed traditional midwives be reported on an 837P transaction. Services rendered must be within the practitioner's scope of practice and are reported using the appropriate valid HCPCS code. The following place of service must be reported.</p> <p>Place of Service: 25 – Free-standing Birthing Center</p> <p>HCPCS Code:</p>		

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			<p>Appropriate delivery and/or other HCPCS code(s) describing the service(s) rendered.</p> <p>Global services (antepartum, delivery and postpartum) should not be fragmented. This includes but is not limited to, free-standing birthing center or home visits for pre- or post-natal care, stand by services, and post-delivery home visits.</p> <p>Fragmented services may be reported in certain circumstances:</p> <ul style="list-style-type: none"><li>• If the patient is transferred to another facility for delivery, report only the portion of care provided (antepartum and/or postpartum HCPCS codes).</li><li>• If only antepartum and/or postpartum care are provided, report the appropriate antepartum and/or postpartum HCPCS code.</li><li>• Global services may be split when the patient's prenatal/antepartum services are less than four visits (use E/M service).</li><li>• Routine lab test and ultrasounds may be reported in addition to the global package during the prenatal period. Urine dip sticks are considered part of the global package.</li></ul>		
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			Facility (Birthing Center) services related to the delivery or observation are reported on the 837I only.		
N/A	N/A			Freestanding Birth Centers	<p><b>Licensed birthing centers</b>            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:</p> <ul style="list-style-type: none"> <li>• <i>Type of Bill:</i>              084x – Special Facility – Freestanding Birthing Center (NOTE: TOB 084x will be considered outpatient. HCPCS codes are required with submitted revenue codes.)</li> <li>• <i>Revenue Code:</i> 0724 – Birthing Center</li> </ul> <p>Notes:            Ancillary services and/or items relating to delivery or labor 0724 are included under this revenue code and should not be reported separately.            There is no room and board charge for the mother and/or the baby.</p> <ul style="list-style-type: none"> <li>• <i>HCPCS Code:</i> Appropriate HCPCS code with revenue code 0724 for delivery, or S4005 when labor does not result in delivery.</li> </ul>

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					<b>Note:</b> Professional services related to the mother’s and newborn’s cares are reported on the 837P only.
N/A	TABLE A.5.2 -- Behavioral Health Procedure Code/Modifier Combinations: For Specific Benefit Packages Unique To Minnesota Government Programs	<b>Certified Family Peer Specialist – DHS</b>	Services are for children under the following codes with the HA modifier. For mental health services only; 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	<b>Certified Family Peer Specialist – DHS</b>	Services are for children under the following codes with the HA modifier. For mental health services only; 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

**837I:**

**A.5.2 Behavioral Health Procedure Code/Modifier Combinations for Specific Benefit Packages Unique to Minnesota Government Programs**

**A.5.2.1. Mental Health-Related Modifiers Appearing in Table A.5.2**

UA	<del>Children’s Therapeutic Services and Supports (CTSS)</del>
UD	<del>Transition to community living (Adult Rehabilitation Mental Health Services (ARMHS))</del>
U1	<del>Dialectical Behavioral Therapy</del>
U5	<del>Advanced level specialist</del>

**A.5.2.2. Behavioral Health Programs Listed in Table A.5.2**

**Yellow** = no action or changes as noted; changes in **red**

Table A.5.2 shows code/modifier combinations for the programs listed below that are administered by the Minnesota Department of Humans Services (DHS). In the electronic version of this document, clicking on the program from the list below will take the reader to the program listing in Table A.5.2.

- ~~Assertive Community Treatment (ACT)~~
- ~~Adult Crisis Response Services~~
- ~~Children's Mental Health Crisis Response Services~~
- Mental Health Targeted Case Management (MH-TCM)
- Children's Mental Health Residential Treatment Services
- Intensive Residential Treatment Services (IRTS)
- Adult Day Treatment
- Children's Day Treatment
- ~~Children's Therapeutic Services and Supports (CTSS)~~
- ~~Adult Rehabilitative Mental Health Services (ARMHS)~~
- ~~Peer Services~~
- Mental Health Diagnostic Assessment
- ~~Dialectical Behavior Therapy~~
- ~~Youth Assertive Community Treatment~~
- ~~Intensive Treatment in Foster Care~~
- ~~Mental Health Family Psychoeducation Services~~

<p><b>Assertive Community Treatment (ACT)</b> Back to list of behavioral health programs</p>	<p><del><input type="checkbox"/> An intensive, comprehensive, non-residential rehabilitative mental health services (ARMHS) team model. Consistent with ARMHS – multidisciplinary total team approach.</del></p> <p><del><input type="checkbox"/> Patients with serious mental illness who require intensive services; time unlimited basis, available 24/7/365.</del></p> <p><del><input type="checkbox"/> Face-to-face, all-inclusive daily rate.</del></p> <p><del><input type="checkbox"/> One provider per day</del></p>	<p><b>Codes:</b> <del><input type="checkbox"/> H0040 – Assertive community treatment program, per diem</del></p>
<p><b>Adult Crisis Response Services</b> Back to list of behavioral health programs</p>	<p><del><input type="checkbox"/> County or county contracted mental health professional, practitioner, or rehab worker; or crisis intervention team.</del></p> <p><del><input type="checkbox"/> Crisis assessment, intervention, stabilization, community intervention.</del></p> <p><del><input type="checkbox"/> Immediate, face-to-face evaluation, determine need for emergency services or referrals to other resources.</del></p>	<p><b>Codes:</b> <del><input type="checkbox"/> S9484 – Adult individual crisis assessment, intervention and stabilization, individual, by mental health professional or practitioner</del></p> <p><del><input type="checkbox"/> S9484 HM – Adult crisis assessment, intervention and stabilization, individual, by mental health rehabilitation worker</del></p>

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		<p><del><input type="checkbox"/> S9484 HN— Adult crisis assessment, intervention and stabilization, individual, by mental health practitioner</del></p> <p><del><input type="checkbox"/> S9484 HQ— Adult crisis stabilization, group</del></p> <p><del><input type="checkbox"/> H0018— Adult crisis stabilization, residential</del></p> <p><del><input type="checkbox"/> 90882 HK— Environmental intervention for medical management, community intervention</del></p> <p><del><input type="checkbox"/> 90882 HK HM— Environmental intervention for medical management, community intervention, mental health rehabilitation worker</del></p>
<p><b>Children's Mental Health Crisis Response Services</b> Back to list of behavioral health programs</p>	<p><del><input type="checkbox"/> Intensive face-to-face, short-term services initiated during a crisis; provided on-site by a mobile crisis response team.</del></p> <p><del><input type="checkbox"/> County or county contracted agency.</del></p>	<p>Codes:</p> <p><del><input type="checkbox"/> S9484 UA— Crisis intervention mental health services, per hour, Children's Crisis Response Services, mental health professional</del></p> <p><del><input type="checkbox"/> S9484 UA HN— Crisis intervention mental health services, per hour, Children's Crisis Response Services, bachelor's degree level mental health practitioner</del></p>
<p><b>Children's Therapeutic Services and Supports (CTSS)</b> Back to list of behavioral health programs</p>	<p><del><input type="checkbox"/> Rehabilitative services that offer a broad range of medical and remedial services and skills to help restore individuals' self-sufficiency/functional abilities – a flexible package of mental health services for children.</del></p>	<p>Codes:</p> <p><del><input type="checkbox"/> 90832 UA— Psychotherapy w/patient and/or family, 30 minutes, CTSS</del></p> <p><del><input type="checkbox"/> 90833 UA— Psychotherapy w/patient and/or family, 30 minutes with an E/M*, CTSS</del></p> <p><del><input type="checkbox"/> 90834 UA— Psychotherapy w/patient and/or family, 45 minutes, CTSS</del></p> <p><del><input type="checkbox"/> 90836 UA— Psychotherapy w/patient and/or family, 45 minutes with an E/M*, CTSS</del></p> <p><del><input type="checkbox"/> 90837 UA— Psychotherapy w/patient and/or family, 60 minutes, CTSS</del></p> <p><del><input type="checkbox"/> 90837 UA plus 99354 Psychotherapy w/patient and/or family 60 minutes, CTSS</del></p> <p><del><input type="checkbox"/> 90838 UA— Psychotherapy w/patient and/or family, 60 minutes with E/M*, CTSS</del></p>

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		<p><del>□ 90839 UA - Psychotherapy for crisis, first 60 minutes, CTSS</del></p> <p><del>□ 90840 UA - Each additional 30 mins [add on to 90839], CTSS</del></p> <p><del>□ 90846 UA - Family psychotherapy without patient, CTSS</del></p> <p><del>□ 90847 UA - Family psychotherapy with patient, CTSS</del></p> <p><del>□ 90849 UA - Multiple family group psychotherapy, CTSS</del></p> <p><del>□ 90853 UA - Group psychotherapy, CTSS</del></p> <p><del>□ 90875 UA - Individual psychophysiological therapy incorporating biofeedback by any modality, with psychotherapy, 30 minutes, CTSS</del></p> <p><del>□ 90876 UA - Individual psychophysiological therapy incorporating biofeedback by any modality, with psychotherapy, 45 minutes, CTSS</del></p> <p><del>□ H2014 UA - Skills training &amp; development, individual, per 15 minutes, CTSS</del></p> <p><del>□ H2014 UA HQ - Skills training &amp; development, group, per 15 minutes, CTSS</del></p> <p><del>□ H2014 UA HR - Skills training &amp; development - family, per 15 minutes, CTSS</del></p> <p><del>□ H2015 UA - Comprehensive community support services - crisis assistance, 15 minutes, CTSS</del></p> <p><del>□ H2019 UA - Therapeutic behavioral services, Level I Mental Health Behavioral Aide (MHBA), 15 minutes, CTSS</del></p> <p><del>□ H2019 UA HM - Therapeutic behavioral services, Level II MHBA, 15 minutes, CTSS</del></p> <p><del>□ H2019 UA HE - Therapeutic behavioral services direction of MHBA, 15 minutes, CTSS</del></p>
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		<p><del>*(Use 90833-UA, 90836-UA or 90838-UA in conjunction with 99201-99255 where documentation supports per CPT manual)</del>  <del>#(Use 90785-UA in conjunction with 90832-90838 when psychotherapy includes interactive complexity services)</del></p>
<p><b>Adult Rehabilitative Mental Health Services (ARMHS)</b>  Back to list of behavioral health programs</p>	<p>Develop and enhance psychiatric stability, social competencies, personal and emotional adjustment and independent living and community skills.</p>	<p>Codes:</p> <p><del><input type="checkbox"/> H2017 - Basic living and social skills, individual; mental health professional or practitioner, per 15 minutes</del>  <del><input type="checkbox"/> H2017 HM - Basic living and social skills, individual; mental health rehabilitation worker, per 15 minutes</del>  <del><input type="checkbox"/> H2017 HQ - Basic living and social skills, group; mental health professional, practitioner, or rehabilitation worker, per 15 minutes</del>  <del><input type="checkbox"/> H2017 UD - Basic living and social skills, transitioning to community, mental health professional or practitioner</del>  <del><input type="checkbox"/> H2017 UD HM - Basic skills, transitioning to community, less than bachelor's degree level, mental health rehabilitation worker</del>  <del><input type="checkbox"/> 90882 - Environmental/community intervention, mental health professional or practitioner</del>  <del><input type="checkbox"/> 90882 HM - Environmental/community intervention, mental health rehabilitation worker</del>  <del><input type="checkbox"/> 90882 UD - Environmental/community intervention; transition to community living intervention</del>  <del><input type="checkbox"/> 90882 UD HM - Environmental/community intervention; transition to community living intervention, less than bachelor's degree level, mental health rehabilitation worker</del>  <del><input type="checkbox"/> H0034 - Medication education, individual: MD, RN, PA or Pharmacist</del></p>

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		<del><input type="checkbox"/> H0034 HQ—Medication education, group setting</del>
<b>Peer Services</b> Back to list of behavioral health programs	<del>Non-clinical support counseling services provided by certified peer specialist.</del>	<del>Codes: <input type="checkbox"/> H0038—Certified peer specialist services, per 15 minutes <input type="checkbox"/> H0038 U5—Advanced level certified peer specialist services, per 15 minutes</del>
<b>Dialectical Behavior Therapy</b> Back to list of behavioral health programs	<del>Dialectical behavior therapy (DBT) is a treatment approach provided in an intensive outpatient treatment program (IOP) using a combination of individualized rehabilitative and psychotherapeutic interventions. A DBT IOP program involves individual therapy, group skills training, telephone coaching, and consultation team meetings.</del>	<del>Codes: <input type="checkbox"/> H2019 U1—Therapeutic behavioral services, per 15 minutes, DBT <input type="checkbox"/> H2019 U1 HN—Therapeutic behavioral services, per 15 minutes, DBT, by qualified trainee <input type="checkbox"/> H2019 U1 HA—Therapeutic behavioral services, per 15 minutes, DBT, adolescent <input type="checkbox"/> H2019 U1 HA HN—Therapeutic behavioral services, per 15 minutes, DBT, adolescent, by qualified trainee <input type="checkbox"/> H2019 U1 HQ—Therapeutic behavioral services, per 15 minutes, DBT, group <input type="checkbox"/> H2019 U1 HQ HN—Therapeutic behavioral services, per 15 minutes, DBT, group, by qualified trainee <input type="checkbox"/> H2019 U1 HQ HA—Therapeutic behavioral services, per 15 minutes, DBT, group, adolescent <input type="checkbox"/> H2019 U1 HQ HA HN—Therapeutic behavioral services, per 15 minutes, DBT, group, adolescent, by qualified trainee</del>
<b>Youth Assertive Community Treatment</b> Back to list of behavioral health programs	<del>Intensive nonresidential rehabilitative mental health services as adapted for youth ages 16 to 21.</del>	<del><input type="checkbox"/> H0040 HA—Assertive community child/adolescent treatment program per diem, ages 16 through 20</del>
<b>Intensive Treatment in Foster Care</b> Back to list of behavioral health programs	<del>Intensive treatment services to children with mental illness residing in foster family settings. (MS 256B.0946 Intensive Treatment in Foster Care)</del>	<del>Codes: <input type="checkbox"/> S5145—Foster care, therapeutic, child; per diem <input type="checkbox"/> HE—Mental health program</del>

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	<p><del>(1) Psychotherapy provided by a mental health professional;</del>  <del>(2) Crisis assistance provided according to standards for children's therapeutic services and supports;</del>  <del>(3) Individual, family, and group psychoeducation services by a mental health professional or a clinical trainee;</del>  <del>(4) Clinical care consultation provided by a mental health professional or a clinical trainee; and</del>  <del>(5) Service delivery payment requirements as provided under subdivision 4.</del></p>	<p><del>Bill only one per diem code per day regardless of the number of services or who provides services.</del></p>
<p><b>Mental Health Family Psycho-education Services</b>  Back to list of behavioral health programs</p>	<p><del><input type="checkbox"/> Family psychoeducation services provided to a child up to age 21 with a diagnosed mental health condition and provided by licensed mental health professional or a clinical trainee, as defined in Minnesota Rules, part 5 9505.0371, subpart 5, item C.</del>  <del><input type="checkbox"/> Information or demonstration provided to an individual, family, multifamily group, or peer group session to explain, educate, and support the child and family in:</del>  <del>o understanding a child's symptoms of mental illness;</del>  <del>o the impact on the child's development;</del>  <del>o needed components of treatment; and</del>  <del>o skill development.</del></p>	<p><del>Codes:</del>  <del><input type="checkbox"/> H2027 - Individual</del>  <del><input type="checkbox"/> H2027 HQ - Group (peer group)</del>  <del><input type="checkbox"/> H2027 HR - Family with client present</del>  <del><input type="checkbox"/> H2027 HS - Family without client present</del>  <del><input type="checkbox"/> H2027 HQ HR - Multiple different families with clients present</del>  <del><input type="checkbox"/> H2027 HQ HS - Multiple different families without clients present</del>  <del><input type="checkbox"/> H2027 HN - Individual, clinical trainee</del>  <del><input type="checkbox"/> H2027 HQ HN - Group (peer group), clinical trainee</del>  <del><input type="checkbox"/> H2027 HR HN - Family with client present, clinical trainee</del>  <del><input type="checkbox"/> H2027 HS HN - Family without client present, clinical trainee</del>  <del><input type="checkbox"/> H2027 HQ HR HN - Multiple different families with clients present, clinical trainee</del>  <del><input type="checkbox"/> H2027 HQ HS HN - Multiple different families without clients present, clinical trainee</del></p>