

AUC Medical Code TAG

Approved Minutes - November 12, 2015

<p>1. Welcome and Introductions</p> <p>a. Attendance tracking: Deb Sorg deb.a.sorg@healthpartners.com</p> <p>b. Membership request and/or updates: Deb Sorg deb.a.sorg@healthpartners.com</p>	<p>Faith convened meeting. Requested those on phones email their attendance to Deb Sorg.</p>	<p>Completed.</p>
<p>2. Review of Antitrust Statement</p>	<p>Faith read anti-trust statement</p>	<p>No discussion.</p>
<p>3. Review of last meeting's minutes – October 27, 2015</p>	<p>Corrections to the minutes (Agenda Item #4, DTs and ADTs SBAR discussion) were made and additional corrections were requested. However, it was decided that clarification was needed from the presenter, Julie Marquardt regarding TAG agreed to postpone vote to approve minutes until discussion r until next meeting</p>	<p>Kathy will follow-up with Julie at DHS to clarify Delta Dental discussion.</p> <p>See revised minutes</p>
<p>4. Teledentistry – Kathy Sijan</p>	<p>Does this apply to two dentists in the same practice – primary care dentist; specialty practitioner? Code list is not sufficient; additional information would be needed to fully understand what is considered a consultation for accurate coding.</p> <p>Discussion about whether the GT and GQ modifiers used for telemedicine could be used for tele-dentistry along with the recommended U9 modifier DHS is proposing. It was felt if possible, it would clearly distinguish tele-dentistry services.</p> <p>TAG member confirmed there is a place on electronic dental claim for modifier. 2012 Paper dental form 34a has space for diagnosis 9 vs. 10 indicator.</p>	<p>OPEN</p> <p>Kathy will develop grid along with additional scenarios – to include definition of location, providers, and services</p> <p>Services must be provided via video or stored forward</p> <p>Kathy will confirm billing site.</p>
<p>5. SBAR - Public Health Response Condition Codes– Tess Konen, MDH – see SBAR</p>	<p>Tess presented Public Health Response Condition Codes and a brief Q&A with TAG members followed.</p> <p>The TAG stated that conditions codes currently exist for use by hospitals and, in instances where there is a condition code, Minnesota Rule states to follow Medicare. It was further stated that condition codes are not used on the professional claims and it would probably be best if external causes codes are used to capture data needed for disaster-related tracking and surveillance.</p>	<p>CLOSED</p>

	The TAG made several suggestions to Tess including to request a code from National Uniform Billing Committee (NUBC); to request disaster-related codes from the CDC ICD-10 Coordination and Maintenance Committee; and to contact with Poison Control Center, trauma registries and the National Coordinator for the Office of Health Technology for public health reporting.	
6. Behavior Health Home (BHH) – Kathy Sijan, DHS	Discussion postponed	OPEN
7. Next regularly scheduled meeting:	December 10, 2015, 9:00-12:00, St. Croix Room – 1st floor, HealthPartners, 8170 Building, Bloomington.	CLOSED