

**Title of Meeting: AUC Medical Code TAG**  
**Date and Time of Meeting - Tuesday, March 10, 2016, 9:00 a.m. to 12:00 a.m.**  
**Location: HealthPartners, 8170 Building, Bloomington, St. Croix – 1<sup>st</sup> floor**

**Minutes By:** Judy Edwards and Faith Bauer

Agenda Item	Discussion	Action/Next Steps
<b>1. Welcome and Introduction</b> a. Attendance tracking: Deb Sorg <a href="mailto:deb.a.sorg@healthpartners.com">deb.a.sorg@healthpartners.com</a> b. Membership request and/or updates: Deb Sorg <a href="mailto:deb.a.sorg@healthpartners.com">deb.a.sorg@healthpartners.com</a>	Members were asked to introduce themselves and their organizations. Those attending via teleconference/WebEx were requested to send Deb attendance via email and include name and organization.	Completed
<b>2. Review of Antitrust Statement</b>	Faith read anti-trust statement.	No discussion
<b>3. Review of last meeting's minutes – February 23, 2016</b>	Minor corrections were made to Agenda Item #4 Companion Guide Comment(s) Review, noted below: <ul style="list-style-type: none"> <li>• the word “of” was added to the paragraph after the #1 bullet; and</li> <li>• “to” was deleted in the first sentence of the third paragraph after bullet #4.</li> </ul> A motion was made and seconded to approve minutes with corrections. TAG voted unanimously to approve.	CLOSED
<b>4. Companion Guide Comment(s) Review</b>	Some TAG members stated that removing “Do not follow Medicare rounding rules” from Section A.3.4.2 in the front matter caused much confusion regarding Minnesota’s rule regarding rounding time (units). Due to the many inquiries received, the TAG agreed to provide instructions in the front matter and made changes to the fourth bulleted paragraph in the front matter section, <b>A.3.4.2 Units (basis for measurement)</b> as follows: “(See rounding rules instructions for OT/PT/SLP in Chapter 5 of Appendix A, Table A.5.1)” after the second sentence.  All public comments without final (completed) and approved SBARs will not be added to the guides. Consequently the TAG requested the recommendations reflect their decisions regarding all public comments, including those the TAG voted to not approve which are as follows and that their decisions be documented in today’s minutes: <ul style="list-style-type: none"> <li>• Table A.5.2.1 - Mental Health-Related Modifiers Appearing in Table A.5.2: Request to revise U modifiers. TAG agreed</li> </ul>	<b>OPEN</b> An email vote will be sent to members.

	<p>not to accept these changes due to lack of approved SBAR.</p> <ul style="list-style-type: none"> <li>• Table A.5.2 – Behavioral Health Procedure Code/Modifier...: Request to add coding for MH Service Development Plan into to Adult Rehabilitative Mental Health Services (ARMHS) benefits. TAG agreed not to accept the requested changes due to lack of approved SBAR. The original MH Service Plan Development SBAR dated April 14, 2014 was closed. Subsequent SBARs submitted to the MCT had not been approved.</li> <li>• Table A.5.2 – (same as above): TAG rejected request to include MH Service Development Plan codes into ARMHS benefits.</li> <li>• Tables A.5.3.i and A.5.3.ii – Outpatient Services: Request for add J codes was rejected by the MCT.</li> </ul> <p>Previously submitted SBARs that have undergone changes, for example, title changes, recommended coding changes, and combined services will be closed and the SBAR originator will have to resubmit a new SBAR for the MCT consideration.</p> <p>DHS must submit a new SBAR for modifier change request to the mental health modifier table in Appendix A, table A.5.2.1 and to revise the ARMHS services and coding.</p> <p>Motion made and seconded to approve responses to comments as discussed and revised. Responses to public comments received on the 837P and 837I approved unanimously.</p> <p>Motion made to accept guide as revised based on recommendations approved as of today and forward to Ops for review and approval.</p>	
<p><b>5. SBAR - Mental Health Service Plan Development - REOPEN – Kathy Sijan, DHS</b></p>	<p>Closed – DHS will have to resubmit SBAR for ARMHS changes</p>	<p>CLOSED</p>
<p><b>6. SBAR – ADDENDUM – EIDBI/Autism Modifier 60 Day Temporary ABA/DBI Increase – Kathy Sijan, DHS</b></p>	<p>SBAR approved</p>	<p>CLOSED</p>
<p><b>7. SBAR – ADDENDUM – CFSS Community First Services and Supports - Increase – Kathy Sijan, DHS</b></p>	<p>No discussion due to time constraints</p>	<p>OPEN</p>
<p><b>8. AUC Coding Recommendation Table Review</b></p>	<p>No discussion due to time constraints</p>	<p>OPEN</p>

9. Miscellaneous - SBAR Review	No discussion due to time constraints	OPEN
10. Teledentistry – Kathy Sijan	No discussion due to time constraints.	OPEN
11. SBAR - Intensive Outpatient Mental Health Program for Pregnant and Postpartum Women with Children ages 0-5 – Claire Persons, HCMC	<p>DHS recognizes DBT IOPs but not non-DBTs IOPs</p> <p>Are payers willing to contract with HCMC for these services?</p> <p>HP uses S9480 for other services. Would need to be able to distinguish this program for something else. Code is currently being used to describe other services and would need something else to describe this program.</p> <p>Did DHS indicated they are interested? Yes, because postpartum and pre-natal are common. PrairieCare is using code with private payers as well as others. Questions addressed by Dr. Kim were:</p> <p>Will this be considered partial hospitalization? No, this is a step-down; two days as outpatient 3/hours a day. DHS is keeper of the U modifier. For other programs/who are they serving? BCBS S9480 behavioral health diagnosis only. Can be standard for intensive outpatient program. Not outpatient or day treatment. Is it psychiatric services? Would be difficult to track. Is this program just for pregnant and postpartum only? There is a modifier; What diagnosis would you be reporting for billing purposes? Major depression; bipolar, severe stress, etc. psychiatric program. Psychiatric service; will be charging per day. Intensive, psychiatric outpatient—how does it differ from other services? Because it is a per diem code; when other facilities use this code. The issue is that Medicare will probably never touch this; we don't discuss everything a payer would want to do that is contracting. If code fits service you're rendering. Is there any reason you would want to track for this? Is this a benefit for DHS? How do they regard PMAP people?</p> <p>Further discussion is postponed until DHS is in attendance Faith asked other payers to determine if their organizations use the S9480 code. Coding is appropriate for services being rendered.</p> <p>Recommend HCMC talk to payers to see if they would cover it? If DHS has to identify program, it will perhaps come back to the AUC. Mental health pregnancy code and postpartum code would be used. Are these moms that would be in the postpartum stage? If you want to distinguish it, you have to S code is charge code (CPT) and it goes on</p>	<p>CLOSED</p> <p>(Will place in FAQ)</p>

	<p>claim. In addition, a diagnosis code is required.</p> <p>Next layer of onion, unique pregnancy code and postpartum code.  Payers' discussion should be recognition for these service codes.  Diagnosis is important, payers make sure services are compatible with codes; apply right buckets of benefits, i.e., mental health or pregnancy in order to apply the correct contracting and subscriber.</p>	
<b>12. Miscellaneous - SBAR Review</b>	No review or discussion of remaining SBARs due to time constraints.	OPEN
<b>13. Additional Agenda Items/ Announcements</b>	<ul style="list-style-type: none"> <li>• March 22 meeting is cancelled.</li> <li>• Carolyn announced the MN AAPC conference has been scheduled. She will forward conference details to TAG members.</li> <li>• Next regularly scheduled meeting: April 14, 9:00-12:00, St. Croix Room – 1st floor, HealthPartners, 8170</li> </ul>	CLOSED