Administrative Uniformity Committee

AGENDA – MEDICAL CODE TECHNICAL ADVISORY GROUP (MCT)
Thursday, October 13, 2016
9:00 a.m. to 12:00 a.m.
Location: HealthPartners, 8170 Building, Bloomington, St. Croix – 1st floor

Webex Information

Teleconference Information:

Call-in line: 1-712-832-8300

Participant Access Code: 337213#

**Callers are responsible for any
long distance charges.**

1. **Welcome and Introductions**
   - **Attendance tracking: Deb Sorg**
     deb.a.sorg@healthpartners.com
   - **Membership request and/or updates:
     Deb Sorg** deb.a.sorg@healthpartners.com

2. **Review of Antitrust Statement**

3. **Review of last meeting's minutes** – September 8, 2016

1. To start the webex session, go to:
https://health-state-mn-ustraining.webex.com.

2. Under "Attend a Session "click "Live Sessions"

3. Click on the session for "AUC Medical Code TAG"

4. Provide your name, email address, and the following password: Mct2010! (Note: the password must be typed in; it cannot be cut and pasted. The exclamation point is part of the password)

5. Click "Join now"

4. **Community Emergency Medical Technician Services – Shawnet Healy, DHS**

4/14/16: Shawnet Healy presented information on an upcoming SBAR. She will build an SBAR for review. The legislated effective date is expected to be 1/1/2017. The service starts with a request from the primary practitioner to the EMT. The EMT visits the patient's home to check on/assess the patient including performing minor vitals. These services by the EMT has been shown to reduce patient readmissions. The billing would be done the same as the Community Paramedic; however, the EMT has a higher scope of practice. The anticipated code would be T1028.	OPEN
5/12/16: Waiting for SBAR.	OPEN
6/9/16: Do not have official SBAR. Shawnet distributed current legislative language; will need to be approved by CMS. Working with federal lawyers for submission to CMS. Trying to determine to use T1028 or T1016. T1028 appears to be more appropriate (assessment of home, physical and family environment to determine suitability to meet patient's medical needs) – fits services EMTs perform most. The modifier is being discussed at DHS and will be used to identify that services was provided by EMT. Billing is 15-minute increments. Will confirm if modifier is needed to identify billing units. No travel, no mileage; only face-to-face time	OPEN
7/14/16: Shawnet stated that the CEMT is authorized to provide two types of services, a safety home check for repeated fall calls and discharge review for nursing home and hospital patients. She further explained that CEMT visits for nursing home and hospital discharges are limited to one visit and that CEMTs will perform a safe home check and patient discharge services at the same time for nursing home discharge review. The TAG discussed the CEMT SBAR and determined that an additional modifier is required to describe the 15-minute unit for CEMT services provided because HCPCS T1028 is not a timed based code. One of	OPEN

the members stated that where there is no time verbiage in the description, it is one per day. DHS agreed that an additional modifier is needed and recommended use of UD for the 15 minute unit. The MCT agreed and voted to approve T1028 U2 UD. However, Shawnet will revise the SBAR. It was also suggested to revise the table in the 837P to Medicaid only or move CEMT entry to DHS only program. This issue will be discussed and resolved at future MCT meetings	
9/8/16 Would like to confirm with Shawnet that recommendations are final and no changes are needed. Decision made to leave open and discuss next month.	OPEN

5. Telemedicine – JoAnne Wolf, Children's Health Network

The expanded telemedicine benefit is a legislated benefit effective for state public programs 1/1/16 and then is effective for commercial plans on 1/1/17. I think we need to make sure we have some coding guidelines for this service or if using the telemedicine modifiers on an E/M would work. POS might be an issue though since the patient could be located anywhere (home, work, etc.) not just at a host facility.

9/8/16: Questions raised regarding newly legislated benefits expanded so that now patients can be anywhere and services performed will be HIPAA compliant. How to report services? What HCPCS or CPT codes are to be used? DHS requires attestation for all of its state public programs. Will attestation be implemented by all commercial plans by January 1, 2017? It was agreed that guidance is needed. Researched place of service for telehealth (POS); and found there is nothing available that addresses telehealth services being provided at a patient's home. POS for telehealth being proposed by CMS addresses typical telemedicine not Skype type visits or e-visits. Issue to be resolved is billing for online video consult. Need to define visit type – e-visit or video. Issues regarding privacy of Skype/electronically provided services. Issues – need to see CMS policy, to include POS to determine how it fits under Minnesota's telemedicine policy. AUC, what is Medicare policy; do we want a state policy different from Medicare benefit. How does MN differ from Medicare? Should there be a different MN rule. Also consider AMA website The TAG decided to consider the national guidelines being proposed by CMS and the AMA and then determine Minnesota's position, i.e., to follow Medicare or to develop a Minnesota rule. MCT will also review AMA's website to determine what information available regarding telemedicine/telehealth and include in discussion. The TAG will meet after the national guidelines have been published on Thursday, December 1, 2016 from 9:30 am to 11:30 a.m. 2nd Floor, Cedar Room.	OPEN – Pending info from CMS/AMA. SBAR may be needed.

6. DHS and Companion Guide Maintenance – David Haugen, MDH

AUC Executive Committee discussed the increasing challenges of synchronizing DHS-specific information with the companion guide maintenance process, as evidenced by the lengthy maintenance process this year and the need to revote the guide as a result of the ARMHS changes. The Exec Committee agreed to include the issue on the agenda for the September Operations meeting for review and discussion.

9/8/16: This agenda item had been discussed previously by the MCT at its April 14th meeting. Due to the length of time to complete the 2015 annual maintenance of the 837P and 837I Minnesota Uniform Companion Guides, it was suggested that DHS programs be removed from the companion guide and replaced by a link to DHS website. The MCT maintains it position that DHS programs remain in the guide. Concerns were discussed and questions regarding the impact the removal of DHS programs would have on other payers. Options to consider if DHS programs were removed included the following: 1) If commercial plan and you plan on implementing some of DHS programs, you must follow coding on DHS MHCP provider manual at: http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_000094 (2) It was also suggested that the list of programs remain in the guide and that the coding for each program be removed from the guide. Other questions raised were: How can we make exception to one payer if it is the law? What happens when coding differs from CMS or CMS does not address it? MCT would like for Dave to present a mockup of the guide to demonstrate what he is proposing or what the guide would look like.	OPEN

7. Decision Tree Creation Reminder– Judy Edwards, MDH

TAG members need to create a decision tree for SBARs and present for discussion and approval.

9/8/16: Judy reminded the MCT that members were asked to come up with their version of a decision tree to be reviewed by the TAG at a future meeting. To date, Faith has not received any proposed decision trees from anyone. Medical Code TAG members are requested to submit their version of a decision tree to Judy and Faith prior to the October meeting so they can be incorporated	OPEN

| into one document. The next meeting is October 13; decision tree forms are due to Faith and Judy by end of day on Thursday, October 6. | |

8. **Additional Agenda Items/ Announcements**

- Next scheduled meeting: December 1, 9:30-12:30, Cedar – 2nd floor, HealthPartners, 8170 Building, Bloomington.
- The November will be canceled because of conflicts with the state and CPT coding symposiums.
- Reminder: *AUC UPDATE* newsletter coding article volunteers needed.

Draft

Agenda Item	Discussion	Action Item
1. **Welcome and Introductions, Attendance tracking: Deb Sorg** deb.a.sorg@healthpartners.com**, Membership request and/or updates: Deb Sorg** deb.a.sorg@healthpartners.com	Faith convened meeting and took attendance. Reminded teleconference attendees to email Deb Sorg at deb.a.sorg@healthpartners.com. Any updates should be sent to Deb Sorg via email at deb.a.sorg@healthpartners.com	Closed
2. **Review of Antitrust Statement**	Faith read AUC anti-trust statement.	Closed
3. **Review of last meeting's minutes** – July 14, 2016	Minutes were reviewed and approved	Closed
4. **Community Emergency Medical Technician Services – Shawnet Healy, DHS**	Would like to confirm with Shawnet that recommendations are final and no changes are needed. Decision made to leave open and discuss next month.	OPEN
5. **Protected Transport - DHS**	SBAR was approved by both MCT via and email vote and AUC Ops.	Closed
6. **Telemedicine – JoAnne Wolf, Children's Health Network**	Questions raised regarding newly legislated benefits expanded so that now patients can be anywhere and services performed will be HIPAA compliant. How to report services? What HCPCS or CPT codes are to be used? DHS requires attestation for all of its state public programs. Will attestation be implemented by all commercial plans by January 1, 2017? It was agreed that guidance is needed. Researched place of service for telehealth (POS); and found there is nothing available that addresses telehealth services being provided at a patient's home. POS for telehealth being proposed by CMS addresses typical telemedicine not Skype type visits or e-visits. Issue to be resolved is billing for online video consult. Need to define visit type – e-visit or video. Issues regarding privacy of Skype/electronically provided services. Issues – need to see CMS policy, to include POS to determine how it fits under Minnesota's telemedicine policy. AUC, what is Medicare policy; do we want a state policy different from Medicare benefit. How does MN differ from Medicare? Should there be a different MN rule. Also consider AMA website The TAG decided to consider the national guidelines being proposed by CMS and the AMA and then determine Minnesota's position, i.e., to follow Medicare or to develop a Minnesota rule. MCT will also	OPEN – Pending info from CMS/AMA. SBAR may be needed.

		review AMA's website to determine what information available regarding telemedicine/telehealth and include in discussion. The TAG will meet after the national guidelines have been published on Thursday, December 1, 2016 from 9:30 am to 11:30 a.m. 2nd Floor, Cedar Room.	
7.	**Telehealth Place of Service (POS) – Barb Andreasen, Allina Health** – see SBAR	No action needed – presented as an FYI only. The SBAR has been delegated to the Claims DD TAG for consideration.	Closed
8.	**DHS and Companion Guide Maintenance – David Haugen, MDH**	This agenda item had been discussed previously by the MCT at its April 14th meeting. Due to the length of time to complete the 2015 annual maintenance of the 837P and 837I Minnesota Uniform Companion Guides, it was suggested that DHS programs be removed from the companion guide and replaced by a link to DHS website. The MCT maintains it position that DHS programs remain in the guide. Concerns were discussed and questions regarding the impact the removal of DHS programs would have on other payers. Options to consider if DHS programs were removed included the following: 1) If commercial plan and you plan on implementing some of DHS programs, you must follow coding on DHS MHCP provider manual at: http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_000094. 2) It was also suggested that the list of programs remain in the guide and that the coding for each program be removed from the guide. Other questions raised were: How can we make exception to one payer if it is the law? What happens when coding differs from CMS or CMS does not address it? MCT would like for Dave to present a mockup of the guide to demonstrate what he is proposing or what the guide would look like.	OPEN
9.	**Coding Recommendation Grid Update Criteria – Judy Edwards, MDH**	Judy asked the TAG how often should the coding recommendation grid be updated to include SBARs approved by the AUC Ops or should the grid be approved when the AUC Ops approve the MCT SBAR response(s).and should a second vote by the MCT be taken The TAG agreed that the Coding Recommendation Grid should be updated as SBAR recommendations are approved by Ops rather than being updated and presented to the MCT to approve. Since the new SBAR form has been revised to include the disposition status of the coding issue and the date the SBAR response was approved by Ops, the Grid should be updated without further delay.	Closed
10.	**Decision Tree Creation Reminder– Judy Edwards, MDH**	Judy reminded the MCT that members were asked to come up with their version of a decision tree to be reviewed by the TAG at a future meeting. To date, Faith has not received any proposed decision trees from anyone. Medical Code TAG members are requested to submit their version of a decision tree to Judy and Faith prior to the October meeting so they can be incorporated into one document. The next meeting is October 13; decision tree forms are due to Faith and Judy by end of day on Thursday,	OPEN

		October 6.	
11.	**Additional Agenda Items/ Announcements**	• Carolyn reported that during an audit, PreferredOne discovered that 99420, a Code for post-partum maternal health depression screenings was also being used to code pre-natal maternal health depression screenings. She stated there are both State mandate and ACA regulations these screenings can be performed pre-natal. • Next regularly scheduled meeting: October 13, 9:00-12:00, St. Croix Room – 1st floor, HealthPartners, 8170 Building, Bloomington. • The November will be canceled because of conflicts with the state and CPT coding symposiums. • An additional meeting will be scheduled: December 1, 2016, 9:30 am–12:30 pm, Cedar conference room, at HeathPartners. • Reminder: *AUC UPDATE* newsletter coding article volunteers needed.	Closed

AUC BUSINESS NEED EXPLANATION FORM (SBAR)

<table>
<tr>
<td colspan="4">TO BE COMPLETED BY THE MINNESOTA DEPARTMENT OF HEALTH</td>
</tr>
<tr>
<td colspan="2">Date Received:</td>
<td>Log No.:</td>
<td>Date Closed:</td>
</tr>
<tr>
<td>Date Sent to AUC Executive Committee:</td>
<td>Date Sent to AUC TAG Co-chair(s):</td>
<td>TAG Recommendation:
_____ Accept
_____ Reject</td>
<td>Date Decision Sent to Originator:</td>
</tr>
</table>

REMINDER: After completing sections I and II, submit to the AUC inbox at **health.AUC@state.mn.us**. The Medical Code TAG Decision Tree form must be completed for <u>medical coding issues</u> and submitted with the SBAR. It is recommended that the Decision Tree form be completed first.

Section I – SBAR Short Title, Date, and Contact information (Person submitting the SBAR and/or Subject Matter Expert). All fields must be completed. Incomplete forms will be returned to the submitter.

SBAR Short title (Required): **CEMT provider type legislation 256B.0625, sec. 13, subd. 60a**

Version #: **2**

Date submitted to AUC (Required): **7-15-16**

Contact Information for person completing this form (Required):

Name: Shawnet Healy

Title: MN DHS Benefit Policy Specialist

Email address: Shawnet.healy@state.mn.us

Telephone: 651.431.3721

Organization Information (Required):

Name: MN DHS – Andersen Bldg.

Address: 540 Cedar St. St. Paul, MN 55101

SBAR presenter, if different from above:

Name: Shawnet Healy

Title:Benefit Policy Specialist

Email address: Shawnet.healy@state.mn.us

Phone number: 651.431.3721

Please note: The SBAR presenter must be in attendance or available during the meeting(s) in order for the SBAR to be discussed. You will received notification from the TAG co-chair with the meeting date and time when the SBAR will be discussed.

Section II – SBAR information (Concise and specific description of the issue to be addressed stating the Situation, Background, Assessment, and Recommendation). Each letter must be completed before the SBAR will receive consideration.

SBAR Issue Title: Community Emergency Medical Technicians (CEMTs) as new provider type in MN

S

SITUATION –

Currently there is no other provider type that is doing what the CEMTs will be doing.

B

BACKGROUND –

CEMTs will be addressing the needs of recipients, such as going over their discharge orders, meds check, and safe home check

- **hospital discharges-**

The patient's physician (hospitalist or primary care) orders the post-hospital discharge visit. The visit is included in the patient's care plan.

Included components:

- Provide verbal or visual reminders of discharge orders
- Recording and reporting of vital signs to the patient's primary care provider
- Medication access confirmation
- Food access confirmation
- Identification of home hazards

- **For nursing home discharges or repeated fall calls-**

Primary care would coordinate and be responsible for the treatment plan ordering the CEMT services.

- Circumstances that may trigger a safety evaluation visit:
  - Repeat ambulance calls due to falls
  - Nursing home discharges
  - Individuals identified by primary care as at risk for nursing home placement
- Included components:
  - Medication access confirmation
  - Food access confirmation
  - Identification of home hazards

Community Emergency Medical Technician Services

II. Legislation

Minnesota Session Laws 2015, Chapter 71, Article 9, **Sec. 18. COMMUNITY MEDICAL RESPONSE EMERGENCY MEDICAL TECHNICIAN SERVICES COVERED UNDER THE MEDICAL ASSISTANCE PROGRAM.**

https://www.revisor.mn.gov/laws/?id=189&doctype=Chapter&year=2016&type=0#laws.19.13.0

A	**ASSESSMENT** – Currently there is no provider type to do these home visits post hospital discharge, or when someone is returning home from a nursing home, or when someone has had repeated home calls by paramedics/ambulance services for falls and a 'safe home' check is needed. This provider type is to assist in reducing readmission and it is working. This is addressing the first 24-48 hours post discharge to go over the discharge orders from the primary provider, confirm the recipient has the necessary meds, their food supply is checked and the home is safe. This will be billed by the medical director for the ambulance service in units of 15 minutes. A CEMT must use at least eight minutes of a unit in order to bill it
R	**RECOMMENDATION** – Recommending T1028 for a code with a specific U2 modifier to denote a CEMT did the visit. These visits take 1-2 15 minute units, in the home with a second unit requiring a minimum of 8 minutes be used to bill for the second unit. The UD Modifier will be needed to denote 15 minute increments. Pilot program in St. Louis Park that included 4 other communities was very successful in reducing readmits. The effective date is 1.1.17 or upon federal approval, whichever is later. Recommending this be in the MUCG, 837P **CODE | Mod1 | Mod2** T1028 –U2 -UD - Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs, CEMT, per 15 minutes .

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):

Discussion/Summary:

Key Findings and Recommendation(s):

Disposition status *(e.g., Minnesota Uniform Companion Guide or Best practice)*:

Decision Summary:

AUC Response:

The findings and recommendations above were also reviewed and _____ by the AUC.

AUC Approval Date:

DHS Telemedicine Services

<div style="border: 2px solid black; background-color: #ccffff;">

All Telemedicine

</div>

DHS link:

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=ID_008926

Telemedicine is defined as the delivery of health care services or consultations while the patient is at an originating site and the licensed health care provider is at a distant site.
Link:
To be eligible for reimbursement, providers must self-attest that they meet all of the conditions of the MHCP telemedicine policy by completing the Provider Assurance Statement for Telemedicine (DHS-6806) (PDF).

Effective Jan. 1, 2016, MHCP allows payment for expanded telemedicine services. Payment is allowed for the following services:

• Interactive audio and video telecommunications that permit real-time communication between the distant site physician or practitioner and the recipient. The services must be of sufficient audio and visual fidelity and clarity as to be functionally equivalent to a face-to-face encounter.
• **"Store and Forward":** The asynchronous transmission of medical information to be reviewed at a later time by a physician or practitioner at the distant site. Medical information may include, but is not limited to, video clips, still images, x-rays, MRIs, EKGs, laboratory results, audio clips and text. The physician at the distant site reviews the case without the patient being present. Store and forward substitutes for an interactive encounter with the patient present; the patient is not present in real-time.

Originating Site

The originating site is the location of an eligible MHCP recipient at the time the service is being furnished via a telecommunication system. Authorized originiating sites are listed below:
- • Office of physician or practitioner
- • Hospital (inpatient or outpatient)
- • Critical access hospital (CAH)
- • Rural health clinic (RHC) and Federally Qualified Health Center (FQHC)
- • Hospital-based or CAH-based renal dialysis center (including satellites)
- • Skilled nursing facility (SNF)
- • End-stage renal disease (ESRD) facilities
- • Community mental health center
- • Dental clinic
- • Residential facilities, such as a group home and assisted living
- • Home (a licensed or certified health care provider may need to be present to facilitate the delivery of telemedicine services provided in a private home)
- • School

Eligible Providers

The following provider types are eligible to provide telemedicine services:

- Physician
- Nurse practitioner
- Physician assistant
- Nurse midwife
- Clinical nurse specialist
- Registered dietitian or nutrition professional
- Clinical psychologist
- Clinical social worker
- Dentist, dental hygienist, dental therapist, advanced dental therapist
- Pharmacist
- Certified genetic counselor
- Podiatrist
- Speech therapist
- Physical therapist
- Occupational therapist
- Audiolgist

Eligible Recipients

Telemedicine coverage applies to MHCP recipients in fee-for-service programs. Prepaid health plans may or may not choose to pay for services delivered in this manner.

List of Telemedicine Services
The CPT and HCPC codes that describe a telemedicine service are generally the same codes that describe an encounter when the health care provider and patient are at the same site. Examples of telemedicine services include but are not limited to the following:

- Consultations
- Telehealth consults: emergency department or initial inpatient care
- Subsequent hospital care services with the limitation of one telemedicine visit every 30 days per eligible provider
- Subsequent nursing facility care services with the limitation of one telemedicine visit every 30 days
- End-stage renal disease services
- Individual and group medical nutrition therapy
- Individual and group diabetes self-management training with a minimum of one hour of in-person instruction to be furnished in the initial year training period to ensure effective injection training
- Smoking cessation
- Alcohol and substance abuse (other than tobacco) structured assessment and intervention services

Billing Telemedicine Services
MHCP enrolled providers submit claims for telemedicine services using the CPT or HCPC code that describes the services rendered. The following modifiers must also be included:

- **GT** (via interactive audio and video telecommunications systems)
- **GQ** (via asynchronous telecommunication system)

When reporting a service with the GT modifier, the provider is certifying that they are rendering services to a patient located in an eligible originating site via an interactive audio and visual telecommunications system

General

In addition to other requirements, refer to the following general telemedicine information:
- Out-of-state coverage policy applies to services provided via telemedicine. Consultations performed by providers who are not located in Minnesota and contiguous counties, require authorization prior to the service being provided
- Payment will be made for only one reading or interpretation of diagnostic tests such as x-rays, lab tests, and diagnostic assessments
- Payment is not available to providers for sending materials to recipients, other providers or facilities

Two-Way Interactive Video Consultation in an Emergency Room (ER)

Two-way interactive video consultation may be billed when no physician is in the ER and the nursing staff is caring for the patient at the originating site. The ER physician at the distant site bills the ER CPT codes with the GT modifier. Nursing services at the originating site would be included in the ER facility code.
If the ER physician requests the opinion or advice of a specialty physician at a "hub" site, the ER physician bills the ER CPT codes without the GT modifier. The consulting physician bills the consultation E/M code with the GT modifier.

Coverage Limitations

The following limitations apply:
- Payment for telemedicine services is limited to **three** per week per recipient
- Payment is not available for sending materials to a recipient, other provider or facility

The following are not covered under telemedicine:
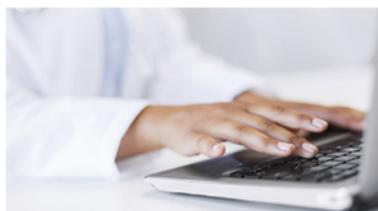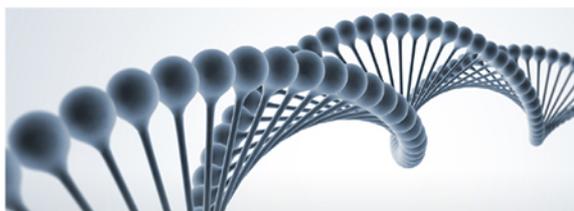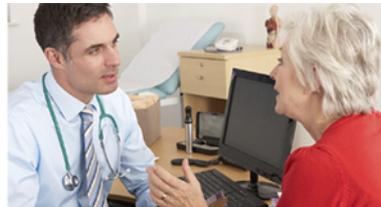- Electronic connections that are not conducted over a secure encrypted website as specified by the Health Insurance Portability & Accountabiliyt Act of 1996 Privacy & Security rules (e.g., Skype)
- Prescription renewals
- Scheduling a test or appointment
- Clarification of issues from a previous visit
- Reporting test results
- Non-clinical communication
- Communication via telephone, email or facsimile

	Procedure code	Modifiers	Service Name	Type of Service	Link to DHS Provider Manual
1	0359T	UB AM GT	Comprehensive Multi-Disciplinary Evaluation (CMDE) – Telemedicine	EIDBI	http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS16_195658
2	0359T	UB TG GT	Comprehensive Multi-Disciplinary Evaluation (CMDE) – Telemedicine	EIDBI	http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS16_195658
3	0359T	UB HP GT	Comprehensive Multi-Disciplinary Evaluation (CMDE) – Telemedicine	EIDBI	http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS16_195658
4	0359T	UB HO GT	Comprehensive Multi-Disciplinary Evaluation (CMDE) – Telemedicine	EIDBI	http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS16_195658
5	0362T / 0363T	UB HK GT	Intervention Observation and Direction: Telemedicine	EIDBI	http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS16_195658
6	0362T / 0363T	UB HP GT	Intervention Observation and Direction: Telemedicine	EIDBI	http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS16_195658
7	0362T / 0363T	UB HO GT	Intervention Observation and Direction: Telemedicine	EIDBI	http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS16_195658
8	0362T / 0363T	UB HN GT	Intervention Observation and Direction: Telemedicine	EIDBI	http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS16_195658
9	0362T / 0363T	UB HN GT	Intervention Observation and Direction: Telemedicine	EIDBI	http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS16_195658
10	T1027	UB HK GT	Family/Caregiver Training and Counseling: Individual-Telemedicine	EIDBI	http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS16_195658
11	T1027	UB HP GT	Family/Caregiver Training and Counseling: Individual-Telemedicine	EIDBI	http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS16_195658
12	T1027	UB HO GT	Family/Caregiver Training and Counseling: Individual-Telemedicine	EIDBI	http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS16_195658
13	T1027	UB HN GT	Family/Caregiver Training and Counseling: Individual-Telemedicine	EIDBI	http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS16_195658
14	T1027	UB HN GT	Family/Caregiver Training and Counseling: Individual-Telemedicine	EIDBI	http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS16_195658
15	CPT or HCPCS	GT	Mental health outpatient services **NOTE:** Use the place of service code that identifies the location of the recipient when the service was provided.	Mental Health	http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_160257#bill
16	T1018	U1 TM GT	Some IEP Services [Individualized Education Plan] **NOTE**: Distant Site The distant site is the location where the licensed health care provider is located while providing the service via telemedicine.	IEP	http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_185201#criteria
17	T1013	GT	Interpreter Services	Interpreter	http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS16_157632
18	Limited list- see link to statute	U9 GT	Telemedicine for Dental Services [256B.0625, subdivision 9]	Dental	https://www.revisor.mn.gov/statutes/?id=256B.0625

Telehealth Services Workgroup
Workgroup Chairs

Jordan G. Pritzker, MD, MBA, FACOG
Barbara S. Levy, MD, FACOG
Kevin E. Vorenkamp, MD

Confidentiality and Conflict of Interest

Confidentiality and Conflict of Interest Statement

Confidentiality:

- Workgroup members are required to respect the confidentiality provisions indicated in the notice you previously signed. The confidentiality provision extends to both materials and discussions at workgroup meetings and conference calls.

Conflict of Interest (COI) disclosure:

- Workgroup members are required to provide written disclosure of his or her financial and other potential interest described as follows:
- *Disclosable individual interest* means cash, goods or other value (e.g., consultancies, speaking honoraria, salary or salary support, research or other grant support, stock ownership or options, expert testimony, royalties or other intellectual property rights, service on a speakers bureau, gifts, or paid travel and vacation) that, with respect to the Presenter or the Presenter's immediate family members, the individual may receive such interest as a result of the approval or denial of the code change, the value of which exceeds $1.00 in the past two years.

OBJECTIVES

OBJECTIVES

- Review the workgroup charge

- Review/discuss sub-workgroups and charges

- Discuss suggested timelines

- Review workgroup Participants

- Review/discuss February 2016 proposals

5

Workgroup Charge

Workgroup Panel Charge

1. Recommend solutions for the reporting of currently provided non-telehealth services when provided remotely utilizing telehealth technology (to include but not limited to E/M services). Considerations to include new codes, use of current codes without or with modifier, add-on code(s).
2. Address whether current codes adequately describe the services provided when telehealth data is reviewed and analyzed.
   a. If so, what codes should be used (E/M versus data analysis codes);
   b. If not, what codes should be developed for reporting analysis of data sent by these services.
   c. If the answer depends on the data type, suggest a definition of those that should be incorporated into traditional E/M services/codes
3. Recommend whether any other telehealth service codes should be developed based upon services currently being provided.
4. Develop new introductory language or modify existing introductory language to guide coding of telehealth services.

AMA

Sub-Workgroups

Telehealth Services Sub-workgroups

Review of Synchronous Data Acquisition/21st Century Physical Exam Components

Disruptive Technology Services

Expanded Asynchronous E/M Structure

AMA

Review of Synchronous Data Acquisition/21st Century Physical Exam Components

The Review of **Synchronous Data Acquisition** sub-workgroup will discuss applications for services for provider review of synchronous data. In addition, this will include discussion of 21st Century Physical Exam Components which will discuss services of real-time transmission of defined patient biostatistics that will enhance provider medical decision making and real-time remote communication of care management.

AMA

Disruptive Technology Services

The **Disruptive Technology Services** sub-workgroup will discuss services that are currently provided but with advent in technology enhanced by real-time transmission of information will drastically change the methods currently used to report the service and/or open up performance of the service to new providers in new sites of service.

Expanded Asynchronous E/M Structure

The Expanded Asynchronous E/M Structure Workgroup will discuss services that require provider medical decision making and communication of care management based on review of asynchronous communication that has been transmitted with an expectation for a return response from the physician.

Workgroups
proposed timelines

When do the sub-workgroups meet?

The main workgroup meets via conference call every two weeks. The sub-workgroups communicate via email and/or using our new collaboration site.

https://connection.ama-assn.org/sites/CPT/Telehealth/SitePages/Home.aspx

Workgroup Participants

Workgroup Participants

- Core Members

- Specialty Society Representatives

- Subject Matter Experts

- Observers

February 2016
Proposals

Proposals for February 2016 CPT Editorial Panel meeting

The following proposals are currently scheduled for review and decision by the CPT Editorial Panel:

1) Telehealth Services Modifier: Modifier appended to existing CPT codes covered by payors

2) Telehealth Services Appendix: Listing of codes currently covered by payors for telehealth services

AMA

Medical Code TAG Decision Tree for Medical Coding Issues

Overview

This decision tree is a prototype decision tool to aid the AUC Medical Code TAG (MCT) in making decisions regarding medical coding issues. It consists of a series of three levels, as follows:

Level I. Prior to Medical Code TAG review

In Level 1 MDH staff collects SBARs or other inquiries regarding medical coding issues. The SBARs are forwarded to both the MCT and to the AUC Executive Committee for their review. SBARS are then added to the MCT project list to be addressed at future MCT meetings.

Level II. Determination as to whether Medicare applies

SBARs added to the MCT project list as stated in Level I above are reviewed by the MCT to determine whether Medicare coding instructions/requirements apply.

- If Medicare applies <u>and</u> there are no other concerns or perceived problems with Medicare coding (e.g., vagueness or possible confusion in Medicare instructions, Medicare does not fully address the service in question), the MCT recommendation will be to "follow Medicare" and the issue will be considered closed.

- If Medicare does not apply, or if there are concerns or perceived problems regarding Medicare's applicability to the situation or its instructions/requirements, the issue continues through Level III below.

Level III. Coding recommendation when Medicare does not apply or does not adequately address the issue

Level III is used for coding questions for which Medicare does not apply or does not adequately address the issue as described above. The MCT will then recommend coding to be used, based on a series of structured steps to determine the appropriate claim type(s), and possible HCPCS/CPT codes and modifiers, place of service, type of bill, revenue codes, and other coding characteristics as applicable and appropriate.

The MCT coding recommendation process above is presented schematically in the summary flow chart on the next page.

Illustrative Medical Code TAG (MCT) decision tree for medical coding issues

"Level I"

SBAR Forwarded to AUC Executive Committee and Medical Code TAG

"Level II"

Does Medicare Apply?

No

Yes

Does Medicare fully address issue?

Go to Level III

No

Yes

STOP

Follow Medicare

"Level III"

837P or 837I?

837P

837I

HCPCS/CPT?

Inpatient ← Inpt or Outpt? → Outpatient

Modifier?

Revenue Codes

Revenue Codes

Place of Service?

HCPCS/CPT?

Modifier?
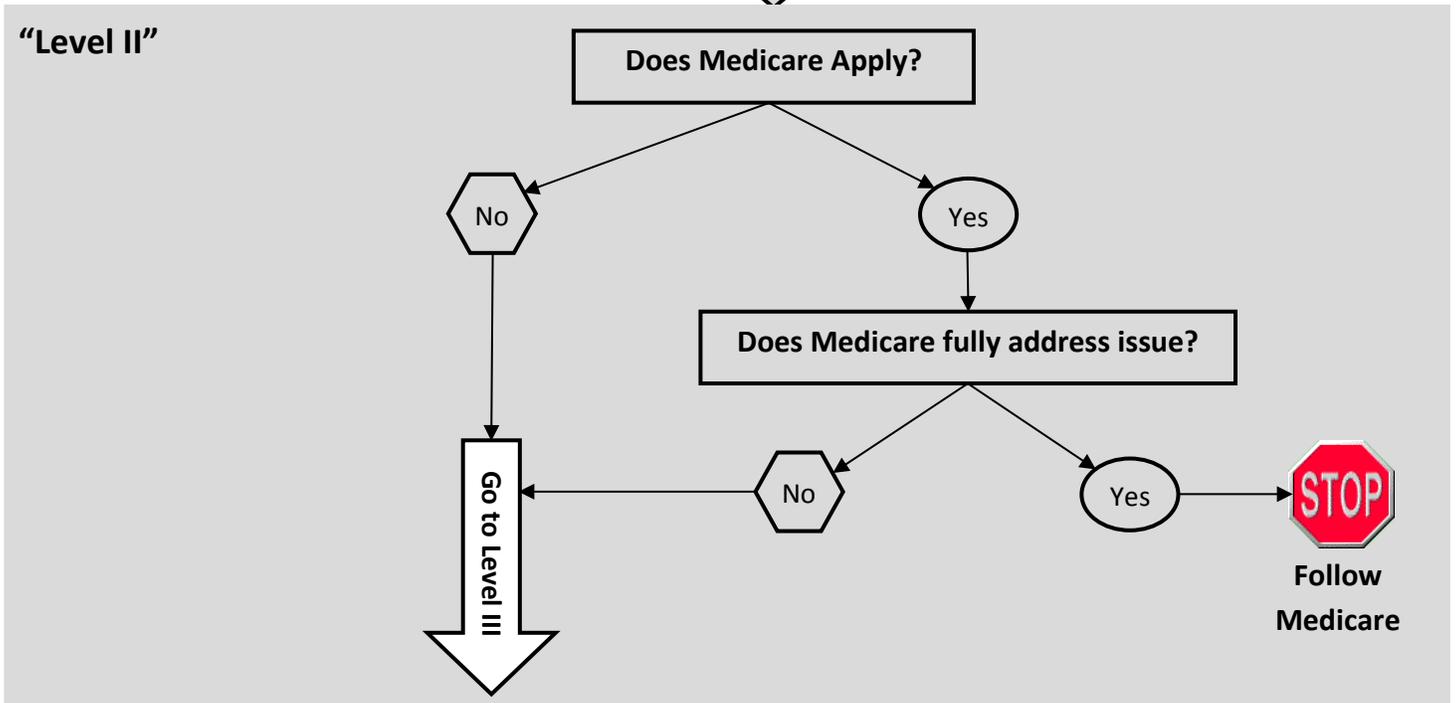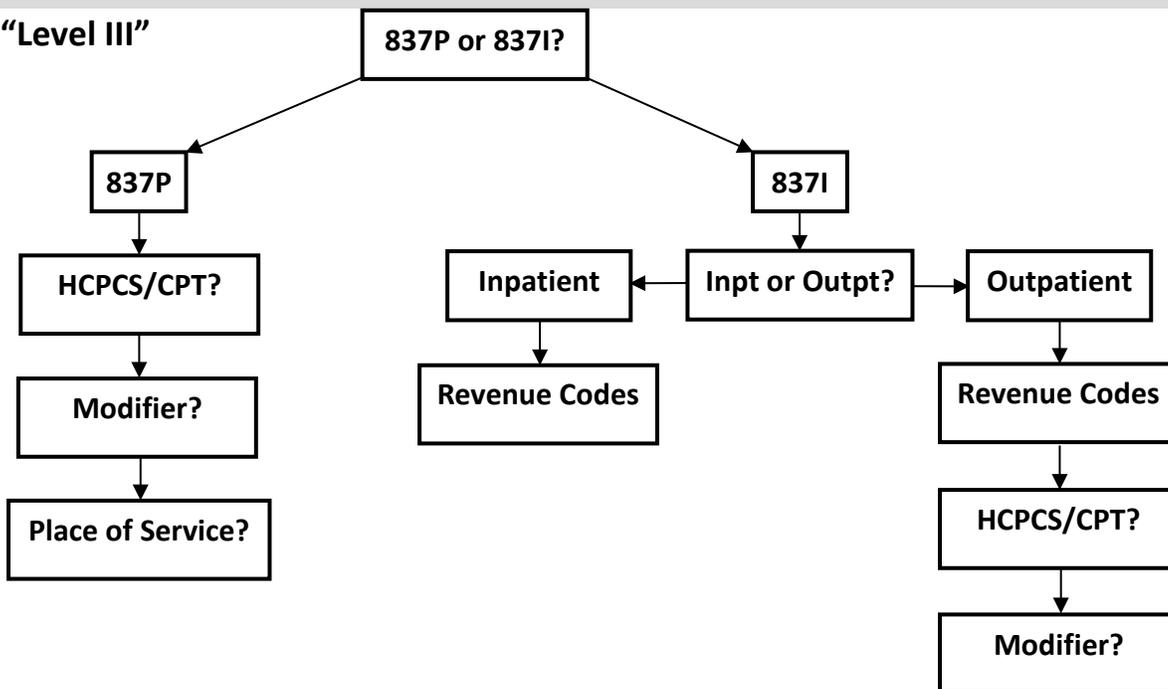
Note: Coding recommendations will include additional information as applicable regarding: provider type; effective date(s); and appropriate references to federal authority. The MCT will coordinate with the Claims DD TAG on place of service issues as needed. Final recommendations will also address revenue codes and type of bill for outpatient services, and type of bill for inpatient services.

Level II. Name/description of service/issue:

Decision Tree Questions for Level II:

<table>
<tr><td colspan="2">1. Does Medicare have coding requirements/instructions for coding the medical service/procedure/etc. of interest?
If "yes," please reference the source of the Medicare instructions and provide a link. Then go to question 2 below.</td></tr>
<tr><td>Yes ___</td><td></td></tr>
<tr><td>No ___</td><td>Proceed to Question #3</td></tr>
<tr><td colspan="2">2. Does Medicare's coding guidance fully address the issue?</td></tr>
<tr><td>Yes ___</td><td>🛑 Follow Medicare as referenced at the link in question no. 1 above.</td></tr>
<tr><td>No ____</td><td>If "no," please check any of the concerns below that apply and provide examples and complete questions 3-5.

<i>a.</i> _____ More specific or appropriate codes are needed in order to reduce manual processing and administrative costs.

<i>b.</i> _____ Duplicate codes exist and clarification of which code(s) to use is needed. Explain/provide examples:

<i>c.</i> _____ Minnesota group purchasers accept and adjudicate codes for services above and beyond Medicare's coding guidelines based on their coverage policies and member benefits.

<i>d.</i> _____ Other

Explain/provide examples:</td></tr>
<tr><td colspan="2">3. Is the service related to a statute or rule? If yes, please list and provide a link.</td></tr>
<tr><td>Yes ___</td><td></td></tr>
<tr><td>No ___</td><td></td></tr>
<tr><td colspan="2">4. Include all health care professional types who may provide or bill for this service?</td></tr>
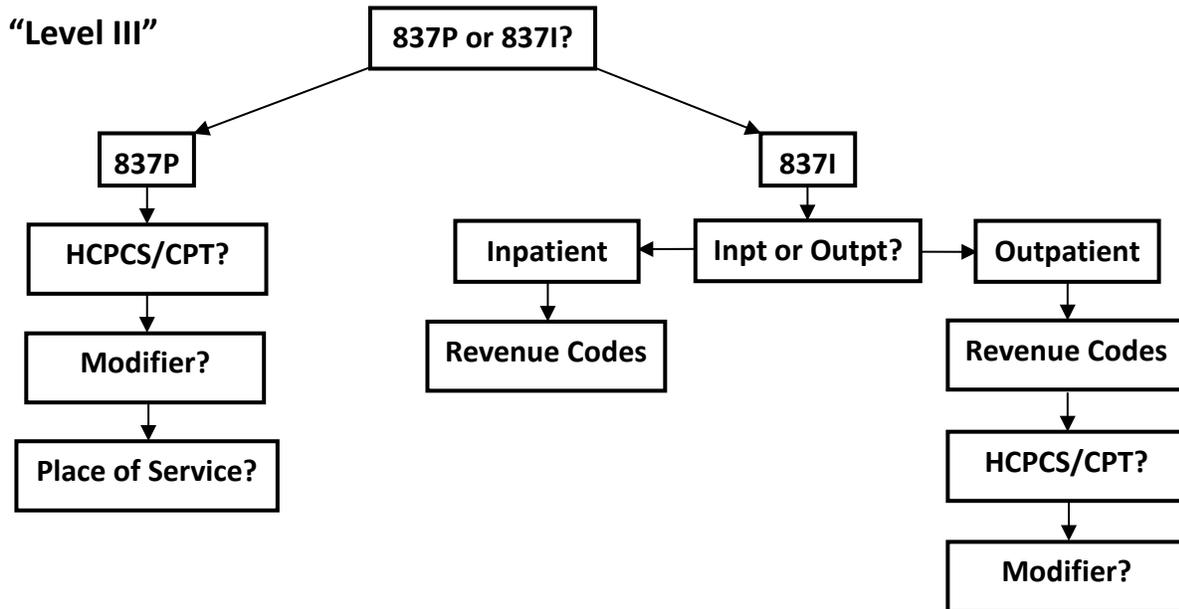<tr><td colspan="2"></td></tr>
<tr><td colspan="2">5. Is the service billed on an 837 Professional or 837 Institutional transaction? Check all that apply.</td></tr>
<tr><td>837P___</td><td></td></tr>
<tr><td>837I___</td><td></td></tr>
<tr><td colspan="2">6. Does the code(s) need to be time-based? If yes, please indicate billing increments.</td></tr>
<tr><td>Yes ___</td><td></td></tr>
<tr><td>No ___</td><td></td></tr>
<tr><td colspan="2">7. What HCPCS/CPT code(s) and modifiers are you recommending for the following? Cite source and provide link</td></tr>
<tr><td>HCPCS/CPT</td><td></td></tr>
<tr><td>Modifier(s)</td><td></td></tr>
<tr><td>Place of Service</td><td></td></tr>
</table>

Level III. Name/description of service/issue:

"Level III"

```
                        ┌─────────────────┐
                        │  837P or 837I?  │
                        └─────────────────┘
                      ↙                       ↘
          ┌──────────┐                          ┌──────────┐
          │   837P   │                          │   837I   │
          └──────────┘                          └──────────┘
               ↓                                      ↓
       ┌──────────────┐      ┌───────────┐   ┌──────────────┐   ┌──────────────┐
       │  HCPCS/CPT?  │      │ Inpatient │ ← │ Inpt or Outpt?│ → │  Outpatient  │
       └──────────────┘      └───────────┘   └──────────────┘   └──────────────┘
               ↓                   ↓                                    ↓
       ┌──────────────┐    ┌───────────────┐                  ┌───────────────┐
       │   Modifier?  │    │ Revenue Codes │                  │ Revenue Codes │
       └──────────────┘    └───────────────┘                  └───────────────┘
               ↓                                                      ↓
       ┌─────────────────┐                                   ┌──────────────┐
       │ Place of Service?│                                  │  HCPCS/CPT?  │
       └─────────────────┘                                   └──────────────┘
                                                                     ↓
                                                             ┌──────────────┐
                                                             │   Modifier?  │
                                                             └──────────────┘
```

Decision Tree Questions for Level III: TO BE COMPLETED BY MEDICAL CODE TAG

1. 837P or 837I?	
837P ___	If "837P," then go to question 2.
837I ___	If "837I," then go to question 5 below.
2. What are the HCPCS/CPT codes?	
HCPCS:	Cite source and provide link: Go to question 3
3. Are modifiers needed or applicable? Yes_____ No_____	
Modifier:	Cite source and provide link: Go to question 4
4. What is the place of service (POS)?	
POS:	Cite source and provide link:

Level III. Name/description of service/issue:

Decision Tree Questions for Level III:

5. 837I Inpatient or 837I Outpatient?	
Inpatient _____	If "Inpatient," then go to question 6 below.
Outpatient _____	If "Outpatient," then go to question 7 below.
Not Applicable _____	
6. What are the correct Inpatient Revenue Codes?	
Revenue code:	Cite source and provide link:
7. What are the correct Outpatient Revenue Codes?	
Revenue code:	Cite source and provide link:
8. What are the correct Outpatient HCPCS/CPT codes?	
HCPCS/CPT:	Cite source and provide link: Go to question 9
9. Are modifiers needed or applicable? Yes _____ No _____	
Modifier:	Cite source and provide link:

Summary of MCT findings and recommendations

Name/description of service/issue: _____

Level III findings

Is the finding to follow Medicare?

_____ Yes (If yes, then stop. This is the finding/recommendation.)

_____ No (If no, go to phase III findings.)

_____ Other (Please see below)

Level III findings

Use the table below:

- If 837P go to Column A
- If 837I to Column B
    - If 837I Inpatient, go to Column B1
    - If 837I Outpatient, go Column B2

Summary of MCT findings and recommendations – Level III: **TO BE COMPLETED BY MEDICAL CODE TAG**

Name/description of service/issue: _____

Coding Decision Recommendation (N/A = not applicable)	**A** **837P**	**B**	
		B1 **837I Inpatient**	**B2** **837I Outpatient**
HCPCS/CPT Source/Link			
Modifier Source/Link			
Place of Service Source/Link			
Revenue Code Source/Link			
Type of Bill Source/Link			
Decision applies to (who provides services)			
TAG Review Date			
Reference to state or federal authority			
Other notes, comments, instructions (recommendation statement, including issue being addressed)			

Coding Corner Sign-up Sheet for 2016-2017

As you may recall, MDH has added a regular "Coding Corner" feature as part of the monthly AUC newsletter, the AUC Update. We have previously discussed the need for the Medical Code TAG's help in contributing useful articles with coding tips and pointers on relevant topics for a wide audience. It is important for TAG members to contribute coding corner articles to help demonstrate their active learning and participation in TAG-related issues as part of the AAPC continuing education credits awarded to TAG members.

The coding topic is at the discretion of each member. Individuals can also pair up or submit joint articles, so long as the participants contribute approximately equally to the work. We plan to have articles reviewed and discussed by the MCT prior to submission to MDH, unless the information is taken from a credible resource or national organizations such as AAPC, Center for Disease Control (CDC), CMS, etc., which must be cited.

Below is a timeline for submission and the AUC Update publication for the remainder of 2016 and for all of 2017. Coding articles not meeting criteria stated above, must be presented to and vetted by the Medical Code TAG during the regularly scheduled prior to submission deadline.

Month	MCT Member Name/Organization	MCT Meeting Date (presented and vetted)	Article Submission Deadline to MDH	AUC Update Publication Date*
September 2016	Faith Bauer/BCBSMN Topic: ICD-10 October update	August 26*	August 31	September 9
October 2016	Carolyn Larson/Preferred One Topic: Zika	September 8	October 3	October 7
November 2016	Doris Barnes/HealthPartners	October 13	October 31	November 4
December 2016	Paula Walerius	November 10	November 28	December 2
January 2017		December 8	December 19	January 6
February 2017		January 12	January 31	February 3
March 2017		February 9	February 27	March 3
April 2017		March 9	March 31	April 7
May 2017		April 13	May 1	May 5
June 2017	Paula Walerius	May 11	May 29	June 2
July 2017		June 8	June 26	July 7
August 2017		July 13	July 31	August 4

*If article is not from a national source as outlined above, the MCT will approve the article via an email vote.