Administrative Uniformity Committee

AGENDA – MEDICAL CODE TECHNICAL ADVISORY GROUP (MCT)
Thursday, April 9, 2015
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. 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"

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** – March 12, 2015
4. **Final Changes to the Claims Companion Guides**
5. **Autism – Andrea Agerlie, DHS –** SBAR pending

08/26/14 Minutes: Autism – Isn't ready; last many changes regarding policy that affects coding. DHS working with internal staff to finalize.	**OPEN**
10/9/14 Minutes: Autism SBAR has been renamed – Early Intensive Developmental and Behavioral Intervention (EIDBI) benefit. Autism coverage was new legislation in 2013 for children up to 18 years. CMS issued guidance that would fall under EPSDT and be available to patients up to 21 years of age. DHS met with CMS and other states to determine how to (originally submitted 1959 waiver). Cannot target autism population for the benefit. Coverage must be made available to individuals meeting the medical criteria who may not have autism. General discussion: There is insufficient knowledge to identify children early and what methodology to use- manifestation is unique and different for all children. Special education teachers are professionals more qualified to identify children. Legislation requires certification of professions to provide these services. Place of Service (POS) – looked at 11, 52, and 49. The POS is TBD. DHS modifiers will be developed to distinguish treatment and practitioners. What is the difference between a "professional' and a "practitioner"? Group – What if families have more than one child and services are provided in the home? Each child will have his/her own treatment plan. Will not fall under group Family caregiving training should be billed under child. CPT Codes 96150-96155 - Medica does not accept the recommended codes for physicians (see CPT page591). BCBSM –	**OPEN** DHS will develop policy to be placed in MUCG and include definitions of service providers

primary diagnosis for codes 96150-96155 have to be medical per CPT. These codes will be denied if the primary diagnosis is behavioral health. Same issue with UnitedHealth and PreferredOne. CPT changed definitions of physician and practitioner and used interchangeably. Two-way interactive video – Medicare allows for two charges (initiation and performing services; usually facility-based charge). Are two charges expected – initiates video and code for practitioner (for person performing service [-GT modifier - Via interactive audio and video telecommunication systems])? Q3014 is the Telehealth originating site facility fee. Multidisciplinary evaluation – If clinic offers ASD, evaluation from MD, psychological be appropriate. CMDE regardless if mental health prof, physician or APRN during initial assessment will all bill under these codes. DHS is developing a form that will determine medical necessity for services billed under these codes. Not billed during initial diagnoses. If prior assessments have been made a Psychologist (Pediatrics or MH) supervising an extensive evaluation may bill for supervision of that assessment Coordinator Care Conference team T1024 versus 99336. Codes 99336 is a bundled code. T1024 was the best fit to include all providers together to discuss coordinated services provided to the child. Are coding recommendations for all payers or government? Yes for government (managed care contracts); commercial payers will accept in system and determine coverage based on their benefits.	
12/11/14: • Andrea Agerlie reported that the recommendation will be revised. • Originally, DHS did not want to use the CPT Category III behavioral health because they appeared narrowly focused. Time designation is also an issue. DHS prefers 15 minute units. Andrea had a chance to talk to an AMA representative about DBT and emerging practices. The AMA indicated that the Category III codes should work for DHS' needs. • DHS is looking at the CPT Category III again. They may replace most of the codes on the prior recommendation. The use of these codes may reduce the number of modifiers needed to report the correct service. • An additional question/clarification would include defining the difference between service versus treatment plan. • Paula Decker recommended that Jennifer Garber attend at a future meeting from a clinician and payer perspective.	**OPEN**
1/8/15: Kathy reported that no further updates were made to the Autism services at this time. Looking at new cat III codes; questions out to AMA and to colleagues. Connected before we left CPT symposium and he got us in contact with work group members. Some of the cat III codes are set for 30 minutes. DHS subject matter experts (Clinicians) stated 15 minutes were more appropriate due to attention span of children. Individual service plan versus treatment plan. One of the services billable that is not available. Kathy further stated to disregard document Andrea prepared; will be revised. The services described are the same but codes will be different. See AMA autism questions received from Andrea Agerlie.	**OPEN**
2/12/15: Ann Harrington, DHS, provided clarification regarding some of the changes to the Autism benefits. Ann has been working with the HPs and has received multiple-disciplinary evaluations and feedback from external and internal stakeholders. The CPT Category III were chosen based on information from the AMA and hope to reflect national coding consistency. . DHS is hoping to implement autism benefits prior to July 2015. May phase certain coverage. (There is also a research component to autism benefits that have not been completed at this time). DHS is developing manual for providers and the family care giver. All providers will be enrolled	**OPEN** Faith will send e-vote ballot to TAG, which will be due 2/24/15
3/12/15: The SBAR was approved by the MCT. The SBAR is not at AUC Ops for review and a vote. Questions: Will supporting documentation for the Autism SBAR be included in the guide? The policy will be included in the Recommendation Grid until the next guide update. DHS has not selected a U modifier yet. Andrea will provide updates to TAG regarding definition of Center (place of service) and modifier to be used. Andrea will send DHS list of modifiers to TAG.	**OPEN**

6. Mental Health Service Plan Development – DHS

4/10/14 Minutes: See SBAR. Applies to children and adults, fee for service and public program plans. There are two services – service plan development and functional assessment. Can DHS develop a modifier to indicate units? TAG agreed that it might be the only option. DHS stated right thing to do is to request code from CMS; however, timing is the issue and getting buy-in from other states. Nine states cover these services using H00031 and H0032. Seven of those states use a 15 minute unit for the codes. DHS' concern is NCCI edits. CMS has recently begun looking at H codes for mental health. Are these codes being used by anyone? Not sure if used by health plans. Medica uses the H codes for autism and other assessments. Currently not being used by DHS for fee-for-service. What mental health providers are you using for these services? DHS' category of mental health professional. JoAnne Wolf feels that primary care provider will be involved and ask where they will fall into, medical homes. A DHS state that the service is mental health specific code only and is recognized by mental health professionals and practitioners. Services are authorized in statutes for CTSS only; children receiving CTSS services. Propose using it with UA code for CTSS. Adult Rehabilitative Mental Health Services (ARMHS) does not use modifier; UA modifier differentiate services for CTSS. Medica does not use modifier for Autism. TAG suggested creating a time modifier to use along with UA for ARMHS.	**OPEN** DHS will create a time modifier for time increment/units of time to use with modifier UA for ARMHS.

05/08/14 Minutes: The main issue is trying to find a code that represents the service and time. H0031 and H0032 fit the description of the service but are not time based. Nine states using H0031 and H0032; seven of the states are using the H codes, no modifiers, but instruct to use as 15-minute units. The reason modifiers are needed for MN is to indicate time variances because of the types of clients being served, for example adults, children, ESL clients. DHS will develop a new modifier(s). There may be other modifiers appended as needed such as UA or HN. DHS is waiting for federal approval before assigning modifiers.	**OPEN**
06/12/14 Minutes: No updates. DHS is still waiting for federal approval.	**OPEN**
06/24/14 Minutes: DHS reported the State Plan with the approved coding recommendations will be submitted 3rd quarter.	**OPEN**
07/22/14 Minutes: DHS reported request for approval from CMS will be submitted this quarter.	**OPEN**
08/14/14 Minutes: Action was deferred pending any additional comments.	**OPEN**
08/26/14, 10/9/14, 12/11/14 Minutes: Discussion of this item is postponed; waiting to hear from CMS	**OPEN**
1/8/15: Kathy stated the State plan has not been submitted to CMS as reported earlier. DHS will submit this quarter.	**OPEN**
2/12/15, 3/12/15: DHS is Waiting for Feds to approve program and coding recommendations.	**OPEN**

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

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.	**OPEN** Commercial payers TAG members will research issue with their contracting division Richard will send additional information to Faith prior to next meeting
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.	**OPEN**
08/26/14 Minutes: 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. Leave open until SBAR originator is able to attend and address the issue.	**OPEN**
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 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	**OPEN** 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

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 addition is based on contracts. If providers can be identified to contact or the payers can determine. Gambling providers meet monthly.	distribution to MCT. MCT payers will report their findings at December meeting
12/11/14: ~~Andrea Agerlie~~ 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.	**OPEN**
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 (~~Andrea Agerlie~~ Judy Edwards and Kathy Sijan)	**OPEN**
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.	**OPEN** DHS will present in March
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.	**OPEN**

8. PH Nurse Updates – DHS

2/12/15: PH Nurse SBAR– two-part SBAR requesting: 1) change in coding in Table A.5.4.a for Home health aide, CNA, per visit and Patient education only and 2) additional column and coding for POS other than home or residence to be added to table. PH Nurses may provide services in shelter, college, and other facilities. Faith stated the coding for the tables were a collaboration of the MCT and the Public Health Nurse Association. Any potential changes must be discussed with them before changes are made to the table. No changes will be made to Table A.5.4.a or Table A.5.4.c in the guide. Postpone discussion. TAG will conduct research regarding coding per MCTs agreement with Public Health nurses.	**OPEN** Waiting for SBAR. Research needed.
3/12/15: Andrea Agerlie furnished the background regarding opening this issue: Carlton County Public Health and Human Services questioned DHS "regarding our Maternal and Child Health-Public Health Nursing Clinic visits for which we have been unable to locate the answer: The majority of our Public Health Nurse visits are completed in the client's home or place of residence and billed using the S9123 code. However, there are occasions when the Public Health Nurse visits the client in a different setting such as a college or some other setting <u>outside</u> of our agency and <u>not</u> in the client's home. The service provided by our Public Health Nurses in these different settings is <u>exactly the same</u> as the service provided in the client's home. Is the Public Health Nursing Clinic, when performed in a different setting than the client's home (<u>but not at our Public Health agency clinic location</u>), billable using the S9123 billing code?" The AUC grid includes S9123 for PHNC and the description of the code is 'in the home.' I don't think they can use this for another location but cannot find anything else that works based on this provider type. We started with the question as to what to do when the service is not in the clinic or home (i.e. college). We looked in the guide, found this situation wasn't accommodated there (only clinic and home are), then found what appears to be codes in the incorrect column, and Kathy put the SBAR together.	**OPEN** Faith Bauer will summarize past issue

9. Behavior Health Home (BHH) – Andrea Agerlie, 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: • The first is the initial plan (S0280–U5 Medical home program, comprehensive care coordination and planning,	**OPEN** DHS will send info to Faith re: State Plan language DHS will also make corrections to

initial plan, BHH, monthly). This service is billed for the first six months. These services do not have to be consecutive. • 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. 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 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 s professional only. The patient/participant cannot receive duplicative services in the same/month. For example, payment may only 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.	the SBAR and forward to Faith for distribution and request for an e-vote by MCT to approve

10. Children's Residential and IRTS Corrections – DHS **-** see attached

11. Additional Agenda Items/ Announcements

- The July 9 MCT meeting will be cancelled; but will meet on the second scheduled meeting of the month – July 28.
- May meeting:
  - The next scheduled meeting is May 14, 9:00-12:00, St. Croix Room – 1st floor, HealthPartners, 8170 Building, Bloomington.
- TREATS

Title of Meeting: AUC Medical Code TAG
Date and Time of Meeting – Thursday, March 12, 2015, 9 a.m. to 12 a.m.
Location of Meeting – HealthPartners
Meeting Minutes

Minutes By: Judy Edwards and Faith Bauer

Agenda Item	Discussion	Action/Follow-up:
1. Welcome and Introductions • Attendance tracking	Faith called meeting to order. Introductions completed by members in attendance and those participants on the telephone. Deb Sorg tracks attendance. If calling into the meeting, please send an email to Deb Sorg at deb.a.sorg@healthpartners.com . Include your name, organization and if you are calling in for another person within your organization. Members should provide Deb Sorg with email address changes and new members contact information.	Completed.
2. Antitrust Statement	Reviewed – available on AUC website.	No discussion.
3. Review of last meeting's Minutes	Minutes approved with one correction: Agenda Item #5 Autism, first sentence in third paragraph: was changed from "…prior to July 2015" to "July 1, 2015.	Minutes will be posted on AUC MCT website
4. Autism – Andrea Agerlie, DHS	The SBAR was approved by the MCT. The SBAR is not at AUC Ops for review and a vote. Questions: Will supporting documentation for the Autism SBAR be included in the guide? The policy will be included in the Recommendation Grid until the next guide update. DHS has not selected a U modifier yet. Andrea will provide updates to TAG regarding definition of Center (place of service) and modifier to be used. Andrea will send DHS list of modifiers to TAG.	**OPEN**
5. Mental Health Service Plan Development – DHS	DHS is Waiting for Feds to approve program and coding recommendations.	**OPEN**
6. Gambling Addiction Program - Richard Scherer, Club Recovery, LLC	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.	**OPEN**
7.PH Nurse Updates - DHS	Andrea Agerlie furnished the background regarding opening this issue: Carlton County Public Health and Human Services questioned DHS "regarding our Maternal and Child Health-Public Health Nursing Clinic visits for which we have been unable to locate the answer: The majority of our Public Health Nurse visits are completed in the client's home or place of residence and billed using the S9123 code. However, there are occasions when the Public Health Nurse visits the client in a different setting such as a college or some other setting outside of our agency and not in the client's home. The service provided by our Public Health Nurses in these different settings is exactly the same as the service provided in the client's home. Is the Public Health Nursing Clinic, when performed in a different setting than the client's home	**OPEN** Faith Bauer will summarize past issue

Agenda Item	Discussion	Action/Follow-up:
	(but not at our Public Health agency clinic location), billable using the S9123 billing code?" The AUC grid includes S9123 for PHNC and the description of the code is 'in the home.' I don't think they can use this for another location but cannot find anything else that works based on this provider type. We started with the question as to what to do when the service is not in the clinic or home (i.e. college). We looked in the guide, found this situation wasn't accommodated there (only clinic and home are), then found what appears to be codes in the incorrect column, and Kathy put the SBAR together.	
8. Behavior Health Home (BHH) – Andrea Agerlie, DHS	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: • 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. • 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. 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 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 s professional only. The patient/participant cannot receive duplicative services in the same/month. For example, payment may only 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.	**OPEN** 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
9. Modifier 76/91 SBAR – Kathy Sijan, DHS	DHS completed SBAR and is recommending that "pathology only" be deleted from Laboratory Services, Repeat Services and that language listed on NGS website clarify proper usage be added.	~~**OPEN**~~ **CLOSED** Faith Bauer will mock-up companion guides to show

Agenda Item	Discussion	Action/Follow-up:
	Post-meeting note: An email vote was done with two options: Option 1: Remove "pathology only", add 77 modifier, add "if service cannot be quantity billed" Option 2: Remove entire entry. If we are following Medicare guides for submission there is no need to have the entry in guide. **3/20/15**: Voting closed. 11 votes were received: Option 1 – 2 votes Option 2 – 9 votes	requested changes **Option 2 is approved**: Remove entire entry. If we are following Medicare guides for submission there is no need to have the entry in guide.
10. Next meeting	• The next scheduled meeting is April 9, 9:00-12:00, St. Croix Room – 1st floor, HealthPartners, 8170 Building, Bloomington. • TREATS – Carolyn Larson will bring treats. • The July 9 MCT meeting will be cancelled; but will meet on the second scheduled meeting of the month – July 28.	**CLOSED**

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.

AUC BUSINESS NEED EXPLANATION FORM (SBAR)

REMINDER: Submit the completed SBAR and MCT Decision Tree via email to the AUC at health.AUC@state.mn.us. The MCT Decision Tree is completed for medical coding issues only.

Section I – SBAR Status/Disposition information (To be completed by the Minnesota Department of Health)

Date received:2-12-15	Organization submitting: Department of Human Services		
Short Title: Autism		Log No. 3	Date Closed
Status: Exec Review Date	Sent to TAG/WG 2-12-15* *Update to SBAR sent 10-9-14	TAG Recommendation: _____ Accept _____ Reject	Decision to Originator

Section II – Contact information (Person submitting the SBAR and/or Subject Matter Expert)

Contact Information for person completing this form:

Name: ANDREA AGERLIE
Title: Health Care Coding Compliance Officer
Email address: andrea.agerlie@state.mn.us
Telephone: 651-431-3159

Organization Information:

Name: MINNESOTA DEPARTMENT OF HUMAN SERVICES
Address: 540 Cedar St., St. Paul, MN 55164-0993

Complete for additional contact or Subject Matter Expert, as required:

Name: KATHY SIJAN
Title: Health Care Coding Compliance Officer
Email address: Katherine.Sijan@state.mn.us
Phone number: 651-431-5784

SBAR Issue Title: EARLY INTENSIVE DEVELOPMENTAL AND BEHAVIORAL INTERVENTION (EIDBI) BENEFIT

S

SITUATION – Describe the current business practice(Please describe the problem or issue to be addressed):

The 2013 Minnesota Legislature passed legislation for an "autism early intensive intervention benefit". Minnesota Statute 256B.0949 describes this benefit. Subdivisions 1 and 3 (below) describe purpose and initial eligibility:

> Subdivision 1. **Purpose**. This section creates a new benefit to provide early intensive intervention to a child with an autism spectrum disorder diagnosis. This benefit must provide coverage for diagnosis, multidisciplinary assessment, ongoing progress evaluation, and medically necessary treatment of autism spectrum disorder.
>
> Subdivision 3. **Initial eligibility**. This benefit is available to a child enrolled in medical assistance who:
>
> 1. Has an autism spectrum disorder diagnosis;
> 2. Has had a diagnostic assessment described in subdivision 5, which recommends early intensive intervention services; and
> 3. Meets the criteria for medically necessary autism early intensive intervention services.

The 2014 Minnesota Legislature made changes to the 2013 statute. See Chapter 312, Article 27, section 52, 53.

On July 7, 2014 CMS submitted an informational bulletin directing all states to provide medically necessary treatment for children with ASD consistent with provisions at 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	**BACKGROUND** – Explain the pertinent history of the business practice (How does this work today): The EIDBI benefit is a new covered benefit for children with autism spectrum disorder (ASD) or a related condition. Currently, some children with ASD receive services that are billed under the Children's Therapeutic Services and Support (CTSS) benefit. CTSS is a mental health benefit. The current codes billed under the CTSS benefit are in the 837P and 837I Minnesota Uniform Companion Guides (table A.5.2). The EIDBI benefit will need new codes. A comprehensive multi-disciplinary evaluation determines medical necessity for the EIDBI benefit. Children may receive services under both benefit sets, but not duplicative services.
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): Challenges include: • ASD diagnosis and treatment is an emerging field of practice. There is emerging recognition of a range of developmental and behavioral treatment modalities. • Organizations that are impacted by these challenges are treatment providers who represent various modalities of treatment. Both DHS fee-for-service and managed care will need to provide coverage of the EIDBI benefit. Discussion is necessary to develop a uniform billing method for these services. See attached coding document.
R	**RECOMMENDATION** – What are you recommending, including any known timing that needs to be considered: DHS is seeking review of the proposed codes on the attached coding document. Discussion is necessary to develop a uniform billing method for the services. DHS must have federal approval of the services under the EIDBI benefit. After federal approval, coding guidance should be added to the MN Community Coding Practice/Recommendation Table and possibly added to the Minnesota Uniform Companion Guide (837P). DHS is targeting a 7/1/15 implementation date.

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]: 12/24/15

Reviewed by: [AUC TAG Name]: Medical Code TAG

AUC Co-Chair(s): Faith Bauer

AUC Response: NOTE: revisions in red.

There are seven EIDBI benefit services:

1. The EIDBI Intervention
2. EIDBI Intervention Supervision 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

Each service and related coding are listed separately. The MCT is proposing adding the seven benefit services and coding in the MN Companion Guide (in the interim this will be added to the Recommendation Grid). Additional and detailed program information will available in a policy manual being developed by DHS.

1. The EIDBI Intervention

(Applied Behavioral Analysis)

Coding Individual	Coding Group
0368T/new EIDBI modifier -physician or APRN 1st 30 minutes 0369T/new EIDBI modifier - physician or APRN each additional 30 minutes 0368T/HP/new EIDBI modifier -Doctoral level 1st 30 minutes 0369T/HP/new EIDBI modifier - Doctoral level each additional 30 minutes 0368T/HO/new EIDBI modifier -Master's degree level 1st 30 minutes 0369T/HO/new EIDBI modifier -Master's degree level each addl 30 minutes 0364T/HN/new EIDBI modifier Bachelor's degree level 1st 30 minutes 0365T/HN/new EIDBI modifier Bachelor's degree level each addl 30 minutes 0364T/HM/new EIDBI modifier Less than bachelor degree level 1st 30 min 0365T/HM/new EIDBI modifier Less than bachelor degree level each addl 30 min	0366T/new EIDBI modifier-Physician or APRN 1st 30 minutes 0367T/new EIDBI modifier -Physician or APRN each additional 30 min 0366T/HP/new EIDBI modifier -Doctoral level 1st 30 minutes 0367T/HP/new EIDBI modifier Doctoral level each additional 30 min 0366T/HO/new EIDBI modifier -Master's degree level 1st 30 minutes 0367T/HO/new EIDBI modifier -Master's degree level each addl 30 min 0366T/HN/new EIDBI modifier - Bachelor's degree level 1st 30 minutes 0367T/HN/new EIDBI modifier -Bachelor's degree level each addl 30 min 0366T/HM/ new EIDBI modifier -Less than bachelor's degree level 1st 30 min 0367T/HM/new EIDBI modifier -Less than bachelor degree level each addl 30 min

(Developmental and Behavioral Intervention)

Coding Individual	Coding Group
0368T/new EIDBI modifier-physician or APRN 1st 30 minutes 0369T/new EIDBI modifier- physician or APRN each additional 30 min 0368T/HP/new EIDBI modifier-Doctoral level 1st 30 minutes 0369T/HP/new EIDBI modifier- Doctoral level each additional 30 min 0368T/HO/new EIDBI modifier-Master's degree level 1st 30 minutes 0369T/HO/new EIDBI modifier-Master's degree level each addl 30 min 0364T/HN/ new EIDBI modifier-Bachelor's degree level 1st 30 minutes 0365T/HN/new EIDBI modifier- Bachelor's degree level each addl 30 min 0364T/HM/new EIDBI modifier- Less than bachelor degree level 1st 30 min 0365T/HM/new EIDBI modifier Less than bachelor degree level each addl 30 min	0366T/new EIDBI modifier-Physician or APRN 1st 30 minutes 0367T/new EIDBI modifier -Physician or APRN each additional 30 min 0366T/HP/new EIDBI modifier -Doctoral level 1st 30 minutes 0367T/HP/new EIDBI modifier Doctoral level each additional 30 min 0366T/HO/new EIDBI modifier -Master's degree level 1st 30 minutes 0367T/HO/new EIDBI modifier -Master's degree level each addl 30 min 0366T/HN/new EIDBI modifier - Bachelor's degree level 1st 30 minutes 0367T/HN/new EIDBI modifier -Bachelor's degree level each addl 30 min 0366T/HM/ new EIDBI modifier -Less than bachelor's degree level 1st 30 min 0367T/HM/new EIDBI modifier -Less than bachelor degree level each addl 30 min

2. EIDBI Intervention Supervision and Direction

Coding
0362T/new EIDBI modifier-Physician or APRN 1st 30 minutes
0363T/new EIDBI modifier-Physician or APRN each additional 30 minutes
0362T/GT/new EIDBI modifier Physician or APRN (telemedicine) 1st 30 minutes
0363T/GT/new EIDBI modifier -Physician or APRN (telemedicine) each additional 30 minutes
0362T/HP/new EIDBI modifier - Doctoral level 1st 30 minutes
0363T/HP/new EIDBI modifier - Doctoral level each additional 30 minutes
0362T/HP/GT/ new EIDBI modifier - Doctoral level (telemedicine) 1st 30 minutes
0363T/HP/GT/ new EIDBI modifier - Doctoral level (telemedicine) each additional 30 minutes
0362T/HO/new EIDBI modifier-Master's degree level 1st 30 minutes
0363T/HO/new EIDBI modifier-Master's degree level each additional 30 minutes
0362T/HO/GT/new EIDBI modifier-Master's degree level (telemedicine) 1st 30 minutes
0363T/HO/GT/new EIDBI modifier~~/GT~~-Master's degree level (telemedicine) each additional 30 minutes
0362T/HN/new EIDBI modifier-Bachelor's degree level 1st 30 minutes
0363T/HN/new EIDBI modifier-Bachelor's degree level each additional 30 minutes
0362T/HN/GT/new EIDBI modifier- Bachelor's degree level (telemedicine) 1st 30 minutes
0363T/HN/GT/new EIDBI modifier- Bachelor's degree level (telemedicine) each additional 30 minutes

3. Comprehensive Multi-Disciplinary Evaluation (CMDE)

Coding
0359T-new EIDBI modifier-Physician or APRN
0359T-GT/new EIDBI modifier-Physician or APRN (telemedicine)
0359T-HP/new EIDBI modifier-Doctorate level
0359T-HP/GT/new EIDBI modifier –Doctorate level (telemedicine)
0359T-HO/new EIDBI modifier- Master's degree level
0359T-HO/GT/new EIDBI modifier-Master's degree level (telemedicine)

4. Individual Treatment Plan Development and Monitoring

Coding
H0032/UD/HP/new EIDBI modifier-Doctoral level
H0032/UD/HO/new EIDBI modifier-Master's degree level
H0032/UD/HN/new EIDBI modifier-Bachelor's degree level

5. Family Caregiver Training and Counseling

Coding Individual	Coding Group
T1027/new EIDBI modifier-Physician or APRN	T1027/HQ/new EIDBI modifier-physician or APRN
T1027/GT/new EIDBI modifier-Physician or APRN (telemedicine)	T1027 HP/HQ/new EIDBI modifier-doctoral level
T1027/HP/new EIDBI modifier-Doctoral level	T1027 HO/HQ /new EIDBI modifier-Master's degree level
T1027/HP/GT/new EIDBI modifier-Doctoral level (telemedicine)	T1027/HN/HQ/new EIDBI modifier-Bachelor's degree level
T1027 HO/new EIDBI modifier-Master's degree level	
T1027 HO/GT/ new EIDBI modifier-Master's degree level (telemedicine)	
T1027 HN/ new EIDBI modifier-Bachelor's degree level	
T1027 HN/GT/new EIDBI modifier-Bachelor's degree level (telemedicine)	

6. Coordinated Care Conference

Coding
T1024/new EIDBI modifier-Physician or APRN
T1024/GT/new EIDBI modifier-Physician or APRN (telemedicine)
T1024/HP/new EIDBI modifier-Doctoral level
T1024/HP/GT/new EIDBI modifier-Doctoral level (telemedicine)
T1024 HO/ new EIDBI modifier-Master's degree level
T1024 HO/GT/new EIDBI modifier- Master's degree level (telemedicine)
T1024 HN/new EIDBI modifier-Bachelor's degree level
T1024 HN/GT/new EIDBI modifier-Bachelor's degree level (telemedicine)

7. Travel Time

Coding
H0046/new EIDBI modifier

EARLY INTENSIVE DEVELOPMENTAL AND BEHAVIORAL INTERVENTION BENEFIT

(Draft for AUC MCT 02/12/15)-revised
Andrea Agerlie

In 2013, 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 since been named the **Early Intensive Developmental and Behavioral Intervention (EIDBI) benefit**. Minnesota's EIDBI benefit meets the Affordable Care Act (ACA) requirements and goes beyond the ACA in scope. While focused on early identification and early intervention, Minnesota's EIDBI benefit takes into account that many children are not identified until school age and later. Minnesota's EIDBI benefit expands the treatment modalities and recognizes the field of autism diagnostics and treatment is still emerging.

On July 7, 2014 CMS submitted an informational 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.

Determination of medical necessity for the benefit will be made through a comprehensive multi-disciplinary evaluation (CMDE) and must include information from the child's primary physician. All treatment interventions will be authorized (via a service agreement).

The EIDBI benefit includes coverage with evidence development. DHS will collect and analyze individual outcome data to expand the evidence base leading to best practices and future policy development. Because of this, coding granularity is very important and the code/modifier combinations on the following pages were selected with that in mind. This is different than current coding where many services to children with ASD are billed under codes that do not provide this level of granularity (e.g. skills training). Code/modifier combinations must identify the exact service and who provided it. All providers will be enrolled.

Modifiers were chosen that will identify the service as EIDBI and identify the level of provider performing the service. The two types of treatment are Applied Behavioral Analysis (ABA) and Developmental and Behavioral Intervention (DBI).

Of note are the 7/1/14 CPT Category III codes 0359T-0374T. These codes initially were not selected because they appeared to be specific to one form of treatment. In November 2014, the AMA CPT Symposium presented these codes with a great deal of information. As a result, we have replaced many of our previous choices with the Category III codes. The following pages breakdown services for the EIDBI benefit into individual pages. Each of the 7 services has its own page.

1. EIDBI Intervention
2. EIDBI Intervention Supervision 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

EIDBI INTERVENTION
(APPLIED BEHAVIORAL ANALYSIS)

What is it?

Applied Behavioral Analysis (ABA) intervention is a structured program that includes incidental teaching techniques, environmental modifications and reinforcement techniques to produce socially significant improvement in behavior. ABA interventions increase positive behaviors and decrease negative or interfering behaviors to improve a variety of well-defined skills. ABA interventions tend to be skill based and data-driven with progress closely tracked and measured. DHS recognized ABA therapies may include, but are not limited to, Discrete Trial Training, Verbal Behavior Intervention and Pivotal Response Training. This treatment may be individual or group.

Who Can Provide ABA Services?

Qualified Supervising Professional
Developmental/Behavioral Professional (Board Certified Behavior Analyst or BCBA)-Level I Provider
Developmental/Behavioral Practitioner (Board Certified Behavior Analyst Assistant or BCaBA)-Level II Provider
Developmental/Behavioral Support Specialist (Registered Behavior Technician or RBT)-Level III Provider

Where does Service Take Place

Home or Center-individual intervention
Center-group intervention

Selected Code Descriptions

0364T Adaptive behavior treatment by protocol, administered by technician, face-to-face with 1 patient, 1st 30 minutes of technician time.
0365T Adaptive behavior treatment by protocol, administered by technician, face-to-face with 1 patient, each additional 30 minutes of technician time
0366T Group adaptive behavior treatment by protocol, admin by technician, face-to-face with 2 or more patients; first 30 minutes of tech time.
0367T Group adaptive behavior treatment by protocol, admin by technician, face-to-face with 2 or more patients; each additional 30 minutes of tech time.
0368T Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional with 1 patient, first 30 minutes of patient face-to-face time.
0369T Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional with 1 patient, each additional 30 minutes of patient face-to-face time.
HP Doctoral level
HO Master's degree level
HN Bachelor's degree level
HM Less than bachelor degree level

Coding Individual	Coding Group
0368T/new EIDBI modifier -physician or APRN 1st 30 minutes	0366T/new EIDBI modifier-Physician or APRN 1st 30 minutes
0369T/new EIDBI modifier - physician or APRN each additional 30 minutes	0367T/new EIDBI modifier -Physician or APRN each additional 30 min
0368T/HP/new EIDBI modifier -Doctoral level 1st 30 minutes	0366T/HP/new EIDBI modifier -Doctoral level 1st 30 minutes
0369T/HP/new EIDBI modifier - Doctoral level each additional 30 minutes	0367T/HP/new EIDBI modifier Doctoral level each additional 30 min
0368T/HO/new EIDBI modifier -Master's degree level 1st 30 minutes	0366T/HO/new EIDBI modifier -Master's degree level 1st 30 minutes
0369T/HO/new EIDBI modifier -Master's degree level each addl 30 minutes	0367T/HO/new EIDBI modifier -Master's degree level each addl 30 min
0364T/HN/new EIDBI modifier Bachelor's degree level 1st 30 minutes	0366T/HN/new EIDBI modifier - Bachelor's degree level 1st 30 minutes
0365T/HN/new EIDBI modifier Bachelor's degree level each addl 30 minutes	0367T/HN/new EIDBI modifier -Bachelor's degree level each addl 30 min
0364T/HM/new EIDBI modifier Less than bachelor degree level 1st 30 min	0366T/HM/ new EIDBI modifier -Less than bachelor's degree level 1st 30 min
0365T/HM/new EIDBI modifier Less than bachelor degree level each addl 30 min	0367T/HM/new EIDBI modifier -Less than bachelor degree level each addl 30 min

Notes:

This service requires a time based code. Treatment time can vary greatly based on individual child needs. We contacted a member of the CPT Editorial Panel to suggest a 15 minute unit on several codes (these codes included), however, no changes will be made. The codes will remain with a 30 minute unit.

EIDBI INTERVENTION
(DEVELOPMENTAL AND BEHAVIORAL INTERVENTION)

What is it?

Developmental and behavioral interventions are individualized treatment approaches based in developmental theory and behavioral science. DBI's are socially directed, highly engaging and capitalize on natural motivators to strengthen primary relationships and support child development. The interventions focus on joint attention, social engagement and reciprocity, social communication, behavioral regulation, cognition and play, to address the core deficits of ASD. Many current ASD treatment methods pull from a mixture of developmental and behavioral science, child development, psychology, speech pathology and occupational therapy and are not strictly "behavioral' or "developmental".

DHS recognized DBI therapies may include but are not limited to:

* Developmental Individualized Relationship-based (D.I.R./Floortime)
* Relationship Development Interaction (R.D.I.)
* Early Start Denver Model (ESDM)
* Social Skills Interventions
* Play Based Interventions
* Parent Implemented Intervention (e.g. P.L.A.Y Project)

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

Where does Service Take Place

Home or Center-individual DBI
Center-group DBI

Selected Code Descriptions

0364T Adaptive behavior treatment by protocol, administered by technician, face-to-face with 1 patient, 1st 30 minutes of technician time.
0365T Adaptive behavior treatment by protocol, administered by technician, face-to-face with 1 patient, each additional 30 minutes of technician time
0366T Group adaptive behavior treatment by protocol, admin by technician, face-to-face with 2 or more patients; first 30 minutes of tech time.
0367T Group adaptive behavior treatment by protocol, admin by technician, face-to-face with 2 or more patients; each additional 30 minutes of tech time.
0368T Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional with 1 patient, first 30 minutes of patient face-to-face time.
0369T Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional with 1 patient, each additional 30 minutes of patient face-to-face time.
HP Doctoral level
HO Master's degree level
HN Bachelor's degree level
HM Less than bachelor degree level

Coding Individual	Coding Group
0368T/new EIDBI modifier-physician or APRN 1st 30 minutes	0366T/new EIDBI modifier-Physician or APRN 1st 30 minutes
0369T/new EIDBI modifier- physician or APRN each additional 30 min	0367T/new EIDBI modifier -Physician or APRN each additional 30 min
0368T/HP/new EIDBI modifier-Doctoral level 1st 30 minutes	0366T/HP/new EIDBI modifier -Doctoral level 1st 30 minutes
0369T/HP/new EIDBI modifier- Doctoral level each additional 30 min	0367T/HP/new EIDBI modifier Doctoral level each additional 30 min
0368T/HO/new EIDBI modifier-Master's degree level 1st 30 minutes	0366T/HO/new EIDBI modifier -Master's degree level 1st 30 minutes
0369T/HO/new EIDBI modifier-Master's degree level each addl 30 min	0367T/HO/new EIDBI modifier -Master's degree level each addl 30 min
0364T/HN/ new EIDBI modifier-Bachelor's degree level 1st 30 minutes	0366T/HN/new EIDBI modifier - Bachelor's degree level 1st 30 minutes
0365T/HN/new EIDBI modifier- Bachelor's degree level each addl 30 min	0367T/HN/new EIDBI modifier -Bachelor's degree level each addl 30 min
0364T/HM/new EIDBI modifier- Less than bachelor degree level 1st 30 min	0366T/HM/ new EIDBI modifier -Less than bachelor's degree level 1st 30 min
0365T/HM/new EIDBI modifier Less than bachelor degree level each addl 30 min	0367T/HM/new EIDBI modifier -Less than bachelor degree level each addl 30 min

Coding Notes:

This service requires a time based code. Treatment time can vary greatly based on individual child needs. We contacted a member of the CPT Editorial Panel to suggest a 15 minute unit on several codes (these codes included), however, no changes will be made. The codes will remain with a 30 minute unit.

EIDBI INTERVENTION SUPERVISION and DIRECTION

What is it?
EIDBI services must be provided under the supervision of, and billed by, a qualified supervising professional who assumes professional responsibility for the services provided and is a mental health professional or a physician. Intervention Supervision and direction is the clinical direction and oversight by a qualified EIDBI provider to a lower level provider based on the required provider standards and qualifications regarding provision of EIDBI services to a child. The qualified provider delivers face-to-face observation and directions to a lower level provider regarding developmental and behavioral techniques, progress measurement, data collection, function of behaviors, and generalization of acquired skills for each child. Services that are otherwise covered as direct face-to-face may be provided via two-way interactive video if medically appropriate to the condition and needs of the recipient.

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 Code Descriptions
0362T Exposure Behavioral Follow-up Assessment, includes physician or other qualified health care professional (QHCP) direction with interpretation and report administered by physician or other QHCP with the assistance of one or more technicians; 1st 30 minutes of technician(s) time, face-to-face with the patient
0363T Exposure Behavioral Follow-up Assessment, includes physician or other qualified health care professional (QHCP) direction with interpretation and report administered by physician or other QHCP with the assistance of one or more technicians; each additional 30 minutes of technician(s) time, face-to-face with the patient

HP Doctoral level
HO Master's degree level
HN Bachelor's degree level
GT via interactive audio and video telecommunications systems

Coding
0362T/new EIDBI modifier-Physician or APRN 1st 30 minutes
0363T/new EIDBI modifier-Physician or APRN each additional 30 minutes
0362T/GT/new EIDBI modifier Physician or APRN (telemedicine) 1st 30 minutes
0363T/GT/new EIDBI modifier -Physician or APRN (telemedicine) each additional 30 minutes
0362T/HP/new EIDBI modifier - Doctoral level 1st 30 minutes
0363T/HP/new EIDBI modifier - Doctoral level each additional 30 minutes
0362T/HP/GT/ new EIDBI modifier - Doctoral level (telemedicine) 1st 30 minutes
0363T/HP/GT/ new EIDBI modifier - Doctoral level (telemedicine) each additional 30 minutes
0362T/HO/new EIDBI modifier-Master's degree level 1st 30 minutes
0363T/HO/new EIDBI modifier-Master's degree level each additional 30 minutes
0362T/HO/GT/new EIDBI modifier-Master's degree level (telemedicine) 1st 30 minutes
0363T/HO/GT/new EIDBI modifier~~/GT~~-Master's degree level (telemedicine) each additional 30 minutes
0362T/HN/new EIDBI modifier-Bachelor's degree level 1st 30 minutes
0363T/HN/new EIDBI modifier-Bachelor's degree level each additional 30 minutes
0362T/HN/GT/new EIDBI modifier- Bachelor's degree level (telemedicine) 1st 30 minutes
0363T/HN/GT/new EIDBI modifier- Bachelor's degree level (telemedicine) each additional 30 minutes

Coding Notes:
These codes do not state "supervision", however, we believe they are for supervision.

COMPREHENSIVE MULTI-DISCIPLINARY EVALUATION (CMDE)

What is it?

This service determines medical necessity for the EIDBI benefit. Service could be done via two way interactive video if medically appropriate to the condition and needs of the recipient. The CMDE must include:

* Assessment of the child's degree of severity of core features of ASD or related condition as well as functional, cognitive, learning and play, social interactive, communication, adaptive, self-help, behavioral, motor skills and sensory regulatory needs and capacities.
* Review and incorporation of the autism diagnosis and other related assessment information from other qualified professionals including information gathered from family members, child care providers as well as any medical or assessment information from other licensed professionals working with the child.
* Assessment of type and level of parent/caregiver training preferred.
* Assessment of type and level of parent/caregiver involvement in treatment.
* Identification of current services the child is receiving and referral for other needed services.
* Recommendation of treatment options, intensity, frequency and duration.
* Determination of how frequently to monitor the child's progress if monitoring is required more frequently than every 6 months.
* Medical information from a licensed physician or advanced practice registered nurse.

Who Can Provide Service?

Licensed Mental Health Professional
Psychiatrist

Where does Service Take Place?

Center, clinic or office

Selected Code Descriptions

0359T Behavioral Identification Assessment
HP Doctoral Level
HO Master's Degree Level
GT via interactive audio and video telecommunications systems

Coding

0359T-new EIDBI modifier-Physician or APRN
0359T-GT/new EIDBI modifier-Physician or APRN (telemedicine)
0359T-HP/new EIDBI modifier-Doctoral level
0359T-HP/GT/new EIDBI modifier –Doctoral level (telemedicine)
0359T-HO/new EIDBI modifier- Master's degree level
0359T-HO/GT/new EIDBI modifier-Master's degree level (telemedicine)

Notes:

We contacted a member of the CPT Editorial Panel who created the new Category III codes. The panel member suggested this service could fit into a Category I code. The only category I code(s) that seem to fit are 96150 and 96151 which are part of the Health and Behavioral Assessment/Intervention code group. We were concerned about other payers and codes in this group. Based on feedback we heard regarding other codes in this range, we thought the 0359T may work best for all payers.

INDIVIDUAL TREATMENT PLAN DEVELOPMENT AND MONITORING

What is it?

Development and monitoring by the qualified supervising professional or Level I ABA or DBI Professional who coordinates and integrates information from the CMDE process to develop the Individual Treatment Plan. The Individual Treatment Plan specifies the:

* child's functional goals which are developmentally appropriate, and work toward generalization across people and environments;
* treatment modality or modalities
* treatment intensity, frequency and duration
* setting
* discharge criteria
* treatment outcomes and the methods to be implemented to support the accomplishment of outcomes, including the amount of time needed for each level of provider to deliver child treatment and parent training

The Individual Treatment Plan reflects the values, goals, preferences, culture and language of the child's family.

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 Code Descriptions

H0032 Mental Health Service Plan Development by non-physician
UD 15 minute unit
HP Doctoral level
HO Master's degree level
HN Bachelor's degree level

Coding

H0032/UD/HP/new EIDBI modifier-Doctoral level
H0032/UD/HO/new EIDBI modifier-Master's degree level
H0032/UD/HN/new EIDBI modifier-Bachelor's degree level

Notes

This service needs to be time based. The H0032 by definition is not time based. The H0032 was approved for mental health service plan development with time and we would suggest using it here as time based too (UD modifier). We contacted a member of the CPT Editorial Panel and suggested a new Category III code be created for this service. It was recommended that we submit a request.

FAMILY/CAREGIVER TRAINING AND COUNSELING

What is it?

Specialized training and education provided to a family/caregiver to assist with a child's needs and development while educating and supporting families. The provider will observe, instruct and train the family/caregivers on the child's development status, and techniques and strategies to promote the child's development. Service could be done via two-way interactive video telecommunications if medically appropriate to the condition and needs of the recipient and family.

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 Code Descriptions

T1027 Family training and counseling for child development, per 15 minutes
HP Doctoral level
HO Master's degree level
HN Bachelor's degree level
GT via interactive audio and video telecommunications systems
HQ Group setting

Coding Individual	Coding Group
T1027/new EIDBI modifier-Physician or APRN	T1027/HQ/new EIDBI modifier-physician or APRN
T1027/GT/new EIDBI modifier-Physician or APRN (telemedicine)	T1027 HP/HQ/new EIDBI modifier-doctoral level
T1027/HP/new EIDBI modifier-Doctoral level	T1027 HO/HQ /new EIDBI modifier-Master's degree level
T1027/HP/GT/new EIDBI modifier-Doctoral level (telemedicine)	T1027/HN/HQ/new EIDBI modifier-Bachelor's degree level
T1027 HO/new EIDBI modifier-Master's degree level	
T1027 HO/GT/ new EIDBI modifier-Master's degree level (telemedicine)	
T1027 HN/ new EIDBI modifier-Bachelor's degree level	
T1027 HN/GT/new EIDBI modifier-Bachelor's degree level (telemedicine)	

Coding Notes:

The variability with which parents may choose to participate in this service will be great making the need for a timed code. Time will allow for individualization based on parent/caregiver preferences and needs. The T1027 describes the service and is based on a 15 minute unit which is good. An alternative code Category III coding solution, the 0370T and 0371T, was also considered:

0370T Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (w/o patient)
0371T Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (w/o patient)

The 0370T and 0371T are not time based and represent a less desirable coding solution.

COORDINATED CARE CONFERENCE

What is it?

The coordinated care conference brings together the team of professionals that work with the child and family to develop and coordinate the implementation of the individual treatment plan. It assures that services are coordinated and integrated across providers and service delivery systems. Service could be done via two way interactive video telecommunications if medically appropriate to the condition and needs of the recipient.

Participants in the conference will:

* Coordinate and integrate information from the CMDE process
* Describe intensive treatment options and expectations across service settings
* Document intensive treatment scope, modality, intensity, frequency and duration based on the CMDE recommendations and family choice.
* Review the child's progress towards goals with the child's family.
* Coordinate services provided to the child and family
* Identify the level and type of parent involvement in the child's intensive treatment.
* Integrate care and services across service providers to ensure access to appropriate and necessary care including medically necessary speech therapy, occupational therapy, mental health, human services or special education.

Who Can Provide the Service?

Qualified Supervising Professional
Qualified CMDE Provider
Developmental/Behavioral Professional-Level I Provider
Developmental/Behavioral Practitioner-Level II Provider

Where Does It Take Place?

Center or clinic
Home

Selected Code Description

T1024 Evaluation and Treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter
HP doctoral level
HO Master's degree level
HN Bachelor's degree level
GT via interactive audio and video telecommunications systems

Coding

T1024/new EIDBI modifier-Physician or APRN
T1024/GT/new EIDBI modifier-Physician or APRN (telemedicine)
T1024/HP/new EIDBI modifier-Doctoral level
T1024/HP/GT/new EIDBI modifier-Doctoral level (telemedicine)
T1024 HO/ new EIDBI modifier-Master's degree level
T1024 HO/GT/new EIDBI modifier- Master's degree level (telemedicine)
T1024 HN/new EIDBI modifier-Bachelor's degree level
T1024 HN/GT/new EIDBI modifier-Bachelor's degree level (telemedicine)

TRAVEL TIME

What is It?
Provider travel time allows providers to bill for traveling to the recipient's home to provide covered face-to-face EIDBI services. Recipients must have an individual treatment plan specifying why the provider must travel to the recipient's home. Travel time covers only the time the provider is in transit to and from the recipient. Travel time only applies to the following services: EIDBI Intervention, EIDBI Intervention Supervision and Family Caregiver Training and Counseling.

Who Can Provide the Service?
EIDBI providers traveling to provide EIDBI Intervention, EIDBI Intervention Supervision or Family Caregiver Training and Counseling.

Where does the service take place?
99- Other Place of Service

Selected Code Description
H0046 Provider Travel Time

Coding
H0046/new EIDBI modifier

Coding Notes
The H0046 is currently used for provider travel time for mental health services on a per minute basis.
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).

PROVIDERS

Licensed Mental Health Professional :

- Licensed psychologist;
- Licensed psychological practitioner;
  Licensed independent clinical social worker;
- An advanced practice registered nurse who is licensed and is certified as a clinical nurse specialist in mental health, or is certified as a nurse practitioner in pediatric or family or adult mental health nursing by a national nurse certification organization;
- Licensed marriage and family therapists with at least two years of post-master's supervised experience. Covered Medicaid mental health services do not include marriage counseling; and
- Effective January 1, 2010, licensed professional clinical counselor with at least 4,000 hours of post-master's supervised experience.

To qualify as a CMDE provider the licensed mental health professional or psychiatrist must:

- Have at least 2,000 hours of clinical experience in the evaluation and treatment of children with ASD, or equivalent documented course-work at the graduate level by an accredited university in the following content areas: ASD diagnosis, ASD treatment strategies, child development;
- Be able to diagnose and/or provide treatment
- Work within their scope of practice and professional license; and
- Not be the same professional who delivers or supervises the child's direct treatment. In geographic areas with a provider shortage, as determined by the Department, the same professional may perform the CMDE and deliver or supervise the child's direct treatment.

Qualified Supervising Professional:

EIDBI services must be provided under the supervision of, and billed by, a qualified supervising professional who assumes professional responsibility for the services provided and is a:

- Mental health professional
- Physician; or
- Advanced practice registered nurse.

Qualified supervising professionals must work within their licensed scope of practice, and have at least 2,000 hours of experience and/or training in the examination and/or treatment of children with ASD or equivalent documented coursework at the graduate level by an accredited university in the areas of ASD diagnostics, ASD developmental and behavioral treatment strategies and typical child development.

ABA and DBI Developmental/Behavioral Professional (Level I provider):

All Level I ABA and DBI providers must:
Work under the supervision of a qualified supervising professional, and
Have at least 2,000 hours of clinical experience and/or training in the examination and/or treatment of children with ASD or equivalent documented coursework at the graduate level by an accredited university in the areas of ASD diagnostics, ASD developmental and behavioral treatment strategies, and typical child development **.**

Additionally, all Level I ABA treatment providers must have a:

- Master's degree in one of the behavioral health, child development or allied fields (such as, but not limited to, mental health, special education, social work, psychology, speech pathology, or occupational therapy) from an accredited college or university, and
- Board Certified Behavior Analyst (BCBA) or Board Certified Behavior Analyst – Doctoral (BCBA-D) certification from the National Behavior Analyst Certification Board.

Additionally, all Level I DBI treatment providers must have a:

- Master's degree in one of the behavioral health, child development or allied fields (such as, but not limited to, mental health, special education, social work, psychology, speech pathology, or occupational therapy) from an accredited college or university, or
- Bachelor's degree in one of the behavioral health, child development or allied fields (such as, but not limited to, mental health, special education, social work, psychology, speech pathology, or occupational therapy) from an accredited college or university and certification in one of the DHS recognized treatment modalities.

ABA and DBI Developmental/Behavioral Practitioner (Level II provider):

All Level II ABA and DBI providers must:
Have at least 2,000 hours of clinical experience and/or training in the examination and/or treatment of children with ASD or equivalent documented coursework at the graduate level by an accredited university in the areas of ASD diagnostics, ASD developmental and behavioral treatment strategies and typical child development, or
Be fluent in the non-English language of the ethnic group to which at least 50 percent of the practitioner's clients belong, meet the Department's ASD specific training requirements, and receive supervision from a qualified supervising professional or qualified Level I ABA or DBI Developmental/Behavioral Professional at least once a week until the requirement of 2,000 hours of supervised experience is met.

Additionally, all Level II ABA treatment providers receive supervision from a qualified supervising professional (QSP), or Level I ABA professional, and must have a:

- Bachelor's degree in one of the behavioral or child development sciences or allied fields (such as, but not limited to, mental health, special education, social work, psychology, speech pathology, or occupational therapy) from an accredited college or university; and
- Board Certified Assistant Behavior Analyst (BCaBA) certification from the National Behavior Analyst Certification Board;

Additionally, all Level II DBI treatment providers receive supervision from a QSP or qualified Level I ABA or DBI professional, and must have a:

- Bachelor's degree in one of the behavioral or child development sciences or allied fields (such as, but not limited to, mental health, special education, social work, psychology, speech pathology, or occupational therapy) from an accredited college or university; or
- Associate degree in one of the behavioral or child development sciences or allied fields (such as, but not limited to, mental health, special education, social work, psychology, speech pathology, or occupational therapy) from an accredited college or university and at least 4,000 hours of supervised clinical experience in the delivery of treatment to children with ASD. Hours worked as a Behavioral Aide or Developmental/Behavioral Support Specialist may be included in the required hours of experience; or
- At least 6,000 hours of supervised clinical experience in the delivery of treatment to children with ASD. Hours worked as a Behavioral Aide or Developmental/Behavioral Support Specialist may be included in the required hours of experience; or
- Is a graduate student in one of the behavioral sciences, child development sciences, or allied fields and is formally assigned by an accredited college or university to an agency or facility for clinical training with children with ASD.

ABA and DBI Developmental/Behavioral Support Specialist (Level III provider):

All Level III ABA and DBI providers must:

Work under the supervision of a qualified supervising professional, or a Level I or II ABA or DBI provider.

Have the following experience and or training:

Be at least 18 years old;

Meet the Department's ASD specific training requirements; and

Have a high school diploma or general equivalency diploma (GED) or:

- Be fluent in the non-English language of the ethnic group to which at least 50 percent of the practitioner's clients belong; or
- Have two years of experience as a primary caregiver to a child with autism spectrum disorder within the previous five years; or
- Be a Registered Behavior Technician (RBT) as defined by the Behavior Analyst Certification Board

AUC BUSINESS NEED EXPLANATION FORM (AUC SBAR)

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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.

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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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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

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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.

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Section I – SBAR Status/Disposition information (To be completed by the Minnesota Department of Health)

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

Section II – Contact information (Person submitting the SBAR and/or Subject Matter Expert)

Contact Information for person completing this form:

Name: ANDREA AGERLIE
Title: Health Care Coding Compliance Officer
Email address: andrea.agerlie@state.mn.us
Telephone: 651-263-6314

Organization Information:

Name: MINNESOTA DEPARTMENT OF HUMAN SERVICES
Address: 540 Cedar St. , St. Paul, MN 55164-0993

Complete for additional contact or Subject Matter Expert, as required:

Name:
Title:
Email address:
Phone number:

Section III – SBAR information (Concise and specific description of the issue to be addressed stating the Situation, Background, Assessment, and Recommendation)

SBAR Issue Title: MENTAL HEALTH SERVICE PLAN DEVELOPMENT

S

SITUATION – Describe the current business practice(Please describe the problem or issue to be addressed):

The 2013 Minnesota Legislature modified 256B.0943 to add a new covered service under Children's Therapeutic Services and Supports (CTSS) called Mental Health Service Plan Development. The definition of Mental Health Service Plan Development in 256B.0943, Subd. 1(p) is as follows:

(1) The development, review, and revision of a child's individual treatment plan as provided in Minnesota Rules, part 9505.0371, subpart 7, including involvement of the client or client's parents, primary caregiver, or other person authorized to consent to mental health services for the client, and including arrangement of treatment and support activities specified in the individual treatment plan; and

(2) Administering standardized outcome measurement instruments, determined and updated by the commissioner, as periodically needed to evaluate the effectiveness of treatment for children receiving clinical services and reporting outcome measures as required by the commissioner.

In addition to CTSS, DHS has determined there is sufficient funding allocated to provision of Adult Rehabilitative Mental Health Services (ARMHS) to provide payment for similar services.

Mental Health Service Plan Development applies to both fee-for-service and managed care.

B

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

CTSS and ARMHS providers have clear requirements for completion of an individual treatment plan as well as timelines for review and revision of the plan. Legislation requires both CTSS and ARMHS providers to engage in Functional Assessment and related outcome measurement. Prior to the 2013 legislative changes, however, these time intensive activities were not reimbursed.

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):

Mental Health Service Plan Development will need to be split into two codes, one for the development, review and revision of the client's individual treatment plan (service plan development) and one for the administering of standard outcome measurements and reporting outcome measures (functional assessment). In addition, it is imperative the codes be defined with a time unit.

SERVICES TO BE CODED:

SERVICE PLAN DEVELOPMENT

CHILDREN:

* Treatment planning and review with family included
* Parent/legal guardian provides approval of individual treatment plan and any changes therein.

ADULTS:

* Treatment planning and review with or without family

FUNCTIONAL ASSESSMENT (AND OUTCOME MEASUREMENT)

CHILDREN:

* Strengths and Difficulty Questionnaire (SDQ)
* Child Adolescent Service Intensity Instrument (CASII) age 6-21 or Early Childhood Service Intensity Instrument (ECSII) under age 6
* Administration and reporting requirement at various intervals for the specified ages

ADULTS:

* Assessment covers 14 distinct domains of the clients functioning across different settings
* Assesses and identifies functional strengths and/or impairments.
* Clearly and concisely describes in narrative the individual's current status and level of functioning within each of 14 domains.
* Informs the Level of Care Utilization System (LOCUS) to help determine the resource intensity needs of individuals who receive adult mental health services.

For children, these services are completed by mental health professionals or clinical trainees. For adults, these services are completed by a practitioner, clinical trainee or mental health professional. Services can take place in a variety of settings, including but not limited to, clinic, school, home, community mental health center. Services are professional and will be billed on the 837p claim transaction.

CHALLENGES (the need for a time based code):

The needs and time involved in performing the above activities with adults differ markedly from performing these activities with children and their families.

* In general, adult mental health clients are their own legal guardians and they bear the responsibility and right to approve their own treatment plan, whereas clients under age 18 cannot provide approval for their own services. Due to work schedules, family situations or different treatment and legal requirements, Service Plan Development activities for children are more complex than adults.

* Requirements for adult Functional Assessment are greater (and take much longer to complete) than the requirements for children. The Functional Assessment and level of care determination for adults are greater than the requirements for Functional Assessment (outcome measurement) for children and adolescents (CASII, ECSII and SDQ).

	* Treating children with different diagnostic profiles can vary substantially from child to child, requiring varying resources and activities necessary to complete their Service Plan Development. * Providers are continually challenged to meet the needs of emerging immigrant populations as a response to Minnesota's diversifying demographics. Services to culturally and linguistically diverse individuals can vary widely due to complexity of language and cultural differences. Additional time may be needed to engage and thoroughly understand the individual's service needs. * Single, session-based codes for services that vary widely case to case and provider to provider will over compensate many providers and under compensate many others. The likely outcome is poorer treatment planning and monitoring than is warranted by the treatment needs of the specific client. Mental Health Service Plan Development applies to DHS fee-for-service and managed care. Discussion is necessary to develop a uniform billing method.
R	**RECOMMENDATION** – What are you recommending, including any known timing that needs to be considered: Pending federal approval, the effective date for coverage of these services will be 7/1/14. H0031 Mental Health Assessment, by non-physician H0032 Mental Health Service Plan Development by non-physician Both of the above codes seem to be a good fit for the description of services provided, but they are not time based. We have not found time based codes that address these services. We have found 9 states that cover these services using the H0031 and H0032. Seven of the nine states use a 15 minute unit for the codes. We would like to temporarily use these codes with a 15 minute unit and pursue establishment of two new time based codes through the Pilot Medicaid HCPCS Code Modification Request. I have spoken with a CMS regarding this situation. This process does not guarantee approval of new codes and is dependent upon other state involvement. The process also takes time and if establishment of new codes does take place, they would not be effective until 2015 at the earliest. We need a method to bill Mental Health Service Plan Development beginning 7/1/14.

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.

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Date [SBAR Response Approved by TAG]:

Reviewed by: [AUC TAG Name]:

AUC Co-Chair(s):

AUC Response:

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SBAR ISSUE: Gambling Addiction Program

AUC BUSINESS NEED EXPLANATION FORM (SBAR)

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Short Title		Log No.	Date Closed
Status: Exec Review Date	Sent to TAG/WG	TAG Recommendation: _____ Accept _____ Reject	Decision to Originator

Section II – Contact information (Person submitting the SBAR and/or Subject Matter Expert)

Contact Information for person completing this form:

Name:RICHARD SCHERER
Title:BUSINESS MANAGER
Email address:richard@clubrecoveryllc.com
Telephone: 952.926.2526

Organization Information:

Name:CLUB RECOVERY, LLC
Address: 6550 YORK AVE SOUTH
SUITE 620
EDINA, MN 55435

Complete for additional contact or Subject Matter Expert, as required:

Name:
Title:
Email address:
Phone number:

Section III – SBAR information (Concise and specific description of the issue to be addressed stating the Situation, Background, Assessment, and Recommendation)

SBAR Issue Title:

S	**SITUATION** 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"
B	**BACKGROUND** 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.

A	**ASSESSMENT** –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.
R	**RECOMMENDATION** – 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.

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.

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Date [SBAR Response Approved by TAG]:

Reviewed by: [AUC TAG Name]:

AUC Co-Chair(s):

AUC Response:

Gambling – DHS

Response to SBAR Gambling Addiction Program

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.

The proposed coding is on the embedded excel worksheet.

Worksheet in - Compulsive Gambling

Gambling - Proposed Coding - FACILITY

	Service Description	Type of Bill	Procedure/Revenue Code	Mod	Mod	Mod	Unit
1	Assessment-Practitioner	89X	H0031	U8	HN	or H9	1/day
2	Assessment-Masters	89X	H0031	U8	HO	or H9	1/day
3	Assessment-Doctoral	89X	H0031	U8	HP	or H9	1/day
4	Individual-Practitioner	89X	H2019	U8	HN		15 mins
5	Individual-Masters	89X	H2019	U8	HO		15 mins
6	Individual-Doctoral	89X	H2019	U8	HP		15 mins
7	Family-Practitioner	89X	H2019	U8	HN	HR or HS	15 mins
8	Family-Masters	89X	H2019	U8	HO	HR or HS	15 mins
9	Family-Doctoral	89X	H2019	U8	HP	HR or HS	15 mins
10	Group	89X	H2019	U8	HQ		15 mins
11	*Group -Follow up	89X	H2019	U8	HQ	TS	15 mins
12	Residential -Treatment Services	86X	0900				day
13	Residential - Room and Board	86X	1001				day

Code	Description
H0031	Mental Health assessment, by nonphysician
H2019	Therapeutic behavioral services, per 15 minutes
0900	Behavioral Health Treatment Services/Gen Classification
1001	Behavioral Health Accomodations/Gen Classification
H9	Court Ordered
HN	Practitioner (MH Practitioner, 4 yr bachelor level, LADC)
HO	Master (LICSW, LMFT)
HP	Doctoral (PhD)
HQ	Group
HR	with client
HS	without client
TS	Follow up s *(recovery/continuing care[future])
U8	Compulsive Gambling Tx *(new U mod)*

Compulsive Gambling -
Proposed Coding -
PROFESSIONAL

	Service Description	POS	Procedure Code	Mod	Mod	Mod	Unit
1	Assessment-Practitioner	11,22,21	H0031	U8	HN	or H9	1/day
2	Assessment-Masters	11,22,21	H0031	U8	HO	or H9	1/day
3	Assessment-Doctoral	11,22,21	H0031	U8	HP	or H9	1/day
4	Individual-Practitioner	11,22	H2019	U8	HN		15 mins
5	Individual-Masters	11,22	H2019	U8	HO		15 mins
6	Individual-Doctoral	11,22	H2019	U8	HP		15 mins
7	Family-Practitioner	11,22	H2019	U8	HN	HR or HS	15 mins
8	Family-Masters	11,22	H2019	U8	HO	HR or HS	15 mins
9	Family-Doctoral	11,22	H2019	U8	HP	HR or HS	15 mins
10	Group	11,22	H2019	U8	HQ		15 mins
11	*Group -Follow up	11,22	H2019	U8	HQ	TS	15 mins

Code	Description
H0031	Mental Health assessment, by nonphysician
H2019	Therapeutic behavioral services, per 15 minutes
0900	Behavioral Health Treatment Services/Gen Classification
1001	Behavioral Health Accomodations/Gen Classification
H9	Court Ordered
HN	Practitioner (MH Practitioner, 4 yr bachelor level, LADC)
HO	Master (LICSW, LMFT)
HP	Doctoral (PhD)
HQ	Group
HR	with client
HS	without client
TS	Follow up se *(recovery/continuing care[future])
U8	Compulsive Gambling Tx *(new U mod)*

SBAR - PUBLIC HEALTH NURSE SERVICES UPDATES

Step 3: Submit the completed SBAR(s) and MCT Decision Tree(s) to the AUC via email at: health.AUC@state.mn.us.

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. 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:	Date:
Public Health Nurse	**February 5, 2015**
Contact Information for person completing this form:	**Organization Information:**
Name: Katherine Sijan Title: HealthCare Coding Compliance Officer Email address: katherine.sijan@state.mn.us Telephone: 651-431-5784	Name: Minnesota Dept of Human Services Address: 540 Cedar St St Paul, MN 55155

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: **PUBLIC HEALTH NURSE SERVICES - UPDATES**

S	**SITUATION** – Describe the current business practice(Please describe the problem or issue to be addressed: [1] See Companion Guide 837P, the table A.5.4.a – Public Health Nurse Clinic Services – corrections needed. Codes are listed in the incorrect column. See below [2] An inquiry to DHS recently asked about PH Nurses. The majority of public health nurse visits are completed in the client's home or place of residence using S9123. However there are occasions when the nurse visits the client in a different setting such as college or not in the patients home or residence.
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): Propose to: 1- corrections to the grid 2- update the grid to account for 'other' places of service for PH nurse services.
R	**RECOMMENDATION** – What are you recommending, including any known timing that needs to be considered: Make corrections to the grid as stated above ASAP and consider adding coding and other place of service codes to grid.

Table A.5.4.a -- PUBLIC HEALTH NURSE CLINIC SERVICES

_v8v9.0 MUCG for the ASC X12N/005010X222A1 Health Care Claim: Professional (837)
Maternal And Child Health Billing Guide For Public Health Agencies
Table A.5.4.a -- Public health nurse clinic services

	Home or Place of Residence (use appropriate POS) **04 - Homeless Shelter** **12 - Home**	**Public Health Clinic** **(POS 71)**	**Other Place of Service** **(use for other than home or residence, such as school)** **02 - School** **04 - Homeless Shelter** **99 ---Other**
Services Include: • **Health Promotion & Counseling** • **Nursing Assessment & Diagnostic Testing** • **Medication Management** • **Nursing Treatment** • **Nursing Care, in the home by RN (PHN & CPHN)**	**S9123**	**T1015**	**T1002**
Home Health Aide or CNA, per visit	**T1021**	~~**S9445**~~ ~~**S9446**~~ **T1021**	**T1021**
Patient Education only – if no other services (includes car seat education)	~~**S9123**~~ **S9445 – indiv** **S9446 - group**	**S9445 – indiv** **S9446 - group**	**S9445 – indiv** **S9446 - group**

SEE CODE VERBIAGES BELOW

S9123- Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)

S9445- Patient education, not otherwise classified, nonphysician provider, individual, per session

S9446- Patient education, not otherwise classified, nonphysician provider, group, per session

T1002 - RN services, up to 15 minutes

T1015- Clinic visit/encounter, all-inclusive

T1021- Home health aide or certified nurse assistant, per visit

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:

Background of Maternal Child Health billing grid for County Public Health Departments

As part of an initiative called Minnesota Healthy Beginnings (a home visiting program that offers a post partum visit to all mothers after delivery of their newborn), public health reviewed the mix of funding that supported these home visits to ensure sustainability of that service. The funding sources include federal and state grants, local funding support as well as some reimbursement from Department of Human Services (DHS) and health plans for women enrolled in MN Health Care Programs.

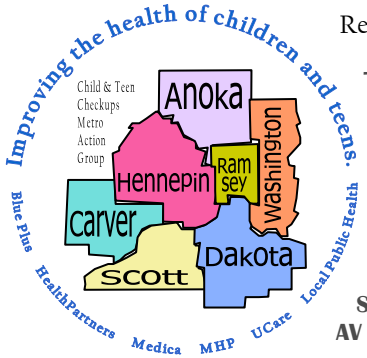
Many local public health departments were unclear as to how to bill for these home visits as well as for other public health nurse (PHN) clinics services that these women are eligible for through public health agencies. Public Health asked DHS and health plan representatives to participate in a videoconference training in 2003 for local public health departments to explain this. DHS and health plan partners assembled the billing codes relating to public health services into a grid entitled, “Maternal and Child Health Billing Guide for Public Health Agencies – MN Health Care Programs Specific”. It includes PHN clinic services for both the home setting as well as the public health clinic setting. The grid also contains codes for services that public health provides to women and children in MN Health Care Programs such as car seat education, birthing classes, enhanced prenatal services (for at-risk pregnancies), and codes for TB case management (in DHS contracts for MHCP, health plans are required to use public health departments as the preferred provider for this service). There has been a recent request to add a couple more miscellaneous items relating to C&TC visits (new requirement for depression screening in mother and developmental and mental health screening for children). Dental varnish code could also be listed here as many public health departments provide this.

C&TC BILLING GUIDELINES for Minnesota Health Care Programs - 2010

	Blue Plus	DHS	HealthPartners	Medica	MHP	UCare
Hearing & Vision Both screenings are required at every visit.	**Hearing** Use 92551, 92552, 92582, 92583 or V5008 as appropriate for objective hearing screening. **Vision** Commonly used code 99173 The objective screenings must be billed as a separate line item and the results documented in the patient's medical record; the subjective screenings are covered under evaluation & management (E&M) codes.					
Minnesota Vaccines for Children (MNVFC)	Use administration codes 90471 (one vaccine) and 90472 (more than one vaccine given). List the actual immunization given **with** the SL* modifier and a $.01 charge.	Use administration codes 90465-90468 and 90471-09474 as appropriate. Refer to DHS Provider Manual Immunization Chapter 9A for details: http://www.dhs.state.mn.us/ For MnVFC, list the actual immunization with the SL* modifier and a $.00 charge.	Use administration codes 90471 (one vaccine) and 90472 (more than one vaccine given). List the actual immunization **with** the SL* modifier and a $.01 charge.	Use administration codes 90471 (one vaccine) and 90472 when more than one vaccine given. List the actual immunization given **with** the SL* modifier and a $.00 or $.01 charge.	Use administration codes 90471 (one vaccine) and 90472 (more than one vaccine given). List the actual immunization given **with** the SL* modifier. A $.00 is preferred but a $.01 charge can be accepted.	Use administration codes 90471 (one vaccine) and 90472 (more than one vaccine given). List the actual immunization given **with** the SL* modifier. A $.00 is preferred but a $.01 charge can be accepted.
Health Education	Can be billed as a separate line item if at least 15 minutes is spent on this component.	Health education and anticipatory guidance are considered part of the E&M code. Preventive medicine and individual counseling codes may be billed, if appropriate (e.g., 99401, 99402), but must be billed on a separate claim with modifier 25 and a different dx code. These preventive medicine and individual counseling codes should be billed only when a separate and distinct service is provided above and beyond what is covered under the E&M code for C&TC anticipatory guidance and health education.	If performed at the same time as preventive visit, will be denied per CPT. Follow CPT direction of these codes.	If a patient comes in for counseling only, submit codes 99401-99404 for individual counseling and 99411-99412 for group counseling instead of an E/M service code. Use the U7 modifier when someone other than the MD/PA/NP performs the service. Counseling services are included in the E/M services.	Can be billed as a separate line item if at least 15 minutes is spent on this component.	Can be billed as a separate line item if at least 15 minutes is spent on this component.
Blood Lead	Blood lead testing should be completed at 12 and 24 months. If you are unable to perform at 12 or 24 months, one test should be done between 9 – 15 months and another between 15 – 36 months. A blood lead screening test should also be done between the ages of 3 and 6 years old if the child has never been tested. All payers accept 83655 (and 83655-90 for blood lead tests when an outside lab is used and the clinic agreement with lab states that the clinic is to bill for service).					
Developmental Screenings	96110	96110	96110	96110	96110	96110
Mental Health Screenings	**In order to bill, a standardized screening instruments must be used, either observational or parent report, that are normed for the age of the patient and include an interpretation component.**					
	96110UC	96110UC	96110UC	96110UC	96110UC	96110UC
Autism Screening	Providers are encouraged to use the developmental and social-emotional screening tools recommended by MDH as a 1st line of screening. If there is an autism indication, then use of a more specific screening tool such as the ModifiedChecklist for Autism in Toddlers (M-CHAT). If the M-CHAT is used, then bill 96110. If a both the developmental and M-CHAT standardized screening tools are use on the same day, bill 96110 with 2 units.					
Complete C&TC Code 0302	**Indicates a complete C&TC was performed; use in conjunction with the two-character referral codes. Some health plans provide additional reimbursement; please refer to your contract language.**					
	Bill S0302 when a complete exam is performed and documented.	As of 3-1-08, C&TC providers can use S0302 on their fee-for-service C&TC claims. S0302 is informational only and is not required. It will not generate C&TC or additional payment. If reported, it must have a $0.00 charge.	Bill S0302 when a complete exam is performed and documented.	Bill S0302 when a complete exam is performed and documented. Reimbursement is provided when the two character referral codes are used (see next page).	Bill S0302 when a complete exam is performed and documented.	Bill S0302 when a complete exam is performed and documented.
Maternal depression screening	When the maternal depression screening occurs during a C&TC or other pediatric visit for an MHCP-eligible child under one year of age, and one of the standardized screening instruments is used, bill CPT code 99420 under the child's MHCP recipient /child's health plan ID number. MHCP allows up to three maternal depression screenings for a child under one year of age. See next page for other details.					

*SL Modifier = State supplied vaccine. **This grid provides guidelines and does not contain all C&TC components or possible billing codes. Clinics should follow the current C&TC Schedule of Age-Related Screening Standards, current CPT guidelines, and normal billing procedures. This grid is made available by Blue Plus, HealthPartners, Medica, MHP, UCare and DHS. This document is subject to change. The most up-to-date grid can be found at www.dakotacounty.us/HealthFamily/HealthyLiving/Children/ChildandTeenCheckupsInformationforProviders.htm or www.mnhealthplans.org/tools/health_plans.cfm

29-April-2010 DRAFT FOR REVIEW



Recommended developmental and mental health screening instruments can be found at health.state.mn.us/divs/fh/mch/devscrn/instruments.html

TWO-CHARACTER REFERRAL CODES

Enter appropriate two-character referral code in MOD 2 field–Electronically or into **shaded** portion of Box 24A of CMS 1500.
Enter Y in **un-shaded** portion of Box 24**H** (EPSDT/Family Planning) on each line to indicate the claim is a C&TC.

REFERRAL CODES

NU = No referral was made
ST = Referral to another provider for diagnostic or corrective treatment/scheduled for another appointment with screening provider for diagnostic or corrective treatment for at least one health problem identified during an initial or periodic screening service (does not include dental referrals)
S2 = Patient is currently under treatment for referred diagnostic or corrective health problem
AV = Patient refused referral

REFERRAL CODE PURPOSE

- Indicates that there is a need for the child to be seen again by the screening or other provider for assessment, diagnosis or treatment as a result of the C&TC.
- Informs state and county C&TC staff that a referral was made. Referral follow-up assistance is provided as needed to help assure follow-up care is received.
- It documents that a COMPLETE Child & Teen Checkups screening was performed for enhanced/appropriate reimbursement purposes.
- Fulfills Minnesota's reporting requirements to the Centers for Medicare and Medicaid Services (CMS) on the number of referrals made as a result of C&TC screenings.

UNSUCCESSFULL ATTEMPTS

Blue Plus, MHP & UCare When a valid attempt was made, o.k. to bill for the service that was not completed. Use the appropriate code you would bill if component was completed and it must be documented that the screening was attempted and why it was incomplete.

HealthPartners & Medica Unable to bill for good faith attempts unless the screening accomplished some result, but less than expected for the procedure. Use the appropriate code you would bill if component was completed with the 53 for HealthPartners and the 52 modifier for Medica. It must be documented that the component was attempted and why it was incomplete.

SPORTS PHYSICALS

The Minnesota State High School League's (MSHSL) Sports Qualifying Physical Examination Clearance Form a very comprehensive exam tool. However, there are just a few C&TC components that need to be added to make the sports physical exam counts as a complete C&TC screening. The C&TC Metro Action Group created a documentation sheet that has the six components of a C&TC screening that are not on the MSHSL Form.

MATERNAL DEPRESSION SCREENING

Effective January 1, 2010, MHCP covers maternal depression screening as a separate service when performed during a C&TC or other pediatric visit, as a risk assessment for the child. Providers are encouraged to screen mothers who have an MHCP-eligible child under one year of age for maternal depression.

- Screen any time within the child's first year (suggested screening times are at the 1-month visit and either the 4-month).
- Use one of the following standardized screening tools: Edinburgh Postnatal Depression Scale (EPDS), Patient Health Questionnaire - 9 (PHQ-9) Screener, or Beck Depression Inventory (BDI)

Providers who meet the instrument-specific criteria for administering the tool, as outlined by the publisher, may perform screenings. Depending on the tool, this may include physicians, nurse practitioners, physician assistants, nurses, medical assistants or other appropriately trained staff.

For service documentation purposes, record the name of the completed screening tool and that the screening was performed as a "risk assessment" in the child's medical record. You are not required to include the screening score, results or a copy of the screening tool in the child's record. You may give the mother a paper copy of the screening tool to bring with her to a referral appointment or destroy it if she does not want it.

Additional Resources:

- C&TC Web Page
- MHCP Children's Services
- MDH Postpartum Depression Education Materials
- Support and Training to Enhance Primary Care for Postpartum Depression STEP-PDD Online Training Course

OTHER GUIDELINES WHEN BILLING HEALTH PLANS

Go to www.dakotacounty.us/HealthFamily/HealthyLiving/Children/ChildandTeenCheckupsInformationforProviders.htm or www.mnhealthplans.org/tools/health_plans.cfm to view the latest edition of the **Frequently Asked Questions** document for additional billing and coding information.

Administrative
Uniformity
Committee

AUC BUSINESS NEED EXPLANATION

S	**SITUATION** – Describe the current business practice: HealthPartners is currently reviewing Maternal and Child Health coding guidelines for public health agencies. See attached document.
B	**BACKGROUND** – Explain the pertinent history of the business practice: In accordance with 62J Legislation, we would like to see consistent coding practices for the services defined in the attachment.
A	**ASSESSMENT** – Summarize your analysis of this issue considering key stakeholder perspectives and the AUC mission, vision, values and strategy Our analysis has determined that provider's coding practices for these services are not consistant, and would encourage providers to follow the AUC strategy of uniform billing practices to reduce administrative costs.
R	**RECOMMENDATION** – What are you recommending: HealthPartners recommends that providers follow established national and local coding procedures.
	CONTACT INFORMATION – This form was completed by: Deb Sorg Email address: deb.a.sorg@healthpartners.com Phone number: (651) 265-1316 Organization: HealthPartners Address: Minneapolis, MN

INSTRUCTIONS: This form is to be completed by organizations desiring the AUC to consider working on a particular issue related to administrative simplification that would benefit Minnesota. This completed form will be evaluated by the AUC Operations Committee, who will determine any action to be taken. A reply will be made to the submitter following the discussion at an AUC Operations Committee meeting.
Submit this completed form to the AUC email box at Health.auc@state.mn.us

AUC Response:

A Public Health Nursing Clinic (PHNC) must be a department, or operate under the direct authority, of a unit of government -- county, city, or school district.

PHNC services that are typically provided in the clinic setting may also be performed the the recipient's home on an intermittent basis. PHNC visits may not be used as a substitute for traditional home care provided by a Medicare certified Home Health Agency.

PHNC covered services

Health Promotion and Counseling: education and counseling to alleviate or prevent health problems. Does not include in-depth nutritional counseling normally performed by a licensed dietician, nor does it include structured diabetic education programs.

Medication Management: review of current medications and adherence to the prescribed medication regime. Education on proper medication use and contact with the prescribing physician when necessary.

Nursing Assessment, Treatment and Diagnostic Testing: a health history or examination that includes an evaluation of health behaviors and risk factors, and is performed within the scope of practice of a licensed registered nurse. Usually provided in the clinic but may be provided in the home (non-Medicare certified home care) on an intermittent basis to ensure the recipient receives necessary care

SBAR: Behavioral Health Home

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.

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
		_____ Accept _____ Reject	

REMINDER: Submit the completed SBAR and MCT Decision Tree form via email to the AUC at 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: BHH – Behavioral Health Home	Date: March 2, 2015
Contact Information for person completing this form: **Name: Katherine Sijan** **Title: HealthCare Coding Compliance Officer** **Email address: katherine.sijan@state.mn.us** **Telephone: 651-431-5784**	**Organization Information:** **Name: MN Dept of Human Services** **Address: 540 Cedar St., 7th fl -0993** **St Paul, MN 55155**

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: BHH – Behavioral Health Home

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

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:

BHH – Behavioral Health Home

BHH is a monthly service encompassing any or all of the following six services:

1- Comprehensive Care Management
2- Care Coordination
3- Health Promotion Services
4- Comprehensive Transitional Care
5- Referral to Community and Social Support Services
6- Individual and Family Support Services

S0280-U5 Medical home program, comprehensive care coordination and planning, initial plan, BHH, monthly

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S0281-U5 Medical home program, comprehensive care coordination and planning, maintenance of plan, BHH, monthly

Definitions:

Care Engagement: The first six months of services [can be non-consecutive].

Ongoing Standard Care: The ongoing care after the first six months of care engagement.

Providers: A BHH care team consists of the following team members: Team Leader, Integration Specialist, Systems Navigator, Qualified Health Home Specialist. The following team members may be listed as the "pay-to" provider: physician, psychiatrist, nurse practitioner, clinical nurse specialist, licensed independent social worker, licensed marriage and family therapist, licensed professional clinical counselor and psychologist.

A BHH provider may be a physician, clinical practice or clinical group practice, rural clinic, community health center, community mental health center, or any other entity or provider that is determined by the Department of Human Services to be qualified to be a health home for eligible individuals. This determination must be based on documentation evidencing that the designated provider has the systems and infrastructure in place to provide health home services and satisfies the qualification standards established by the Department of Human Services.

The eligible client must not receive any of the following services in the same calendar month:

- Home and Community Based Services (HCBS) waiver services (BI,DD,EW,CADI,CAC)

- Relocation Service Coordination

-Targeted Case Management for Vulnerable Adults and Developmental Disabilities

- Mental Health Targeted Case Management – Adult (Rule79)

- Mental Health Targeted Case Management – Children (Rule 79)

- Assertive Community Treatment

- Health Care Home care coordination services

Children's Mental Health Residential Treatment Services Back to list of behavioral health programs	▪ 24-hour-a-day program under clinical supervision of a mental health professional, provided in a community setting.	PMAP /COMMERCIAL / CBP: • ~~When reporting~~ For room and board and/or treatment services~~:~~ report on the 837I type of bill 86X, with the room and board and treatment services as separate line items. • Submit the room and board charges under revenue code 1001 and the treatment services under revenue codes 090X or 091X. DHS / Fee for Service: When room and board ~~and~~ with treatment ~~are~~ is billed~~, to separate entities, treatment is~~ services are reported on the 837P, with HCPCS Code H0019, with POS 99~~.~~
Intensive Residential Treatment Services (IRTS) Back to list of behavioral health programs	• Time-limited mental health services provided in a residential setting to recipients in need of more restrictive settings and at risk of significant functional deterioration. • Develop and enhance psychiatric stability, personal and emotional adjustment, self-sufficiency and skills to live in a more independent setting	PMAP /COMMERCIAL / CBP: • ~~When reporting~~ For room and board and/or treatment services~~:~~ report on the 837I type of bill 86X, with the room and board and treatment services as separate line items. • Submit the room and board charges under revenue code 1001 and the treatment services under revenue codes 090X or 091X. DHS / Fee for Service: When room and board ~~and~~ with treatment ~~are~~ is billed~~, to separate entities, treatment is~~ services are reported on the 837P, with HCPCS Code H0019, with POS 99~~.~~

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Final items for claims companion guides

AUC Medical Code TAG

April 9, 2015

Most recent activity

- v8.0 – most recent version adopted into rule
- v9.0 – proposed revisions as part of annual maintenance
  - Published in State Register Dec. 15, with 30 day public comment notice
- V10.0 – proposed revised final version to be adopted into rule
  - MCT vote to approve v10 completed 1/30/15
- Questions, possible errors noted -- to be discussed, addressed before adopting v10

Additional proposed changes to v10

Which guide(s)	Where in guide(s)	What change(s)
837P	*Table A.5.1* *Medicare Chapt. 16* *Medicare Chapt. 18, C&TC*	Delete "Laboratory Services – Repeat Services" per MCT vote reported out on 3/20/15 Correction: 96110 UC to 96127 (this was missed in v10 the TAG voted on)
837P	*Table A.5.4 a* *(Maternal and child health billing…)*	Clarifications and corrections needed per SBAR submitted to MCT
837P, 837I	*Table A.5.2* *Children's Mental Health Residential Tx Svcs; Intensive Residential Tx Svcs*	Separate the bullets to distinguish DHS FFS vs. all other
837P, 837I	*Front matter*	Add reference that ICD-10 is required when required per federal regs.

Delete “Laboratory Services – Repeat Services” per MCT vote reported out on 3/20/15

~~**16**~~	~~Laboratory Services~~	~~Repeat services~~	~~Modifiers 76 (pathology only) or 91 (clinical diagnostic lab) are to be used for repeat services subsequent to the original service only. The number of units reported is the number of services performed as defined in the code description or relevant, current AMA guidelines in CPT.~~

Correction: 96110 UC to 96127 (this was missed in v10 the TAG voted on)

18	Preventive and Screening Services	C&TC	S0302 is reported in addition to all of the age appropriate components of a Child and Teen Checkups (C&TC) exam to indicate a complete C&TC exam has been performed. ▪ Maternal depression screening: 99420 UC ▪ Developmental screening: 96110 ▪ Child Mental Health Screening: ~~96110 UC~~ 96127

Clarifications and corrections needed per SBAR submitted to MCT

_v8v9.0 MUCG for the ASC X12N/005010X222A1 Health Care Claim: Professional (837)
Maternal And Child Health Billing Guide For Public Health Agencies

Table A.5.4.a -- Public health nurse clinic services

	Home or Place of Residence (use appropriate POS) 04 - Homeless Shelter 12 - Home	Public Health Clinic (POS 71)	Other Place of Service (use for other than home or residence, such as school) 02 - School 04 - Homeless Shelter 99 ---Other
Services Include: • Health Promotion & Counseling • Nursing Assessment & Diagnostic Testing • Medication Management • Nursing Treatment • Nursing Care, in the home by RN (PHN & CPHN)	S9123 [Nursing care, in the home; by registered nurse, per hour]	T1015 [Clinic visit/encounter, all inclusive]	T1002 [RN Service, up to 15 minutes]
Home Health Aide or CNA, per visit	T1021 [Home health aide or certified nurse asst., per visit]	~~S9445~~ ~~S9446~~ T1021	T1021
Patient Education only – if no other services (includes car seat education) Pt ed; not otherwise classified, non-phys provider (ind/grp) per session	~~S9123~~ S9445 – indiv S9446 - group	S9445 – indiv S9446 - group	S9445 – indiv S9446 - group

Separate the bullets to distinguish DHS FFS vs. all other

Children's Mental Health Residential Treatment Services Back to list of behavioral health programs	▪ 24-hour-a-day program under clinical supervision of a mental health professional, provided in a community setting.	PMAP/Commercial/County-based-purchasing (CBP) ▪ ~~When reporting~~ For room and board and/or treatment services, report on the 837I type of bill 86X, with the room and board and treatment services as separate line items. ○ Submit the room and board charges under revenue code 1001 and the treatment services under revenue codes 090X or 091X. Department of Human Services (DHS) Fee for Service ▪ When room and board ~~and~~ with treatment ~~are~~ is billed, ~~to separate entities, treatment is~~ services are reported on the 837P, with HCPCS Code H0019 and POS 99.
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Add reference that ICD-10 is required when required per federal regs.

Cover page and section 2.2:

This document:

~~Is intended to~~ Must be used in conjunction with all applicable Minnesota and federal regulations, including 45 Code of Federal Regulations (CFR) Parts 160, 162, and 164 (HIPAA Administrative Simplification, including adopted federal operating rules and requirements for use of ICD-10) and related ASC X12N and retail pharmacy specifications (ASCX12N and NCPDP implementation specifications);