MHCP provider news and updates

January 22 – February 4, 2019

Systems announcements

Watch this space for information about MN–ITS availability, technical information and other systems notifications.

Outpatient Ambulatory Payment Classification (APC) payment error

Minnesota Health Care Programs (MHCP) has identified an APC overpayment error on procedure codes with status indicators Q1, Q2 or Q3 when multiple units were paid. Procedure codes with status indicators Q1, Q2 or Q3 are limited to a single unit based on Centers for Medicare & Medicaid Services (CMS) guidelines.

We are currently updating our system to meet these guidelines. After the system work is completed, we will identify overpaid claims within the last three years. MHCP will update providers with the remittance date of the reprocessed claim. (pub. 1/31/2019)

Dialectical Behavior Therapy Intensive Outpatient Program (DBT IOP) Exclusionary Services clarified

Minnesota Health Care Programs (MHCP) clarified DBT IOP Exclusionary Services in the DBT IOP section of the MHCP Provider Manual. Concurrent therapy is allowed only for family therapy. You must submit a justification and communication plan with authorization materials to provide concurrent family therapy and DBT services. DBT cannot be provided concurrently with outpatient individual or group psychotherapy, partial hospitalization or day treatment. This clarification assures the DBT therapist is leading the treatment of the individual and is adhering to the fidelity of the DBT Model. (pub. 1/31/2019)

Medical Necessity Distinction: Children’s Residential Facilities (CRF) and Psychiatric Residential Treatment Facilities (PRTF)

Minnesota is experiencing a significant shift in continuum of care for youth under 21 years old. See the medical necessity distinction memo to learn how we have differentiated between CRF and PRTF to fit within the continuum of care, with the goal of ensuring safe and effective treatment for Minnesota’s youth. See the Children’s Residential Facilities (CRF) and Psychiatric Residential Treatment Facilities (PRTF) webpages for more information about CRF and PRTF. (pub. 1/23/19)

2019 Consolidated Chemical Dependency Treatment Fund (CCDTF) training

The Alcohol and Drug Abuse Division (ADAD) of the Behavioral Health Division will provide webinar and online on-demand training sessions during 2019.

See the Alcohol and Drug Abuse Learning Center webpage for ADAD training and registration information.

See the CCDTF training announcement e-memo for Substance Use Disorder (SUD) reform training and registration information. (pub. 1/23/19)
Changes to Elderly Waiver (EW) service agreements with South Country Health Alliance (SCHA) health plan

Effective Jan. 1, 2019, Minnesota Department of Human Services (DHS) will no longer be a third-party administrator (TPA) for SCHA health plan.

Providers who have current EW service agreements with SCHA managed by a county lead agency will have their agreements closed by a lead agency or case manager up to Dec. 31, 2018. These providers may continue to follow the fee-for-service billing process for dates of services through Dec. 31, 2018.

For dates of service on or after Jan. 1, 2019, claims billed through the fee-for-service process will be denied. Providers will need to follow SCHA’s instructions, 2019 Changes Specific to Elderly Waiver Providers (PDF), for service authorization and billing for dates of service of Jan. 1, 2019, and after.

This change does not affect tribal providers who have EW service agreements for persons enrolled with SCHA and whose case is managed by a tribal lead agency. These providers can continue to follow the fee-for-service process for service agreements and billing after Dec. 31, 2018. (pub. 12/7/18, rev. 1/18/19)

New Substance Use Disorder (SUD) services for managed care contracts

Comprehensive assessment, treatment coordination and peer support services can be provided to managed care members beginning Jan. 1, 2019. Your contract with managed care organizations (MCOs) must include the three new services before providing services to bill claims. You can submit claims for managed care members beginning Jan. 1, 2019.

Bill the new services using the following codes:

- Comprehensive Assessment: H0001 with no modifier code
- Treatment Coordination: 1016 with HN and U8 modifier
  Do not bill more than 8 units per client, per day. You must bill with U8 and HN modifiers.
- Peer Recovery Support Services: H0038 with U8 modifier
  Do not bill more than 8 units per client, per day. You must bill with the U8 modifier.

Contact the MCO if you have questions. (pub. 1/16/19)

Early Intensive Developmental and Behavioral Intervention (EIDBI) billing code programming update

Minnesota Department of Human Services (DHS) is updating programming to pay EIDBI service claims using new Current Procedural Terminology (CPT) billing codes that went into effect Jan. 1, 2019. All EIDBI claims are currently being suspended. We will pay all suspended claims once the programming is complete. Contact the Minnesota Health Care Programs (MHCP) Provider Call Center at 651-431-2700 or 800-366-5411 if suspended claims are causing a financial hardship for you or your EIDBI agency. See the EIDBI Benefit Provider Manual for more information on EIDBI billing processes and procedures. (pub. 1/15/19)

Proposed addition to Early Intensive Developmental and Behavioral Intervention (EIDBI) treatment modalities public comment period

Minnesota Department of Human Services (DHS) seeks public comments about adding the Early Social Interaction (ESI) modality to the list of approved behavioral and developmental treatment modalities covered under the EIDBI benefit. See the Florida State University College of Medicine’s Early Social Interaction webpage for more information.

DHS and the EIDBI Advisory Council reviewed the ESI modality and determined it met all statutory requirements to be added to EIDBI policy. See the “Revising treatment modalities” section of the Treatment modalities webpage for more information.
information. We want additional feedback from autism spectrum disorder (ASD) providers and stakeholders about the ESI modality. The public comment period ends at 4 p.m., Feb. 1, 2019.

**How to submit comments**

Email comments to [ASD.DHS@state.mn.us](mailto:ASD.DHS@state.mn.us). We will also accept comments via the U.S. Postal Service. Mail written comments to:

**ATTN: EIDBI Policy Staff**

Minnesota Department of Human Services
Disability Services Division
P.O. Box 64967
St. Paul, MN 55164-0967

(pub. 1/11/19)

**Early Intensive Developmental and Behavioral Intervention (EIDBI) benefit service agreements updated; complete and accurate forms needed for service authorization**

We updated all active service agreements for Minnesota Health Care Programs (MHCP) Medicaid fee-for-service members previously approved for EIDBI services for 2019. Check your MN–ITS account for updated service agreements and contact Keystone Peer Review Organization (KEPRO) at 866-433-3658 or 612-354-5589 or Minnesota Department of Human Services (DHS) at [ASD.DHS@state.mn.us](mailto:ASD.DHS@state.mn.us) if you have questions. The service agreements were converted based on the services and intensity of what was requested on the member’s previously approved Individualized Treatment Plan (ITP). Because the new codes have different service limits, you may need to update the ITP and request additional units on the authorization for dates in 2019.

The ITP form will update to reflect the new codes and will be available soon. Continue requesting services as usual using the ITP form and KEPRO will convert the services to the new codes.

The codes will also update in the KEPRO Atrezzo provider portal. The update will be completed soon, and you will see the case updated with the new codes and units for 2019.

All EIDBI providers need to use the updated billing grid and request services with those parameters moving forward. The EIDBI provider manual and policy manual will update to reflect the new coding guidelines.

Providers should pay attention to the following items while submitting for authorization of EIDBI services:

- Remember to request ITP progress monitoring units on your service agreement. This will allow you to bill for updates to the ITP throughout the year. The new limit is up to 30 units on each service agreement.
- Complete ALL corrections using the correction function on the Comprehensive Multi-Disciplinary Evaluation (CMDE) and ITP forms. Re-submit the form with the corrections. KEPRO will no longer accept any handwritten corrections submitted on the forms.
- If you have multiple centers or EIDBI locations, all your locations must be enrolled and have an EIDBI taxonomy code assigned to them to authorize and bill for members at those individual locations. Include the correct taxonomy code on the CMDE and ITP form.
- It is not necessary to submit the Explanation of Benefits (EOB) or Third Party Liability (TPL) to KEPRO when requesting authorization. EOB and TPL only need to be submitted when submitting claims to DHS.
- Always submit the ITP and CMDE forms to DHS prior to sending them to KEPRO. If additional information or a correction is requested, use the correction feature on the forms and resubmit the data.
- The H0032 code used for ITP development and progress monitoring has an encounter rate of $82.44. More than one provider may bill the service for the same person in a day and multiple providers can work on the ITP on the same day.

For questions, contact [ASD.DHS@state.mn.us](mailto:ASD.DHS@state.mn.us) and see the [Minnesota Provider Screening and Enrollment (MPSE) portal training](mailto:Minnesota Provider Screening and Enrollment (MPSE) portal training) page for MPSE training and registration information. (pub. 1/8/19)
Early Intensive Developmental and Behavior Intervention (EIDBI) benefit approved to enroll providers from bordering states

An approved variance for provider-agency requirements for the EIDBI benefit allows eligible service providers in bordering states to provide EIDBI services to people eligible for Minnesota Health Care Programs (MHCP) benefits.

Providers from bordering states must meet all of the following requirements:

- Have a current provider license in Iowa, North Dakota, South Dakota or Wisconsin
- Have an office in the border state where they are currently licensed
- Meet all EIDBI and Minnesota Department of Human Services (DHS) provider enrollment requirements and enroll as an EIDBI provider
- Serve members of Minnesota Medicaid, MinnesotaCare or other eligible health plans based in Minnesota

(pub. 1/8/19)

Nonemergency Medical Transportation (NEMT) mileage rate change

The Internal Revenue Service (IRS) standard business mileage rate increased from 54.5 cents to 58 cents per mile Jan. 1, 2019. Minnesota Health Care Programs (MHCP) will reimburse 58 cents per loaded mile for NEMT volunteer driver (A0080) and foster parent (A0090 UC) appropriate and most-direct-route transports for dates of service beginning Jan. 1, 2019, through Dec. 31, 2019. (pub. 1/8/19)

Volume purchase hearing aid contract code updates

The 2018 volume purchase hearing aid contract updated to new Centers for Medicare & Medicaid Services (CMS) HCPCS codes for contralateral routing hearing aid devices and systems effective January 1, 2019. See the 2018 volume purchase hearing aid contract (PDF) for more information.

**New Codes for Contralateral Routing Hearing Devices**

<table>
<thead>
<tr>
<th>New Code</th>
<th>Contralateral Routing Technology</th>
<th>Old Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>V5171</td>
<td>Hearing aid, contralateral routing device, monaural, in the ear</td>
<td>V5170</td>
</tr>
<tr>
<td>V5181</td>
<td>Hearing aid, contralateral routing device, monaural, behind the ear</td>
<td>V5180</td>
</tr>
<tr>
<td>V5221</td>
<td>Hearing aid, contralateral routing system, binaural, behind the ear/behind the ear</td>
<td>V5220</td>
</tr>
</tbody>
</table>

Use the new codes for prior authorization and claims submitted on or after Jan. 1, 2019. Refer to New and Revised Codes for Contralateral Routing Hearing Devices on the American Speech-Language-Hearing Association’s website for more information. (pub. 1/8/19)

2019 Minnesota Provider Screening and Enrollment (MPSE) portal training

MPSE portal training is scheduled for 2019. The MPSE portal is the new online process providers will use to submit and manage their enrollment with Minnesota Health Care Programs (MHCP). See the MPSE portal training page to register and for the webinar information. (pub. 12/31/18)

2019 mental health procedure code changes

The Centers for Medicare & Medicaid Services (CMS) mandates changes to mental health procedure codes beginning Jan. 1, 2019.

Do not use the following codes in 2019: 96101, 96102, 96103, 96118, 96119 and 96120. See the chart for new 2019 codes and changes.
### 2019 Neuropsychological CPT Code Changes

<table>
<thead>
<tr>
<th>Service Description</th>
<th>2018 Procedure code</th>
<th>2018 unit allowed</th>
<th>2019 Procedure code</th>
<th>2019 unit allowed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neurobehavioral status exam both face-to-face time with the patient and time interpreting test results and preparing the report by physician or other qualified health care professional. First hour.</td>
<td>96116</td>
<td>1 hour</td>
<td>96116 (same as 2018)</td>
<td>1 hour</td>
</tr>
<tr>
<td>Each additional hour</td>
<td>None</td>
<td>None</td>
<td>96121</td>
<td>1 hour</td>
</tr>
<tr>
<td>Neuropsychological testing evaluation services including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and reporting, and interactive feedback to the patient, family member(s) or caregiver(s) by physician or other qualified health care professional. First hour.</td>
<td>96118</td>
<td>1 hour</td>
<td>96132</td>
<td>1 hour</td>
</tr>
<tr>
<td>Each additional hour</td>
<td>None</td>
<td>None</td>
<td>96133</td>
<td>1 hour</td>
</tr>
<tr>
<td>Neuropsychological test administration and scoring of two or more tests, any method, by physician or other qualified health care professional. First 30 minutes.</td>
<td>None</td>
<td>None</td>
<td>96136</td>
<td>30 minutes</td>
</tr>
<tr>
<td>Each additional 30 minutes</td>
<td>None</td>
<td>None</td>
<td>96137</td>
<td>30 minutes</td>
</tr>
<tr>
<td>Neuropsychological test administration and scoring of two or more tests, any method, by a technician. First 30 minutes.</td>
<td>96119</td>
<td>1 hour</td>
<td>96138</td>
<td>30 minutes</td>
</tr>
<tr>
<td>Each additional 30 minutes</td>
<td>None</td>
<td>None</td>
<td>96139</td>
<td>30 minutes</td>
</tr>
<tr>
<td>Neuropsychological test administration, with single automated, standardized instrument via electronic platform with automated results only.</td>
<td>96120</td>
<td>1 session</td>
<td>96146</td>
<td>1 session</td>
</tr>
</tbody>
</table>

### 2019 Psychological CPT Code Changes

<table>
<thead>
<tr>
<th>Service Description:</th>
<th>2018 Procedure code</th>
<th>2018 unit allowed</th>
<th>2019 Procedure code</th>
<th>2019 unit allowed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological testing evaluation services including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and reporting, and interactive feedback to the patient, family members(s) or caregiver(s) by physician or other qualified health care professional. First hour.</td>
<td>96101</td>
<td>1 hour</td>
<td>96130</td>
<td>1 hour</td>
</tr>
<tr>
<td>Each additional hour</td>
<td>None</td>
<td>None</td>
<td>96131</td>
<td>1 hour</td>
</tr>
<tr>
<td>Psychological Test administration and scoring of two or more tests by physician or other qualified health care professional. First 30 minutes.</td>
<td>None</td>
<td>None</td>
<td>96136</td>
<td>30 minutes</td>
</tr>
<tr>
<td>Each additional 30 minutes</td>
<td>None</td>
<td>None</td>
<td>96137</td>
<td>30 minutes</td>
</tr>
<tr>
<td>Psychological test administration and scoring of two or more tests, any method, by technician. First 30 minutes.</td>
<td>96102</td>
<td>1 hour</td>
<td>96138</td>
<td>30 minutes</td>
</tr>
<tr>
<td>Each additional 30 minutes</td>
<td>None</td>
<td>None</td>
<td>96139</td>
<td>30 minutes</td>
</tr>
<tr>
<td>Psychological test administration, with single automated, standardized instrument via electronic platform with automated results only.</td>
<td>96103</td>
<td>1 session</td>
<td>96146</td>
<td>1 session</td>
</tr>
</tbody>
</table>

(pub. 12/28/18)
H0031 and H0032 procedure code allowable unit changes

The Centers for Medicare & Medicaid Services (CMS) has established a Medically Unlikely Edits (MUEs) of one unit for HCPC codes H0031 (mental health assessment by non-physician) and H0032 (mental health service plan development by non-physician) beginning Jan. 1, 2019. MUEs prevent payment for an inappropriate quantity of the same service on a single day. Currently, more than one unit is allowed for each of these codes when the UD modifier is included. The UD modifier will no longer be required and only one unit of each of these services will be allowed per day for Managed Care Organizations (MCOs) and fee-for-service claims beginning Jan. 1, 2019. Minnesota Health Care Programs (MHCP) will deny a claim line that includes more than one unit. MHCP will determine a per-session rate for H0031 and H0032 and will reprocess paid claims with dates of service beginning Jan. 1, 2019, once a new rate is established. (pub. 12/28/18, rev. 1/8/19)

Local county or tribal agency Nonemergency Medical Transportation (NEMT) contact change

Beginning Jan. 1, 2019, Medical Transportation Management’s Minnesota Nonemergency Transportation (MTM/MNet) will coordinate local agency NEMT (modes 1 – 4) and related ancillary services for Aitkin, Carlton, Lake and St. Louis counties through a host county contract with St. Louis county. Minnesota Health Care Programs (MHCP) fee-for-service (FFS) members and transportation providers who want to receive or provide local agency NEMT including personal mileage (mode 1), volunteer driver (mode 2), unassisted (mode 3) and assisted (mode 4) transports and related ancillary services in these four counties must contact MTM/MNet at 844-399-9466 instead of the county beginning Jan. 1, 2019. (pub. 12/26/18)

Beginner’s training for Individualized Education Program (IEP) Services

The Minnesota Departments of Education (MDE) and Human Services (DHS) will conduct a beginner’s training presentation for IEP services on Tuesday, Feb. 12, 2019. This training is for school districts’ IEP billing coordinators and billing administrators who are new to third-party billing. We will include an overview about the Individuals with Disabilities Education Act (IDEA), provider enrollment, child eligibility requirements for services, coverage criteria, billing requirements and rate calculation for IEP health-related services.

Time and location
Training will be in person and via webinar. All registered participants will receive a confirmation email. We will forward the webinar details to those who register for the webinar.

In-person training will be at the Minnesota Department of Education, 1500 Highway 36 W, Roseville, MN 55113.
- Check-in: 8:30 to 9:00 a.m.
- Presentation: 9:00 a.m. to 3:30 p.m.

Registration
Use the IEP Training Registration form to register for the training. Space is limited and seating is not guaranteed for those who do not register before the Jan. 25, 2019, deadline.

Please email Kristin.Smith@state.mn.us (DHS) if you need to cancel your reservation.

We will provide a continental breakfast and boxed lunch.

If you have questions, contact Jesuas.Williams@state.mn.us (DHS), Jenny.M.Roth@state.mn.us (DHS) or Julie.Neururer@state.mn.us (MDE). (pub. 12/21/18)

Providers serving people under age 65 on managed care must bill fee-for-service for personal care assistance and home care nursing services

Beginning Jan. 1, 2019, all personal care assistance (PCA) and home care nursing (HCN) services for people under age 65 will be covered under fee-for-service (FFS). Members will continue to be enrolled in the Managed Care Organization
(MCO) they were enrolled in, but MCO contracts for Minnesota Health Care Programs (MHCP) members under age 65 will no longer cover PCA and HCN. MHCP will cover the services on a FFS basis beginning Jan. 1, 2019.

Counties or tribes are responsible for annual PCA assessments for service agreements that ended on Dec. 31, 2018, and after. Provider agencies should submit a Referral for Reassessment for PCA Services (DHS-3244P) to the member’s tribe or county of residence 60 days before the end date of a service agreement.

**PCA service agreements**

If a PCA provider does not receive a service agreement to continue services before Dec. 31, 2018, fax the PCA Technical Change Request (DHS-4074A) and a copy of the MCO service agreement to the Disability Services Division (DSD) Resource Center at 651-431-7447. State in the “Additional Information” section “for MCO transition.”

**Home care nursing services**

Home care nursing (HCN) authorization requests and service agreements will transition to the usual FFS process through the medical review agent, KEPRO, as described in the Authorization section of the MHCP Provider Manual. HCN providers will continue to assess for HCN services. If an HCN provider does not receive a service agreement to continue services by Dec. 31, 2018, submit the Home Care Technical Change Request (DHS-4074) and a copy of the MCO service agreement through MN–ITS or the KEPRO portal. State in the “Additional Information/Treatment Plan” section “for MCO transition.”

**Changes do not affect other health care services**

Under this contract change, members will continue to be enrolled in the MCO they were enrolled in and the MCO will continue to pay for their other health care services.

The contract change does not apply to the two options for seniors (age 65 and over): Minnesota Senior Health Options (MSHO) or Minnesota Senior Care+ (MSC+). MSHO and MSC+ MCOs will continue to authorize and pay for PCA and HCN services. (pub. 11/14/18, rev. 12/21/18)

**Adding billing codes for newly approved Substance Use Disorder (SUD) treatment services for nonresidential providers**

Minnesota Health Care Programs (MHCP) records for nonresidential substance use disorder (SUD) treatment providers now show specialty codes for comprehensive assessment, treatment coordination and peer recovery support services. Tribally licensed and 245G SUD providers seeking payment for services funded under the consolidated chemical dependency treatment fund will not need to submit a new assurance statement to add these services at this time.

However, if you have any changes to your ability to provide these services in the future, you will need to submit a new assurance statement to Provider Eligibility and Compliance.

Contact placing authorities (currently, counties and tribal placing authorities) to authorize service agreements with applicable treatment service codes.

Providers can begin to provide services of treatment coordination, peer support and comprehensive assessment as of Jan. 1, 2019. The earliest claims may be submitted for fee-for-services clients, for these services, will be Jan. 8, 2019.

Bill using the following codes and rates:

- Comprehensive Assessment: H0001 with no modifier code - $162.24
- Treatment Coordination: 1016 with HN and U8 modifier - $11.71 (per 15-minute unit)
  Do not bill more than 8 units per client, per day. You must bill with U8 and HN modifiers.
- Peer Recovery Support Services: H0038 with U8 modifier - $15.02 (per 15-minute unit)
  Do not bill more than 8 units per client, per day. You must bill with the U8 modifier.

Send questions about service agreements to dhs.ccdtf@state.mn.us. Call the MHCP Provider Call Center at 651-431-2700 or 800-366-5411 for questions related to billing and enrollment. (pub. 12/18/18)
Early Intensive Developmental and Behavioral Intervention (EIDBI) and Comprehensive multi-disciplinary evaluation (CMDE) billing changes effective Jan. 1, 2019


DHS and Keystone Peer Review Organization (KEPRO), the state medical review agent, are coordinating to ensure current authorizations are transitioned to the new codes without requiring additional steps from providers. We have also notified managed care organizations (MCOs) and they are working to update their systems accordingly.

We encourage all providers to attend the informational billing meeting via webinar or in person Tuesday, Dec. 18 at 2:00 p.m. at Elmer L. Andersen Human Services Building, Room 2370, 540 Cedar St., St. Paul 55101. See the information announcement page for registration and additional information. If you registered for the EIDBI webinar, you will receive an invitation by noon Monday, Dec. 17.

DHS will host a billing lab webinar on Wednesday, Dec. 19 from 9:00 a.m. until 3:00 p.m. See the Training on EIDBI billing page for registration and additional information.

An EIDBI technical assistance call is scheduled for 2:00 p.m. Wednesday, Dec. 19. We will review the new codes and answer any questions providers have. See the Technical assistance announcement page for registration and more information.

Watch for additional provider news updates over the next several weeks.

Direct billing and claims questions to the Provider Call Center at 651-431-2700.

Direct policy and other general questions to ASD.DHS@state.mn.us (pub. 12/14/18)

Early Intensive Development and Behavioral Intervention (EIDBI) 2019 provider input sessions scheduled

Minnesota Department of Human Services (DHS) invites current and potential EIDBI providers to attend provider input sessions during 2019. We encourage all providers to attend. We will discuss policies and proposed changes, provide updates and gather provider feedback.

Providers can attend in person or via webinar. All input sessions will be held at Elmer L. Andersen Human Services Building, Room 2370, 540 Cedar St., St. Paul 55101. See the session announcement page for registration and additional information.

2019 Provider Input Sessions
- Tuesday, Jan. 15, 11:00 a.m.
- Tuesday, Apr. 16, 11:00 a.m.
- Tuesday, July 23, 11:00 a.m.
- Tuesday, Oct. 15, 11:00 a.m.

(pub. 12/14/18)

Substance Use Disorder (SUD) claim date span changes

Effective for dates of service on or after Jan. 1, 2019, SUD residential and inpatient hospital providers must include date of discharge on the final treatment claim along with the appropriate patient status code. The date of discharge or transfer is not reimbursable by Minnesota Health Care Programs (MHCP), but must be included on the claim for proper billing. See the claim date span memo for more information. (pub. 12/13/18)
Additional information

- Provider news and updates archive
- MHCP provider policies and procedures
- Latest Manual Revisions
- Training and VideoPresence opportunities: Information about most new and ongoing training
- Grants and requests for proposals

If you have questions about this information, call the MHCP Provider Call Center at 651-431-2700 or 800-366-5411.

Sign up to receive provider news and other MHCP notices through our free provider email lists.