MHCP provider news and updates
March 5 – 18, 2019

Systems announcements

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

Planned system maintenance scheduled Mar. 16
MN–ITS Direct Data Entry (DDE) claims will be unavailable beginning 7 a.m. until approximately 3 p.m. Saturday, Mar. 16, 2019, for system maintenance. All other MN–ITS functions will be available. (pub. 3/15/19)

Minnesota Health Care Programs (MHCP) revised requirements for mental health practitioners

We revised the requirements for mental health practitioners providing services to MHCP members effective May 12, 2018.

See the General MHCP Non-Enrollable Mental Health Provider Requirements provider manual webpage for more information. (pub. 3/14/19)

2019 mental health procedure codes and rates

The current mental health fee-for-service CPT or HCPC procedure codes and rates are now updated effective Jan. 1, 2019. See the Service rates information webpage for code and rate information. (pub. 3/13/19)

Opioid Prescribing Reports will be sent to MN–ITS mailboxes

Minnesota law requires the Minnesota Department of Human Services (DHS) to provide individualized Opioid Prescribing Reports to all health care providers who treat Minnesota Health Care Programs (MHCP) members and prescribe opioids for pain management. This includes health care providers who only care for MHCP members enrolled in a Managed Care Organization (MCO).

DHS will send the first individual Opioid Prescribing Reports to your MN–ITS mailbox this spring. The Opioid Prescribing Reports are private data; we will provide them only directly to you, the health care provider. The report compares your prescribing data to your peers in your specialty. The only provider-specific information will be about your prescribing. You will receive a report only if you prescribe opioids.

To access the report, providers must register for a MN–ITS account. MN–ITS is the free, web-based HIPAA-compliant system for electronic billing and communication with providers. DHS will send MN–ITS registration letters with user IDs and temporary passwords to all opioid-prescribing providers who do not currently have a MN–ITS account, via U.S. Postal Service, in late March or early April. Please watch for this letter and notify your administrative staff or billing office to watch for it so you can register your account.

Training on how to access the report in your MN–ITS mailbox will become available before the release of the reports. We will provide a link to the training on this webpage and the Opioid Prescribing Improvement Program website when the training becomes available.

The Opioid Prescribing Reports will support the DHS Opioid Prescribing Quality Improvement Program. See the Opioid Prescribing Improvement Program website for more information.
Contact the MHCP Provider Call Center at 651-431-2700 or 800-366-5411 for questions about your MN–ITS mailbox. Direct questions about the Opioid Prescribing Reports to dhs.opioid@state.mn.us. (pub. 3/8/19)

**Prior authorization required for repair or replacement of wheelchair parts or accessories**

Prior authorization is required for claims for repair or replacement of wheelchair parts or accessories if the submitted combined charges for parts and labor are $1,000 or more. Claims without prior authorization are subject to payment recoupment beginning with a date of service of July 1, 2018. You may resubmit denied claims with authorization within one year of the date of service. See the Mobility Devices section of the Minnesota Health Care Programs (MHCP) Provider Manual for more information. (pub. 3/8/19)

**Campaign offers you tools to “flip the script” and offer alternatives to opioids for pain**

The Department of Human Services (DHS), in collaboration with the medical community, developed a new educational campaign to change the narrative around prescription opioid therapy, pain management and prescription opioid misuse. The Flip the Script outreach program increases awareness about safe opioid prescribing behavior and arms you with the tools and resources you need to talk with your patients about opioids and pain management. It also includes an online learning activity allowing you to earn continuing education credits for learning more about safe opioid prescribing behavior guidelines.

Visit the Flip the Script Opioid Prescribing Improvement Program website to learn more about the Opioid Prescribing Improvement Program. (pub. 3/7/19)

**Excel version change to XLSX in MN–ITS**

We will upgrade to the Excel XLSX version from the Excel XLS version beginning Apr. 1, 2019, for lists or reports posted in MN–ITS. If you need to open those files, you will need the Excel XLSX version. (pub. 3/5/19)

**R diagnosis codes permitted for outpatient psychotherapy and psychoeducation sessions**

The Minnesota Department of Human Services (DHS) allows the use of R diagnosis codes R45-R45.89 for outpatient psychotherapy and psychoeducation sessions beginning Feb. 5, 2019. See the ICD10Data Symptoms and signs involving emotional state webpage for R45-R45.89 code information.

R code rationale:

- R codes help the clinician focus on symptomology without committing to a diagnosis. They describe the functional impact but not necessarily the cause. R codes would be inappropriate for extremely long time periods, but could establish the medical necessity for further engagement, treatment and refined diagnosis.
- R codes will help acknowledge and explore cultural context in some symptomology.

R codes cannot be used for sessions that require a diagnosis of a serious and persistent mental illness (SPMI) or severe emotional disturbance (SED).

See the ICD10Data Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified webpage for more information about R codes. (pub. 3/5/19)
Dialectical Behavior Therapy Intensive Outpatient Program (DBT IOP) national certification deadline extended

Minnesota Department of Human Services (DHS) has extended the deadline to Jan. 1, 2021, for current DBT IOP providers enrolled in Minnesota Health Care Programs (MHCP) to become certified through a national certification board approved by the DHS Commissioner. See the Dialectical Behavior Therapy Intensive Outpatient Program – National Certification provider news published May 19, 2017, for more information. (pub. 3/5/19)

2019 Early Intensive Developmental and Behavioral Intervention (EIDBI) claims have been processed

Claims submitted for EIDBI services with dates of service beginning Jan. 1, 2019, have been processed for warrant date Mar. 5, 2019. All claims are paying at the full rate regardless of the education level of the rendering provider. System programming needs updating, and these claims will be reprocessed for proper reimbursement and editing once the programming is complete.

Providers who received advances will see adjustment(s) on their remittance advice (RA) for Mar. 5, 2019, or Mar. 19, 2019, depending on when the advances were received. (pub. 3/1/19)

Outpatient Ambulatory Payment Classification (APC) payment error

Minnesota Health Care Programs (MHCP) has completed the system update to correct the APC overpayment error on procedure codes with status indicators Q1, Q2 or Q3 when multiple units were paid. MHCP has reprocessed claims made within the last three years for procedure codes with status indicators Q1, Q2 or Q3 limited to a single unit to meet Centers for Medicare & Medicaid Services (CMS) guidelines. The reprocessed claims will be on the Mar. 5, 2019, remittance advice (RA). (pub. 1/31/19, rev. 3/1/19)

Child and Teen Checkups (C&TC) or Early and Periodic Screening, Diagnosis and Treatment (EPSDT) CAP underpayment error

Minnesota Health Care Programs (MHCP) identified a C&TC or EPSDT CAP underpayment error on procedure code X5623.

We have updated our system with the correct payment rate. We have reprocessed claims and we will send the payments on the next payment cycle. No action is required by counties and tribes impacted by the error. (pub. 2/27/19)

2019 Indian Health Services (IHS) encounter rate change

The federally established encounter rate for IHS programs has changed to $455.00 per day effective Jan. 1, 2019. We have changed the rate on all service agreements previously entered into the Medicaid Management Information System (MMIS) and we will reprocess all previously submitted claims to pay the difference between last year’s rate and this year’s rate.

You must use the $455.00 rate when placing a member on Medicaid (whether Native or not) into a provider type 51 (IHS). The eligibility for the encounter payment is established by provider type (PT51) and the member’s major program Medical Assistance. Enter this rate whenever MMIS prompts you with the 963 edit.

Send questions about the rate to DHS.CCDTF@state.mn.us. (pub. 2/22/19)
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. Programming is not expected to be complete before Apr. 30, 2019.

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. This only applies to Medicaid fee-for-service members. Providers should call their respective Managed Care Organization (MCO) for the status of their billing code programming. See the EIDBI Benefit Provider Manual for more information on EIDBI billing processes and procedures. (pub. 1/15/19, rev. 2/20/19)

Instructions for implementing the Consumer Directed Community Supports (CDCS) enhanced budget and enhanced rate for extended personal care assistance (PCA)

The Centers for Medicare & Medicaid Services (CMS) approved amendments to Minnesota Department of Human Services (DHS) waiver plans. The amendments authorized the CDCS enhanced budget and the enhanced rate for extended PCA waiver services effective immediately. Financial Management Service (FMS) providers and PCA provider agencies should follow the instructions below.

- FMS providers - Changes to the individual’s CDCS budget and plan are directed by the individual and approved by the lead agency. Then, the FMS provider implements changes by following the instructions found on the CDCS enhanced budget process webpage.
- PCA provider agencies - PCA agencies working with a person authorized for extended PCA services follow the instructions on the Provider agency/FMS provider requirements for enhanced rate or budget webpage.

(pub. 2/11/2019)

Personal care assistance (PCA) and home care nursing (HCN) services for people under 65 are now fee-for-service (FFS)

Beginning Jan. 1, 2019, all PCA and HCN services for people under age 65 will be covered under 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 these services on a FFS basis beginning Jan. 1, 2019.

Additional information for PCA agencies regarding this change:

- Due to the large volume of fax requests, it will take the Resource Center approximately 3-4 weeks to process your request. Do not resend your request for an authorization.
- Do not send multiple forms within the same fax. Send one fax for each person.
- Only fax the health plan authorization letter. Do not fax the PCA assessment and service plan.
- Attach the page of the service plan or an EOMB to show shared care was authorized if you need to cite shared care not authorized on the health plan authorization letter.
- We are issuing the FFS authorizations with line items instead of two 6-month lines for the remainder of the service agreement to increase data entry efficiency. If you need the units divided differently due to a different flexible use plan, indicate this in the comments section of form DHS-4074A. For example, if the person had planned on a 25/75% division of units.
- Do not send a request for an authorization for people receiving PCA services through a waiver or Alternative Care program. If you are providing PCA services to a person on a waiver or the Alternative Care program, contact your county or tribal nation case manager to have your authorization entered into MMIS.
- Do not send a request for an authorization for people who are 65 and older and are receiving PCA services through MCOs. The transition to FFS does not apply to people 65 and older in managed care.
Changes to PCA payer 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 those 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. 2/6/2019)

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 Behavioral Health Division will provide webinar and online on-demand training sessions during 2019.

See the Alcohol and Drug Abuse Learning Center webpage for 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)

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.