MHCP provider news and updates

June 25 – July 8, 2019

Systems announcements

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

1st round of Opioid Prescribing Reports sent

Minnesota Department of Human Services (DHS) sent the first round of individualized Opioid Prescribing Reports on Friday, June 28, 2019. We sent reports to providers who treat Minnesotans covered by Medicaid and MinnesotaCare and prescribe opioids for pain management, including those who prescribe to fee-for-service members and those who care for members enrolled in a managed care organization.

If you registered for a MN–ITS account before June 27, 2019, you can find your report in your MN–ITS mailbox in the Miscellaneous Received file folder PRVLTR.

The Opioid Prescribing Reports will support the DHS Opioid Prescribing Quality Improvement Program. See the Opioid Prescribing Improvement Program (OPIP) website for more information. The Opioid Prescribing Reports are private data, we will provide them only directly to the health care provider. Your report compares your prescribing data to your peers, with your peers’ identifying information removed. You will get a report only if you prescribe opioids.

To provide feedback or ask questions about your report, use the Provider Feedback Form on the OPIP website.

Only those with registered MN–ITS mailboxes received reports. We will send reports again in a few weeks to those who did not receive a report in this distribution, but you must register for a MN–ITS account to get your report electronically. See the May 30, 2019, MN–ITS Registration Letters mailed to opioid prescribers provider news message for information about registering for MN–ITS. (pub. 6/28/19)

Legislature authorizes rate and budget increases for personal care assistance (PCA), consumer-directed community supports (CDCS), Consumer Support Grant (CSG), Elderly Waiver (EW), Alternative Care (AC) and essential community supports (ECS)

The 2019 Minnesota Legislature authorized the following rate and budget increases for services provided beginning July 1, 2019.

Rate and budget increases for CSG, CDCS and PCA
To fulfill the agreement between the state and SEIU Healthcare, the Minnesota Department of Human Services is implementing a 2.37 percent increase to CSG budgets based on the outcome of PCA assessments, CDCS budgets through the disability waivers and rates for state plan and extended PCA services.

The budget increase for CDCS through EW and AC will be 2.41 percent because of the increase in the home-delivered meals rate for EW and AC.

The increases apply to reimbursement rates, individual budgets, monthly case mix caps, grants or allocations for limits for services.
Rate increase for home-delivered meals
The rate for home-delivered meals services provided through AC, EW and ECS will increase by 3.69 percent as required by Minnesota Statutes, 256B.0915, subdivision 16(l). EW, AC and ECS monthly budgets will increase with the home-delivered meal service rate increase.

Additional information
See Minnesota Session Laws, 1st Special Session, chapter 9, article 5, section 84 for more information about the SEIU agreement.

See Long-term Services and Supports Service Rate Limits (DHS-3945) (PDF) for more information about the rate and budget increases. (pub. 6/26/19)

Billing code programming for Early Intensive Developmental and Behavioral Intervention (EIDBI) Medicaid fee-for-service (FFS) programs is complete

We have completed programming for the FFS Category I codes that went into effect Jan. 1, 2019, for EIDBI services. We will reprocess claims with dates of service beginning Jan. 1, 2019, through May 31, 2019, and they will be reflected on the June 25, 2019, remittance advice. You do not need to resubmit claims.

You may call the Minnesota Health Care Programs Provider Call Center at 651-431-2700 or 800-366-5411 if you have questions about reprocessed claims appearing on your remittance advice. (pub. 6/20/19)

Individualized Education Program (IEP) Services suspended claims

Minnesota Health Care Programs reprocessed IEP claims for the 2017-18 school year that were denied for eligibility issues. As a result, some claims were suspended and you may see suspended claims beginning on your May 29, 2019, remittance advice supplemental data (RA02). We are analyzing the suspended claims and you do not need to take action. After we process the suspended claims, the claims will either pay or deny and appear in the remittance advice claims data (RA01). You should use the information from the RA01 to reconcile your books. Refer to How to read your remittance advice webpage for further information. We are researching and examining the eligibility issues and are working on resolving them. (pub. 6/20/19)

Disability Waiver Rate System (DWRS) cost reporting required in 2020

The Minnesota Department of Human Services (DHS) will require DWRS cost reporting beginning in 2020. If you provide at least one service with a payment rate determined under the DWRS, you will need to document and submit cost information about providing DWRS services, including staff wages, program costs and administrative costs. The information collected will inform DWRS rates and the legislature.

To find out more about DWRS cost reporting, including draft workbooks, project updates and ways to contact DHS about this new requirement, visit the Disability Waiver Rate System cost reporting webpage. (pub. 6/20/19)

New diagnosis codes permitted for behavioral health services and behavioral health home (BHH) services

Minnesota Health Care Programs (MHCP) allows the use of certain unspecified and R diagnosis codes for mental, behavioral and neurodevelopmental disorders when billing up to 10 non-intensive outpatient mental health sessions, as well as up to 10 behavioral health home services claims, beginning June 1, 2019.

- Allowable unspecified codes include the ICD-10 code range F01-F99 except as follows:
- Mental and behavioral disorders due to psychoactive substance use range (F10-F19)
- Unspecified disorder of adult personality and behavior (F69)
- Intellectual disabilities range (F70-F79)
- Mental disorder, not otherwise specified (F99)
Allowable R diagnosis include the ICD-10 code range “Other symptoms and signs involving general sensations and perceptions” (R44-R44.9) and “Symptoms and signs involving appearance and behavior” (R46-R46.8).

Unspecified and R diagnosis codes can be used for behavioral health home services as well as non-intensive mental health sessions including outpatient psychotherapy and psychoeducation, when provided alone.

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

Unspecified and R diagnosis codes cannot be used in claims for inpatient or residential treatment; nor for intensive outpatient services for adults and children including:

- Children’s Therapeutic Services and Supports
- Adult Rehabilitation Mental Health Services
- Assertive Community Treatment
- Intensive treatment in foster care
- Partial hospitalization program
- Dialectical behavior therapy
- Intensive Residential Treatment Services
- Youth Assertive Community Treatment

Unspecified diagnosis code usage rationale:

- MHCP requires inclusion of a diagnosis code for most mental health services claims.
- The use of unspecified codes:
  - Provide people with more access to services
  - Gives more time for service providers to develop rapport with the people being served.
  - Allows extra time to analyze symptomology in order to reduce the risk of committing to premature diagnosis.
  - Establishes the medical necessity needed for further engagement, treatment and refinement of a sound diagnosis.
- Unspecified codes are clinically inappropriate if used for an extended time. A clinician needs a clear and specific diagnosis for ongoing treatment planning.
- Both the “Mental and behavioral disorders due to psychoactive substance use” range and the “Intellectual Disabilities” range are outside the mental health policy scope. “Unspecified disorder of adult personality and behavior” is vague and not helpful in identifying needs or supporting treatment planning. “Mental disorder, not otherwise specified” is included in the “Unspecified mental disorder” range and is too vague to be useful in determining a clear diagnosis.

R diagnosis code rationale:

- The use of R codes:
  - Increases peoples’ access to help by establishing the medical necessity needed for further engagement, treatment and refine diagnosis
  - Helps clinicians focus on symptomology without committing to a diagnosis
  - Helps clinicians acknowledge and explore cultural context in some symptomology
  - Describe functional impact but not necessarily the cause
- R diagnosis codes are inappropriate to use long-term because they describe functional impact but not necessarily the cause.

We will continue to monitor the use of unspecified and R diagnosis codes. See the Mental Health Diagnostic Code Ranges section of the MHCP Provider Manual for more information. (pub. 6/13/19)

Hansaton hearing aids to be removed from Volume Purchase Contract July 1, 2019

Minnesota Health Care Programs will remove all Hansaton hearing aids from the Hearing Aid Volume Purchase Contract July 1, 2019, because they will no longer be available.

Unitron will continue to honor the warranties and repair pricing for Hansaton aids already dispensed. Contact Unitron to order parts, software and supplies for the Hansaton products. See the 2018 Hearing Aid Volume Purchase Contract and Vendors (DHS-7274F) (PDF) for Unitron contact information. (pub. 6/11/19)
MN–ITS mailbox online training available

We have produced a “Using the MN–ITS mailbox” online training video for new MN–ITS users. Watch the Using the MN–ITS mailbox training video to learn how to log in, locate your mailbox and search for, open and save a file.

Call the Minnesota Health Care Programs Provider Call Center at 651-431-2700 or 800-366-5411 if you have questions about registering and using MN–ITS. (pub. 6/11/19)

MN–ITS Registration Letters mailed to opioid prescribers

Minnesota Department of Human Services has completed sending MN–ITS account Registration Letters to opioid-prescribing providers who do not currently have a MN–ITS account, via the U.S. Postal Service.

You must register for a MN–ITS account to receive individual Opioid Prescribing Reports. We will send the reports to your MN–ITS mailbox in mid-June.

MN–ITS is the free, web-based HIPAA-compliant system for electronic billing and communication with providers. Your customized Registration Letter includes an initial user ID and password, which must be used during the registration process. Please watch for this letter and notify your administrative staff or billing office to watch for it and route it to you so you can register your account.

Call the Minnesota Health Care Programs Provider Call Center at 651-431-2700 or 800-366-5411 if you have questions about registering. (pub. 5/30/19)

Incontinence product list changes

Minnesota Health Care Programs added three products to the Incontinence Product List to replace their equivalent discontinued products. We have not removed the discontinued products from the list in case a supplier has these in stock and is still dispensing them to members.

### Incontinence Product List Changes

<table>
<thead>
<tr>
<th>Replacement Product</th>
<th>Product Code</th>
<th>Discontinued Product</th>
<th>Product Code</th>
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</thead>
<tbody>
<tr>
<td>Prevail Air Overnight Briefs, Medium</td>
<td>NGX-012</td>
<td>Prevail PM Extended Wear Briefs, Medium</td>
<td>NTB-012</td>
</tr>
<tr>
<td>Prevail Air Overnight Briefs, Large</td>
<td>NGX-013</td>
<td>Prevail PM Extended Wear Briefs, Large</td>
<td>NTB-013</td>
</tr>
<tr>
<td>Prevail Air Overnight Briefs, Extra Large</td>
<td>NGX-014</td>
<td>Prevail PM Extended Wear Briefs, Extra Large</td>
<td>NTB-014</td>
</tr>
</tbody>
</table>

(pub. 5/29/19)

Medical Assistance (MA) and Institute for Mental Disease (IMD) funding sources corrected on reprocessed claims

Minnesota Department of Human Services recently identified claims that did not automatically adjust to the correct funding source when the member’s major program changed from MA to IMD or vice versa. This caused a federal funding compliance issue that we need to fix. We have identified the impacted claims and will reprocess claims with dates of service beginning Jan. 1, 2017. The claim adjustments will begin appearing on the May 29, 2019, warrant and we expect all adjustments to be complete by the June 25, 2019, warrant. There is no change in payment and you do not need to take action. (pub. 5/22/19)

Off-campus provider-based hospital departments billing HCPCS code G0463 with modifier PO subject to payment reduction

Claims using HCPCS code G0463 modified with PO (Services, procedures and/or surgeries provided at off-campus provider-based outpatient departments) will be reduced to 70 percent of the Ambulatory Payment Classification (APC)
allowable effective for dates of service on or after Jan. 1, 2019. Claims with dates of service on or after Jan. 1, 2020, will be reduced to 40 percent of the APC allowable.

We have identified and reprocessed claims with dates of service from Jan. 1, 2019, through Apr. 10, 2019. The reprocessed claims will be reported on your May 29, 2019, remittance advice. See Page 6 of CMS MLN Matters MM11099 (PDF) for more information. (pub. 5/17/19)

**Individualized Education Program (IEP) Services Annual Data Report Form for 2017-18 due July 5, 2019**

The Minnesota Department of Human Services (DHS) will settle-up IEP services with IEP service providers for the 2017-18 school year after the June 30, 2019, claim submission deadline. You must submit a completed IEP Services Annual Data Report Form to DHS no later than July 5, 2019. Use this updated version of the IEP Services Annual Data Report Form (DHS-5052) (PDF).

For settle-up to occur, you must:
- Bill, receive payments and report all required cost data through the Special Education Data Reporting Application (SEDRA) of the Minnesota Department of Education (MDE), and
- Report the total direct service time and encounter data to DHS using the IEP Services Annual Data Report Form.

If you do not submit the required cost data for any of the IEP services listed here that you provided during 2017-18 and for which you received payments, the final rate for that service will be $0.00.

You must submit total direct service hours and encounters for each of these covered IEP services:
- Physical therapy
- Occupational therapy
- Speech, language or hearing therapy
- Mental health services
- Nursing services
- Personal Care Assistance services
- Interpreter services

You must also report the total number of special transportation trips and the total number of Medical Assistance-eligible children who received special transportation during the 2017-18 fiscal year.

If you have questions about the required documentation, please call Jesusa Williams at 651-431-2538 or email jesusa.williams@state.mn.us. If you have questions about SEDRA, please contact the Special Education Funding and Data Team of MDE at mde.spedfunding@state.mn.us. (pub. 5/14/19)

**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.

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