DEPARTMENT OF HUMAN SERVICES

MHCP provider news and updates

April 28 – May 11, 2020

Systems announcements

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

State statute waived to allow Assertive Community Treatment (ACT) and Intensive Rehabilitative Mental Health Services (IRMHS) psychiatric care providers temporary use of telemedicine

The commissioner of the Minnesota Department of Human Services (DHS) approved a waiver to state statute to allow psychiatric care providers on ACT and IRMHS teams to temporarily provide via telemedicine.

Previous telemedicine waivers allowed the temporary use of telemedicine by mental health professionals and practitioners who were not directly prohibited from telemedicine by state statute. This waiver specifically allows the temporary use of telemedicine by psychiatric care providers on ACT and IRMHS teams who were directly prohibited from telemedicine by state statute. This ensures that the more than 2,400 members served by these teams will keep their access to important psychiatric mental health services such as assessment, medication management and symptom and risk monitoring during the COVID-19 pandemic.

Psychiatric care providers must submit the Telephonic Telemedicine Provider Assurance Statement (DHS-6806A) (PDF) to temporarily provide services via telephone or tele-video. Your "Requested Service Effective Date" on the form can be on or after Mar. 19, 2020.

Follow the video and telephone telemedicine billing guidance in the Coronavirus (COVID-19) section of the Minnesota Health Care Programs (MHCP) Provider Manual. Providing telemedicine remains in effect until the peacetime emergency is terminated or until it is rescinded by proper authority. Contact the MHCP Provider Call Center at 651-431-2700 or 800-366-5411 if you have questions about this message. (pub. 5/11/20)

Early Intensive Developmental and Behavioral Intervention (EIDBI) policy changes in response to the COVID-19 pandemic

The Minnesota Department of Human Services has modified EIDBI policy due to the COVID-19 pandemic. EIDBI providers can adjust how they provide services during the length of the peacetime emergency. See the EIDBI policy changes in response to the COVID-19 emergency Disability Services Division (DSD) eList announcements on the Latest information about COVID-19 from DSD webpage for information. For information about providing via telemedicine, see the Coronavirus (COVID-19) section of the Minnesota Health Care Programs Provider Manual. (pub. 5/6/20)

Temporary expansion of telemedicine provisions includes Certified Community Behavioral Health Clinic (CCBHC) services; scope of services table updated

The Minnesota Health Care Programs' (MHCP) temporary expansion of coverage for telemedicine visits includes CCBHC services. The expansion of telemedicine coverage applies to CCBHCs that meet the requirements under Minnesota Statute 256B.0625 subdivision 3b, and the additional provider types and services listed on the recently approved Waivers and modifications webpage. Services provided via telemedicine according to all applicable requirements in the

Coronavirus (COVID-19) section of the MHCP Provider Manual will satisfy the face-to-face requirement for services in the CCBHC scope of services table for the purpose of calculating the monthly wrap payment.

See the Coronavirus (COVID-19) section of the MHCP Provider Manual for more information on the temporary changes to telemedicine visits. See the Waivers and modifications webpage for more information about the telemedicine waivers.

We updated the Scope of Services for CCBHCs (PDF) table to include evaluation and management (E&M) telephonic billing codes made effective due to the COVID-19 emergency orders. E&M services listed on the CCBHC scope of services table provided according to all applicable requirements in the Physician Consultation, Evaluation and Management section of the MHCP Provider Manual and according to all applicable requirements in the Coronavirus (COVID-19) section of the MHCP Provider Manual are considered CCBHC encounters. (pub. 5/6/20)

DHS Covers COVID-19 Testing for Uninsured under New Medical Assistance Group

On March 18, 2020, Congress passed the Families First Coronavirus Response Act (FFCRA), which gives states the option to make Medicaid available to certain uninsured people to pay for COVID-19 testing and the related office visit during the COVID-19 peacetime emergency.

The Minnesota Legislature authorized a new Medical Assistance (MA) coverage group for those who are uninsured to cover the testing and diagnosis of COVID-19. This change eliminates the financial barriers that might prevent someone who needs testing for COVID-19 from seeking care, increasing public health care risks.

The new coverage group is effective May 1, 2020, and ends when the COVID-19 peacetime emergency ends.

MA coverage for COVID-19 testing covers only the testing and services related to diagnosis of COVID-19. This includes coverage for the COVID-19 test, serological tests and the office visit during which the test was given. MA coverage for COVID-19 testing does not include services for the treatment of COVID-19. There are no copays or deductibles for COVID-19 testing and the evaluation. A person can have more than one COVID-19 test covered while they are enrolled in this program.

Fee-for-service providers:

- Give the Application for Limited MA Coverage for COVID-19 Testing (DHS-7310) (PDF) to all uninsured patients to complete.
- Administer the COVID-19 testing and evaluation.
- Ensure the patient has completed all information necessary.
- Complete the provider portion of the application and submit the application to the Department of Human Services (DHS). DHS staff will determine eligibility.
- Verify eligibility and submit the claim(s) to DHS for processing.

Information on eligibility status will be available in the Eligibility Verification System (EVS) within 10 days of submission of the application.

Bill DHS for the COVID-19 testing and evaluation through MN–ITS.

Uninsured individuals are always encouraged to complete the appropriate Minnesota Health Care Programs application. Completing an application for MA or MinnesotaCare is not a requirement to qualify for MA coverage for COVID-19 testing.

Refer to the COVID-19 section of the MHCP Provider Manual for more information about temporary modifications due to COVID-19. (pub. 5/1/20)

Child & Teen Checkups (C&TC) visit reminders during COVID-19 pandemic

The Minnesota Department of Human Services (DHS) reminds providers of the following information about C&TC visits during the COVID-19 pandemic.

For children age 24 months or younger

DHS and the Minnesota Department of Health (MDH) recommend to continue in-person C&TC visits for children 24 months or younger to receive necessary immunizations and other screenings. To reduce the risk of spreading disease, see the Apr. 1, 2020, Provider news and updates message "Child and Teen Checkups (C&TC) well child visit prioritization guidance during COVID-19 pandemic."

If a practice is unable to provide a C&TC visit to a child aged 24 months or younger (for example, a caregiver in the home is positive for COVID-19 or does not feel comfortable coming into the office), providers may complete components of the visit via telemedicine (for example, history, anticipatory guidance, vaccine counseling and developmental screening) based on their clinical judgment. Report only the codes of the services provided, and payment will reflect only those completed components per the Minnesota Health Care Programs (MHCP) Fee Schedule. See the Covered Services Changes and Eligible Providers sections of the Coronavirus (COVID-19) section of the MHCP Provider Manual and the "Telemedicine information and documentation" section of this message for information about enrollment and providing via telemedicine during the COVID-19 pandemic.

For children older than 24 months
Providers may perform condensed C&TC visits using telemedicine. Providers will need to use their clinical judgment as to which components of the C&TC service are appropriate to be performed during the telemedicine visit, and payment will reflect only those completed components per the MHCP Fee Schedule.

Telemedicine information and documentation
MHCP will include delivery of services through telephone connection between the patient and provider as part of telemedicine services effective Mar. 19, 2020. Providing telemedicine via phone for COVID-19 remains in effect until the peacetime emergency is terminated or until it is rescinded by proper authority. See the Covered Services Changes and Eligible Providers sections of the Coronavirus (COVID-19) section of the MHCP Provider Manual for information about enrolling and providing via telemedicine.

Policies on telemedicine services are in the Physician and Professional Services section of the MHCP Provider Manual.

MHCP will cover medically necessary services and consultation by an MHCP provider through telephonic telemedicine in the same manner as if the service or consultation was delivered in person on an interim basis during the COVID-19 pandemic. Refer to the Telemedicine/Telephonic Telemedicine Providers provider list in MN–ITS to see if you've been approve to provide telemedicine or telephonic services. You must use the Chrome browser to view the list.

If you are providing condensed and modified C&TC services and not all the components of a visit, leave off the S0302 code and HIPAA-compliant referral condition codes. All provisions discussed here are time limited. Consult the Coronavirus (COVID-19) section of the MHCP Provider Manual regularly for the most up-to-date information.

Follow-up after the COVID-19 pandemic
Any member who receives a preventive medicine visit via telemedicine should have a complete in-person C&TC visit as soon as possible after the COVID-19 peacetime emergency has formally ended. Consideration of completion of further face-to-face visit components, follow-up care or the timeline of the next complete age-related face-to-face C&TC visit is at the provider's discretion. See the Child and Teen Checkups (C&TC) section of the MHCP Provider Manual for more information.

Email DHS at dhs.childteencheckups@state.mn.us if you have questions about this message. (pub. 4/24/20)

Targeted case management face-to-face visit requirements changed

Federally approved policy modifications to targeted case management (TCM) services temporarily allow telephone and video-conferencing in place of in-person face-to-face contact during the COVID-19 pandemic.

See the Coronavirus (COVID-19) section of the Minnesota Health Care Programs Provider Manual for information about providing targeted case management services during this pandemic.

The change is effective for TCM services provided in the month of March, 2020, and allows case managers to conduct targeted case management visits by phone or video with adults receiving services or their legal guardians, and with children receiving services and their parents or legal guardians. The change runs through the end of the public health emergency.

Tribal provider requirements

This change means that Indian Health Service (IHS), Sec. 638 Tribal providers, may receive the daily encounter payment when the contact between the case manager and the person receiving services happens by telephone instead through an in-person face-to-face visit. Although the mode of how a service may be delivered is temporarily changing (for example, targeted case management services can be delivered via telephone temporarily), there are no changes to the payment methodology for the daily encounter payment. The same services and types of providers that are required to generate a daily encounter payment continue to be required when targeted case management services are delivered during the COVID-19 emergency period.

The affected services include:

- Child welfare targeted case management
- Children's mental health targeted case management
- Adult mental health targeted case management
- Vulnerable adult or adult with developmental disabilities (VA/DD) targeted case management
- Relocation service coordination targeted case management

Bulletin 20-69-02 Targeted case management changes for face-to-face contact requirements includes temporary instructions for these programs. (pub. 4/22/20)

Access to telemedicine services increased

Minnesota Department of Human Services (DHS) has expanded access to telemedicine to ensure the 1.1 million Minnesotans covered by Medical Assistance and MinnesotaCare do not lose access to care and services, including mental health and substance use disorder coverage, during the pandemic.

DHS has received federal approval to temporarily ease certain limits in existing law for receiving needed care and services through telephone and video visits that can instead be provided safely and effectively without an in-person face-to-face visit by:

- Expanding the definition of telemedicine to include telephone calls so providers who have a telemedicine agreement in place with DHS can serve patients through telephone or tele-video visits.
- Allowing a provider's first visit with a patient to be conducted over the phone.
- Allowing Medical Assistance and MinnesotaCare enrollees to have more than three telemedicine visits in a week.
- Allowing DHS-contracted managed care plans to follow these same policies.

All telemedicine changes are effective Mar. 19, 2020.

DHS received Centers for Medicare & Medicaid Services approval for temporarily expanding the providers that may deliver services using telemedicine, including many mental health and substance use disorder (SUD) treatment providers. This approval also applies to equivalent tribal providers. See the Temporary coverage of telemedicine visits for Substance Use Disorder and Mental Health providers webpage for information about telemedicine for mental health and SUD.

DHS also received temporary approval to allow a telemedicine service to satisfy the face-to-face requirement under the encounter payment methods for Indian Health Service, Tribal 638 clinic, Federally Qualified Health Center, and Rural Health Clinic services. If a service would have received an encounter payment if performed in person, the same service will receive an encounter payment if performed via telemedicine, including telephone and televideo as long as all of the applicable telemedicine requirements are met.

See the waivers and modifications webpage or the Coronavirus (COVID-19) section of the MHCP Provider Manual for more information about requirements that have been waived or modified so together we can continue to provide essential programs and services to Minnesotans safely and without undue delay during the COVID-19 pandemic. (pub. 4/21/20)

DHS waives signature requirements for delivery of DME and NEMT transportation

The commissioner for the Department of Human Services (DHS) waived the need for providers to get signatures when delivering durable medical equipment (DME) and supplies to Medical Assistance (MA) and MinnesotaCare members effective Apr. 17, 2020. Providers are required to maintain documentation that they successfully delivered equipment or supplies to members.

Also, effective Apr. 17, 2020, Nonemergency Medical Transportation (NEMT) providers are not required to obtain a signature from MA and MinnesotaCare members to certify that the transport occurred. All other documentation requirements continue to apply and providers are required to ensure appropriate documentation that substantiates that the transport occurred.

This change supports the need for social distancing during the COVID-19 pandemic.

The waiver expires at the end of the COVID-19 peacetime emergency. (pub. 4/21/20)

Rule 25 extended for up to 2 years for member choice

Rule 25 will be extended for up to two years to allow members to choose between a comprehensive assessment and the Rule 25 process.

The Centers for Medicare & Medicaid Services (CMS) approved the Minnesota Department of Human Services' (DHS) renewal waiver application for the Consolidated Chemical Dependency Treatment Fund (CCDTF) program, Apr. 14, 2020. This authority allows county and tribal workers to authorize treatment through the Rule 25 assessment process. The effective dates of this waiver are July 1, 2020, to June 30, 2022.

All treatment services are still required to have an approved service agreement and a completed DAANES admission to secure reimbursement, regardless of the method of client assessment for authorizing treatment services, until notified by DHS Behavioral Health Division. Individuals needing substance use disorder treatment can enter treatment following completion of either the Rule 25 process or a comprehensive assessment after system programming and system testing are completed, and DHS issues notification.

Managed care organizations may use either Rule 25 or comprehensive assessments to make level of care determinations until June 30, 2022.

Withdrawal management facilities licensed under Minnesota Statute 245F do not require authorization through a Rule 25 assessment and this message does not apply to them.

Participating 1115 waiver project providers will be required to assure admitted clients meet the project's admission criteria and all applicable rules and statutory requirements.

Contact Dominique Jones at Dominique.jones@state.mn.us for more information. (pub. 4/21/20)

Housing Stabilization Services benefit begins July 1, 2020

Housing Stabilization Services is a new Minnesota Medical Assistance benefit to help seniors and people with disabilities find and keep housing. Providers may enroll now. Services begin July 1, 2020. Providers who want to learn more about the service or enrolling to deliver this service can find information in the Housing Stabilization Services section of the Minnesota Health Care Programs Provider Manual and on the Housing and homelessness: Policies and procedures webpage. Call the MHCP Provider Call Center at 651-431-2700 or 800-366-5411 for more information. (pub. 4/21/20)

Telemedicine and telephonic telemedicine services approved provider list available Apr. 20, 2020

Minnesota Health Care Programs (MHCP) will post a list of providers approved for telemedicine services and telephonic telemedicine services for COVID-19 expanded services on Apr. 20, 2020. The list, named Telemedicine/Telephonic Telemedicine Provider List, can be accessed by logging in to your MN–ITS account and finding it within the Provider Lists link. The list will be updated each week on Monday and will include all providers approved for telemedicine delivery before the COVID-19 pandemic and those approved to provide services telephonically since the pandemic. You must use a Chrome or Firefox browser and will need the Excel XLSX version to access this list and other provider lists.

Please refer to the Coronavirus (COVID-19) section of the MHCP Provider Manual for more information about telemedicine and telephonic telemedicine services, including billing. (pub. 4/17/20, rev. 4/28/20)

Minnesota Restricted Recipient Program (MRRP) COVID-19 related medication payments

MRRP participants' COVID-19 related medications will be paid through an acute discharge pharmacy. To assure payment, contact the managed care organization (MCO) of record for the Minnesota Health Care Programs (MHCP) member. If the person is a fee-for-service (FFS) member, contact the MRRP at 651-431-2648 or 800-657-3674 after dispensing medications and give the following information:

- Patient name
- DOB
- PMI (if known)
- Diagnosis
- Medications dispensed
- Prescribing provider and NPI used
- Pharmacy name and NPI used
- Date of service

When MRRP staff receive a request, they will open the acute discharge pharmacy to allow for claim submission and will call and work with pharmacy staff to ensure reimbursement on active FFS medical assistance patients during this pandemic. (pub. 4/17/20)

MinnesotaCare payment grace period granted

The Minnesota Department of Revenue will grant a 60-day payment grace period for MinnesotaCare monthly and quarterly estimated payments due Apr. 15, 2020. These payments are now due June 15, 2020. See the MinnesotaCare Payment Grace Period announcement from the Department of Revenue for more information. (pub. 4/13/20)

Eliminating financial barriers to COVID-19 diagnosis and treatment

On Mar. 20, 2020, Minnesota Governor Tim Walz issued Executive Orders 20-11 and 20-12, granting the Minnesota Department of Human Services (DHS) emergency temporary authority to change administrative and regulatory requirements for state programs in response to the COVID-19 pandemic.

These executive orders aim to ensure access to services and protect the health of over 1 million Minnesotans, including older adults, individuals with disabilities, young families with children and individuals with mental illness—groups likely to be significantly impacted by COVID-19.

Effective Mar. 19, 2020, DHS has removed any cost-sharing for the diagnosis and treatment of COVID-19 for all Medical Assistance (Medicaid) and MinnesotaCare members. This applies to members in both fee for service and managed care.

This action is taken to help address financial concerns that might prevent someone who needs testing or treatment for COVID-19 from seeking appropriate care that would result in an increased risk to public health. The federal government will pay 100 percent of the costs of COVID-19 testing, treatment and the corresponding office visit for Medical Assistance and Minnesota Care.

This executive order and consequent waiver on cost-sharing for COVID-19 remains in effect until the peacetime emergency is terminated or until it is rescinded by proper authority. (pub. 4/10/20)

Emergency payments for COVID-19 costs offered for nursing facilities

Minnesota Department of Human Services (DHS) is offering expedited, emergency payments to Minnesota Health Care Programs enrolled nursing facilities providers located in Minnesota for costs directly related to COVID-19 incurred on or after Mar. 13, 2020, per Minnesota Statute 12A.10. That statute allows providers who incur additional costs resulting from disasters to apply for expedited reimbursement.

On Mar. 31, 2020, the Nursing Facility Rates and Policy Division conducted a webinar and PowerPoint presentation which provided instructions for submitting the reimbursement application. That webinar was recorded and is available for those who were unable to participate in the live session. Providers who did not receive the reimbursement application and

instruction forms, or who would like a copy of the PowerPoint, can email the Long-Term Care Policy Center at dhs.ltcpolicycenter@state.mn.us.

A frequently asked questions list is being developed and should be posted on the Nursing Facility Provider Portal webpage by the end of April.

Visit the Waivers and modifications webpage and scroll to "Changes under existing authority to respond to COVID-19," and select **No. 3: Expediting payments to nursing homes (CV01**) for information on actions taken by the commissioner. (pub. 4/9/20)

Washington Publishing Company (WPC) temporary link to X12 codes

WPC is experiencing issues with their website and is working to resolve them. WPC instructs providers to use https://nex12.org/index.php/codes for contact information and access to the X12 codes for the WPC until the WPC webpage is available. We will update this webpage when the WPC issues have been resolved. (pub. 4/3/20)

Coronavirus (COVID-19) Minnesota Health Care Programs (MHCP) Provider Manual section posted

We have posted a new Coronavirus (COVID-19) manual section of the MHCP Provider Manual. It will include a list of temporary modifications to policies and procedures that have been made to Medical Assistance and MinnesotaCare programs. Unless listed in this manual section, all other program requirements continue to apply. Please refer to this manual section for the most up-to-date information. (pub. 4/2/20)

DHS extends prescription limit to 90 days for certain medications

In response to Gov. Tim Walz' COVID-19 pandemic Emergency Executive Order 20-12, the Department of Human Services (DHS) has received federal approval to temporarily cover up to a 90-day supply of many noncontrolled prescription maintenance medications.

Under current state law, prescriptions for medications are limited to a 34-day supply (Minnesota Statute, 256B.0625, subdivision 13). Effective April 2, 2020, the DHS commissioner increased the prescription drug coverage limit for certain therapeutic drug classes to a 90-day supply for all fee-for-service Medical Assistance and MinnesotaCare members.

DHS is not mandating that a 90-day supply of these medications be dispensed. Prescribers and pharmacists are expected to continue to use their professional and clinical judgment as to the appropriate quantity to dispense to members.

Claims for medications affected by this change do not require an override from the Provider Call Center. Contact the Provider Call Center to determine if overrides are available for medications **not included** in this initiative if the member has another insurance that has covered a 90-day supply of the medication. This extension in the prescription drug coverage limit applies to the fee-for-service pharmacy benefit. The managed care organizations (MCOs) may implement a 90-day supply program and you can obtain details of those programs from the MCOs.

This executive order and consequent 90-day supply prescription limit extension for COVID-19 remains in effect until the peacetime emergency is terminated or until it is rescinded by proper authority. (pub. 4/2/20)

Provider revalidations postponed

Minnesota Health Care Programs (MHCP) is postponing provider revalidation efforts effective Apr. 1, 2020, in accordance with Executive Order 20-12. MHCP will not be sending revalidation notices to providers who are due to revalidate their enrollment to ensure providers remain enrolled and able to provide necessary services to members during the COVID-19 pandemic. We will update the MHCP provider news and updates webpage when the revalidation process resumes. (pub. 4/1/20)

Child and Teen Checkups (C&TC) well child visit prioritization guidance during COVID-19 pandemic

The benefit of attending a C&TC well visit and receiving necessary immunizations and screenings should be balanced with the risk of exposure to other children and adults with potential contagious diseases. Many providers are reviewing their daily workflows and practices in consideration of their patient population, safe practice capacity, clinic environment as well as guidance from the Minnesota Governor's executive orders. The current American Academy of Pediatrics (AAP) recommendations for providing well visits and immunizations during the COVID-19 Pandemic as of Mar. 19, 2020 are:

- Newborn visits or infant weight checks
- Well child visits two years of age and younger, of special importance maintaining up to date immunization status
- Reschedule well visits for those in middle childhood and adolescence to a later date

See the AAP's COVID-19 Clinical Guidance Q&A webpage for more information about the AAP's recommendations. The Minnesota Department of Human Services (DHS) and the Minnesota Department of Health (MDH) recognize that you may prioritize C&TC visits in your practice. The AAP's recommendations are not intended to replace or supersede institutional policies in place for clinics or health care systems.

See the AAP COVID-19 Clinical Guidance Q&A webpage as well as the Centers for Disease Control and Prevention's (CDC) Resources for Clinics and Healthcare Facilities webpage to view options to help decrease the spread of COVID-19 with regard to well visits including the consideration of modifications to the structure of the clinic schedule and physical space.

For information specific to managing patients during the COVID-19 outbreak, see the following:

- MDH's Health Care: Coronavirus Disease 2019 (COVID-19) webpage
- Minnesota Chapter of the American Academy of Pediatrics COVID-19 webpage
- CDC webpages:
  - What Healthcare Personnel Should Know about Caring for Patients with Confirmed or Possible COVID-19 Infection
  - Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings

Email the C&TC programs at DHS at dhs.childteencheckups@state.mn.us or MDH at health.childteencheckups@state.mn.us if you have questions or need more information about prioritizing well child visits.

This is a collaborative communication from the Child and Teen Checkups teams at DHS and MDH. (pub. 4/1/20)

Withdrawal management services billing updates

Beginning Feb. 26, 2020, Minnesota Health Care Programs (MHCP)-enrolled withdrawal management (WM) providers can bill for WM services for fee-for-service members and partially bill WM room and board (R&B) service for managed care enrollees retroactive to their facility's license approval date.

Residential facility provider
For an episode of care with multiple levels of services, bill each level of service and the associated R&B service on a separate claim. Bill using the appropriate type of bill in an interim billing method.

Hospital provider
We are working on our system to allow for hospital billing.

Service agreement (SA)

- Fee-for-service (FFS) members – SA is required
- Managed care organization (MCO) enrollees – Bill WM R&B for MCO enrollees to the Minnesota Department of Human Services. SA is required for dates of service before Jan. 1, 2020. SA is not required for dates of service on and after Jan. 1, 2020.

Client placement authorization form

- To start a service agreement, complete and forward a Client Placement Authorization DHS-2780 (PDF) form to the member's county or tribe of residence.

- Rule 25 assessment is not required. Do not complete the Assessment Severity Rating.
- Enter the first date of contact as the assessment date.

Bill for level 3.2 clinically managed and level 3.7 medically monitored services as follows:

Service Description	Revenue Code	Type of Bill
Residential facility clinically managed Level 3.2	0900	86X
Residential facility medically monitored Level 3.7	0919	86X
Residential facility room & board	1002	86X

Type of Bill frequency (third digit) codes:

- xx1 – Admit through discharge claim
- xx2 – Interim-first claim (first claim in a series of continuous claims or interim billing)
- xx3 – Interim-continuing claim
- xx4 – Interim-last claim (discharge claim)
- xx7 – Replacement of prior claim
- xx8 – Void/cancel of prior claim

Bill with the appropriate patient status code, for example 30 for an interim continuing claim.

We will communicate future updates on the MHCP provider news and updates webpage. (pub. 4/1/20)

Certified Community Behavioral Health Clinic (CCBHC) supplemental payment processing delayed

CCBHC supplemental payment processing has been delayed due to a software update to our Secure File Transfer Protocol. We are working to resolve it and CCBHC supplemental payments for fee-for-service claim dates Jan. 30 to Feb. 27, 2020, have been rescheduled for Apr. 14, 2020. No further action is required by providers. (pub. 3/30/20)

Webpage devoted to waivers and modifications to Minnesota Health Care Programs requirements during COVID-19 pandemic

Executive orders signed by Gov. Tim Walz grant the Minnesota Department of Human Services (DHS) temporary authority to waive or modify administrative and regulatory requirements so that DHS and its partners can continue to provide essential programs and services to Minnesotans safely and without excessive delay during the COVID-19 pandemic.

See the Waivers and modifications webpage for information about waivers and modifications in effect, including those pending federal approval and changes made by the DHS commissioner under existing authority. (pub. 3/27/2020)

Health Behavior Assessment and Intervention claim denials to be reprocessed

Minnesota Health Care Programs (MHCP) recently discovered that some mental health provider types were inadvertently left off of the new Health Behavior Assessment and Intervention procedure codes that became effective Jan. 1, 2020. This caused claims to incorrectly deny. The system was corrected Mar. 12, 2020.

The provider types affected were licensed independent clinical social workers, licensed marriage and family therapists, licensed professional clinic counselors and licensed psychologists.

The procedure codes affected were 96156, 96158, 96159, 96164, 96165, 96167, 96168, 961470 and 96171.

We will reprocess all claims with dates of service on or after Jan. 1, 2020, submitted before the system correction date of Mar. 12, 2020. Providers do not need to resubmit claims. These claims will appear on the Mar. 31, 2020, remittance advice. (pub. 3/26/20)

Diabetic testing supply program change

Therapeutic continuous glucose monitoring (CGM) systems that have only been a covered service when provided and billed by durable medical equipment (DME) providers using codes K0553 and K0554 will be included in the pharmacy point-of-sale preferred diabetic testing supply program beginning Apr. 1, 2020. Preferred therapeutic CGM systems will still be covered and may be billed by enrolled pharmacy providers using National Drug Codes. Non-preferred CGM systems will still require prior authorization and be subject to the non-preferred diabetic testing supply criteria. (pub. 3/26/20)

DHS submitted an 1135 waiver to CMS for flexibility to respond to COVID-19

The State has submitted a waiver to the Centers for Medicare & Medicaid Services to begin the process of requesting a broad range of temporary flexibility the Department of Human Services can use if necessary to respond to the COVID-19 pandemic.

The 1135 waiver and subsequent requests for more specific authorizations will help Minnesota deal with changing health, safety, workforce and infrastructure needs created by the public health emergency.

The submission of the 1135 waiver begins the process to gain necessary federal approvals to respond to the COVID-19 pandemic. More waivers and amendments will be coming. DHS will keep you updated on the status of these federal approvals. (pub 3/25/20)

Electronic or digital signatures not currently accepted

We have received a number of questions from providers about electronic signatures for provider enrollment documents. Minnesota Health Care Programs (MHCP) does not accept electronic or digital signatures on provider enrollment related documentation at this time. An electronic signature, or e-signature, refers to data in electronic form (for example, an electronic symbol). A digital signature is generated using DocuSign or other software. Neither electronic nor digital signatures are permitted.

You are permitted to print the required MHCP document, sign it and scan or take a picture of the document to send back to your employers or credentialing staff for submission to Minnesota Department of Human Services (DHS) Provider Eligibility and Compliance (PEC). PEC is required to ensure authenticity and to be sure that a signer can't deny that a signature belongs to that person.

DHS may be reviewing this more closely at a later date to determine if electronic or digital signatures can be accepted, but in the meantime, please note that timely filing guidelines allow providers to bill up to one year from original date of service. Please refer to the Enrollment with Minnesota Health Care Programs webpage and ensure individual providers are qualified to provide services. We encourage providers to continue to provide necessary services. Please complete MHCP provider enrollment documents and get required signatures and submit them to us as quickly as possible. It is important that the provider maintain a record of services they provide, including the date. (pub. 3/24/20, rev. 3/25/20)

Governor, Minnesota Department of Human Services (DHS) suspend certain licensing regulations

Gov. Tim Walz issued Executive Order 20-12 Mar. 20, 2020, and DHS Commissioner Jodi Harpstead has suspended or modified certain licensing requirements and activities until May 1, 2020, to allow greater flexibility to comply with recommendations from the Minnesota Department of Health and the Centers for Disease Control and Prevention. These modifications ensure the best interests of your clients and communities are met.

Read the COVID-19 update regarding Minnesota Department of Human Services (DHS) licensing message to find out more about DHS suspending or modifying most licensing enforcement activity. (pub 3/24/20)

Telehealth services during COVID-19 pandemic

We've had many questions regarding offering telemedicine while we are in the midst of the COVID-19 pandemic. We are working to get clarification around the expanded use of telemedicine while complying with state and federal laws. The Centers for Medicare & Medicaid Services broadened access to telehealth services for Medicare beneficiaries, but we do not yet have any detailed information about Medicaid (Medical Assistance) services.

As you know, changes have evolved quickly. We will provide new information as soon as we get it. Watch the Provider news and updates and the DHS COVID-19 webpages for information. (pub. 3/19/20)

Minnesota Department of Human Services (DHS) to follow Centers for Medicare & Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) guidelines for 2019-Novel Coronavirus (COVID-19) codes and billing

CMS has developed an additional code for coronavirus lab tests effective Apr. 1, 2020. See the CMS Develops Additional Code for Coronavirus Lab Tests CMS newsroom webpage for code information. Beginning Apr. 1, 2020, providers may submit claims for tests performed on or after Feb. 4, 2020.

The American Medical Association (AMA) also approved a unique CPT code effective Mar. 13, 2020. See the AMA's New CPT Code Announced to Report Novel Coronavirus Test press release. The Centers for Disease Control and Prevention (CDC) has issued coding guidelines for COVID-19. See the CDC's ICD-10-CM Official Coding Guidelines - Supplement (PDF) for more information.

We follow CMS and CDC guidelines and we are working on updating our system to be ready for claims submitted beginning Apr. 1, 2020. Continue to monitor this webpage for updates.

Additional COVID-19 resources

- Minnesota Department of Health
- Centers for Disease Control and Prevention
- CMS Newsroom

(pub.3/18/20)

Follow universal precautions when performing job functions

The Minnesota Department of Human Services (DHS) encourages Personal Care Assistance (PCA) provider agencies and people using PCA services to remind workers about the importance of following universal precautions to keep illnesses from spreading. It is best practice to follow these instructions not only during the COVID-19 pandemic, but for all work situations. Watch the universal precautions training module we prepared to support agencies in the effort to keep people healthy. (pub. 3/18/20)

Off-campus provider-based hospital department claims with G0463 and modifier PO that apply a site-neutral reduction will be reprocessed

Calendar year (CY) 2019 claims with procedure code G0463 modified with PO (Services, procedures and/or surgeries provided at off-campus provider-based outpatient departments) that applied a site-neutral reduction were reprocessed to allow 100 percent of the Ambulatory Payment Classification (APC) allowable. The CY 2019 reprocessed claims were reported on your Mar. 17, 2020, remittance advice. See the CMS-1717-FC Fact Sheet for more information.

Minnesota Health Care Programs has reprocessed the CY 2020 claims applying site-neutral reduction. You will see reprocessed claims on your May 12, 2020, remittance advice. CY 2020 claims will apply a site-neutral reduction of 40 percent of the APC allowable. Refer to CMS MLN Matters MM11605 for more information. (pub. 3/10/20, rev. 4/29/20)

4 procedure codes to be cost avoided beginning Mar. 20, 2020

Four procedure codes will be cost avoided for dates of service beginning on or after Mar. 20, 2020.

The cost-avoided procedure codes are:

- H0045
- S5130
- S5150
- S5151

There has been a correction in regards to procedure code T2003 that was previously identified to be cost avoided. This change will no longer take effect for this procedure code and it was removed from the list.

Providers who bill using these procedure codes need to follow Minnesota Health Care Programs (MHCP) billing policies and report third-party liability (TPL) insurance as applicable. If the member has TPL and it is not reported on their claim, the claim will deny.

For information about cost avoidance and billing Medicare and TPL, see the Medicare and Other Insurance section of the MHCP provider manual. (pub. 2/19/20, rev. 3/27/20)

Training

Children's Therapeutic Services and Supports (CTSS) Apr. 22, 2020, billing webinar canceled

We have canceled the CTSS billing webinar scheduled for Wednesday, Apr. 22, 2020.

We will contact you if you have registered for the webinar and will give you the option to sign up for a future webinar session.

See the Children's Therapeutic Services and Supports (CTSS) Billing webpage for billing lab information.
(pub. 4/21/20)

Telehealth learning sessions available for mental health and substance use disorder (SUD) providers

We have compiled a list of non-Minnesota Department of Human Services (DHS) learning sessions on using telecommunications technology as a response to the COVID-19 pandemic and evolving concerns with service providers in the field of mental health and substance use disorder. For learning sessions information, schedule and topics, see the following:

Telehealth Learning Series for SUD Tx and Recovery Support Providers – The Addiction Technology Transfer Center (ATTC) Network, the Center for Excellence on Protected Health Information (CoE-PHI), the National Consortium of Telehealth Resource Centers, and the Center for the Application of Substance Abuse Technologies (CASAT) at the University of Nevada – Reno facilitate this training. Visit the Telehealth Learning Series for SUD Tx and Recovery Support Providers webpage for more information.
Dates: Mar. 31, 2020 – Apr. 29, 2020

TLC Tuesdays (5 sessions) – Mid-America Mental Health Technology Transfer Center (MHTTC) offers online training. Complete recordings from each session will be available on the Telehealth Learning & Consultation Tuesdays webpage.

The DHS Coronavirus Disease 2019 (COVID-19) webpage provides counties, tribes, providers and members of the public with information specific to responding to COVID-19 as it relates to DHS programs. You can also sign up to receive email updates on that page. Check the webpage often as it will be updated as additional waivers are approved. (pub. 4/3/20)

PCA Steps for Success April training session has been changed

The Minnesota Department of Human Services (DHS) has rescheduled the personal care assistant (PCA) Steps for Success training scheduled for April 22 -24, 2020, to July 22-24, 2020. DHS will deliver the training entirely online in order to help prevent the spread of COVID-19. Providers who have already registered for the April Steps for Success training are not required to do anything at this time. DHS will send out an email with the link to the webinar three business days before the rescheduled July class. Qualified Professionals who had registered to attend the now-cancelled Steps for Success training in April will have the six-month grace period for enrollment extended until the July training session due to this change. Contact the Minnesota Health Care Programs Provider Call Center at 651-431-2700, option #4, with any questions. (pub. 4/3/20)

Minnesota Health Care Programs (MHCP) cancels in-person provider billing lab sessions through June

MHCP Provider Training has decided to cancel in-person billing labs through June. We want to help protect and keep Minnesotans safe from the spread of illness, and we want to help protect and keep our employees safe as well.

We will offer billing labs via webinar beginning in April and we will begin offering in-person sessions again in the future.

MHCP Provider Training will notify you if you have registered for any in-person billing labs in April, May or June and give you the option to sign up for an April, May or June webinar session. The notice will include a link to the Online Registration webpage.

Check back with the Provider news and updates webpage to read billing lab scheduling announcements. (pub. 3/19/20, rev. 3/31/20)

Free online billing lab training available

Minnesota Health Care Programs (MHCP) offers free online training for MHCP enrolled providers. Go to the MHCP enrolled provider training webpage to see the list of available training.

We have added new training sessions for the following service providers:

- Nursing facility

Minnesota Provider Screening and Enrollment (MPSE) free online training available

Minnesota Health Care Programs is providing free online training for our MPSE online portal.

See the MPSE portal training webpage for registration, brief online tutorials to help prepare you for class and more information. (pub. 2/5/20)

Additional information

- Provider news and updates archive
- MHCP provider policies and procedures
- Latest Manual Revisions
- 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.