

March 2 - 15, 2021

Systems announcements

We will update this section with information about MN–ITS availability, technical information and other systems announcements when necessary.

Personal Protective Equipment (PPE) CPT code 99072 billing allowed for mental health providers for dates of service Sept. 8, 2020, through Feb. 28, 2021

The American Medical Association (AMA) allows coverage of additional expenses you incur related to preventing the spread of COVID-19 while safely providing patients quality care during in-person visits. Mental health providers should use procedure code 99072 to submit claims retroactively from Sept. 8, 2020, through Feb. 28, 2021, for the following:

- Additional supplies, materials and clinical staff time required for patient symptom checks over the phone and upon arrival, dressing into and removing personal protective equipment (PPE) and increased sanitation measures to prevent the spread of communicable disease.
- Services rendered in a non-facility place of service (POS) setting, and in an area where it is required to prevent the transmission of the respiratory disease for which the PHE was declared.
- Only during a PHE and only for additional items required to support safe in-person evaluation, treatment or procedural services.
- Staff time, three surgical masks and cleaning or sanitizing supplies.

Do not use code 99072 for items such as cell phones, cell phone minutes, telemedicine equipment or software, tablets, computers and so on.

Minnesota Health Care Programs will cover code 99072 retroactive to dates of service on or after Sept. 8, 2020, through Feb. 28, 2021. The covered code can be found on the [MHCP fee schedule](#) webpage. See the [AMA announces new CPT codes as COVID-19 advancements expand](#) AMA webpage for more information about the code. See the AMA's [COVID-19 CPT coding and guidance](#) webpage for coding guidelines for code 99072. (pub. 3/15/21)

Ambulatory Surgical Centers (ASC) and Outpatient Ambulatory Payment Classification claim denials

ASC and Outpatient Ambulatory Payment Classification claims denying with X12 Group Code CO, Claim Adjustment Reason Code (CARC) A1 and Remittance Advice Remark Code (RARC) N59 are not showing the service line denial. The issue is one or more lines has an error causing the entire claim to deny, but only the COA1 and N59 are displayed. We are aware this reporting does not give you sufficient information to determine what service line was denied or why. We are working to fix the issue and will update this webpage when it is resolved.

Review the [MHCP Provider Manual](#) for billing information or call the [MHCP Provider Call Center](#) at 651-431-2700 or 800-366-5411 if you have questions about your ASC and Outpatient Ambulatory Payment Classification claim denial. (pub. 3/11/21)

Housing Stabilization Services conflict of interest requirements update

The U.S. Department of Health and Human Services has determined that the public health emergency will likely remain in place for the rest of 2021. As a result, the conflict of interest requirements for Housing Stabilization Services are waived throughout this period.

If you want to continue operating under a conflict of interest exception after the public health emergency ends, you must apply. Application forms are tentatively scheduled to be available **summer 2021**.

You must complete the appropriate form when you meet geographic or cultural or common language shortage area criteria to waive the conflict of interest standards. You must not only satisfy the shortage area criteria, but also demonstrate that safeguards are in place to protect against conflicts of interest. See the Conflict of Interest Requirements and Exceptions section of the [Housing Stabilization Services](#) policy manual webpage for guidelines and criteria.

As a reminder, provider enrollment is now open. Refer to the [Housing Stabilization Services](#) section of the Minnesota Health Care Programs Provider Manual or email dhshousingstabilization@state.mn.us if you have questions or need more information. (pub. 3/8/21)

New COVID-19 Janssen vaccine and administration code approved

The American Medical Association approved Current Procedural Terminology (CPT) codes 91303 and the corresponding administration code 0031A for the Janssen coronavirus vaccine. Minnesota Health Care Programs (MHCP) will only reimburse for the administration of the vaccine. As a reminder, vaccines are exempt from cost-sharing. Use the following CPT and administration codes to report the administration of the Janssen coronavirus vaccine:

- **CPT vaccine code 91303**
 - **Administration code 0031A:** ADM SARSCOV2 VAC AD26 .5ML

You may now submit claims. MHCP will cover administration code 0031A for procedure code 91303 retroactive to dates of service on or after Feb. 27, 2021.

The covered codes can be found on the [MHCP fee schedule](#) webpage. COVID-19 vaccine billing instructions can be found under Billing in the [Coronavirus \(COVID-19\)](#) section of the MHCP Provider Manual. (pub. 3/5/21)

Early Intensive Behavioral and Developmental Intervention (EIDBI) agencies obtaining compliance with new statute requirements

EIDBI agencies must now indicate the Minnesota Department of Human Services-approved treatment modality that they intend to provide and employ either a Qualified Supervising Professional (QSP) or Level I provider with [advanced certification](#) in that specific modality to obtain compliance the new EIDBI statute [256B.0949 subdivision 13](#) requirement. See the [EIDBI Policy Manual—Treatment modalities](#) for a list of DHS-approved treatment modalities.

How to obtain compliance

The following are options to obtain compliance with the new EIDBI statute requirement. Documentation should be submitted during enrollment (see the [Early Intensive Developmental and Behavioral Intervention \(EIDBI\) Provider Enrollment](#) manual) or by email to ASD.DHS@state.mn.us if you are already enrolled.

For the Developmental, Individual Difference, Relationship-Based (DIR) /Floortime, PLAY project, Relationship Development Intervention (RDI), and Early Start Denver Model (ESDM) treatment modalities:

1. Hire or contract with a person who is qualified to be a QSP or Level I provider with [advanced certification](#) in the [treatment modality](#) that the agency provides. This person must be an employed and enrolled EIDBI provider.
2. If an employee at the EIDBI agency has a bachelor's degree from an accredited college or university in behavioral health, child development or a related field (for example, mental health, special education, social work, psychology, speech pathology, occupational therapy, and so on) and can demonstrate proof that they are obtaining advanced certification in one of the [approved treatment modalities](#), they have **until July 1, 2022**, to complete all necessary training requirements specific to the treatment modality the agency attests to providing. Demonstrating proof could include a paid invoice, acceptance letter, transcript or other documentation.

For the Applied Behavioral Analysis (ABA) modality:

1. Hire or contract with a person who is qualified to be a QSP or Level I provider with [advanced certification](#) in ABA. This person must be an employed by the agency and an enrolled EIDBI provider.
2. If an employee at the organization has 4,000 hours of experience, and can show proof that they are enrolled in classes to obtain the Board Certified Assistant Behavior Analyst certification ([BCaBA](#)), they have **until July 1, 2022**, to complete the training, supervision and all necessary requirements outlined by the Behavior Analysis Certification Board ([BACB](#)) to obtain certification as a BCaBA.

3. Demonstrate proof that an employee is enrolled in a master's degree program in ABA to obtain their Board Certified Behavior Analyst ([BCBA](#)) certification. This would include an acceptance letter or transcript from an accredited program. They have **until July 1, 2022**, to complete the coursework and complete their BCBA certification. See the ABAI Accreditation Board [Accredited Programs](#) webpage for a list of universities with an accredited doctorate or master's degree program in ABA.

Email ASD.DHS@state.mn.us if you have questions about this message. Visit the [Building EIDBI provider capacity](#) webpage for information on accredited schools, grants and scholarship programs. (pub. 3/5/21)

Elderly Waiver (EW) plan proposed amendments 30-day public comment period open

The Minnesota Department of Human Services requests public comments on proposed amendments to Minnesota's EW plan before submitting to the Centers for Medicare & Medicaid Services for approval. We are holding a 30-day public comment period beginning Mar. 2, 2021, and ending Apr. 1, 2021, at 4 p.m. See the [Amendments to Minnesota's Elderly Waiver \(EW\) \(PDF\)](#) for more information about the amendments. See the [Aging and Adult Services Division Community Supports for Seniors eList](#) announcement to review these amendments, learn how to submit comments and how to request a copy of the amendment document. (pub. 3/3/21)

Odyssey webinar scheduled for Mar. 24, registration closes Mar. 19

The Minnesota Age & Disabilities Odyssey Conference will be virtual in 2021. Minnesota Department of Human Services and the Minnesota Board on Aging are hosting free webinars instead of the usual in-person sessions. The first webinar will focus on resilience and will take place Wednesday, Mar. 24, 2021, from 9 a.m. to noon. You must register for this webinar by Mar. 19, 2021, on the [2021 Odyssey Webinar Registration: Resilience](#) webpage.

The resilience webinar will define and explore strategies to demonstrate resilience as an individual and an organization. It will include real-life examples of resilience in Minnesota's social service system. Guest presenters are Jonathan Palmer, executive director of the Hallie Q. Brown Community Center, and Dr. Karyn Harvey, director of training and program development for the Park Avenue Group.

See the [2021 Odyssey webinar series](#) webpage for future webinar topics and dates.

You may sign up to receive emails on the [Conference mailing list](#) webpage, email the [Board on Aging](#) or call 800-882-6262 for more information about the Odyssey Conference. (pub. 3/3/21)

Minnesota Health Care Programs (MHCP) ending payment for Personal Protective Equipment (PPE) CPT code 99072 on Mar. 1, 2021

MHCP will not allow payment for CPT code 99072 effective Mar. 1, 2021, as we consider these PPE items or services incidental to, and bundled into payment for, providing other services.

CPT code 99072 became effective Sept. 8, 2020. This code is designed to report additional expenses incurred related to preventing the spread of COVID-19 during the public health emergency, including supplies and additional staff time. You may submit claims for only the covered dates of service. **CPT code 99072 is only covered for dates of service beginning Sept. 8, 2020, through Feb. 28, 2021.**

Contact the [MHCP Provider Call Center](#) with questions about this message at 651-431-2700 or 800-366-5411 TTY: 711 or 800-627-3529. (pub. 3/1/21)

Qualified Supervising Professional (QSP) is responsible for all services provided by Early Intensive Developmental and Behavioral Intervention (EIDBI) agencies

The QSP assumes **full**, professional responsibility for all services provided by the EIDBI agency and **ALL STAFF** affiliated with the agency. The QSP's responsibilities include, but are not limited to:

- Supervising and reviewing all EIDBI services within the [individual treatment plan \(ITP\)](#) and documentation, including case notes, claims, incident reports and other [health service records](#).
- Developing, monitoring, approving and signing each member's initial and updated ITP.
- Performing all of the clinical supervision functions required by his or her professional licensing board, within their scope of practice and as defined in the [EIDBI Policy Manual](#).
- Supervise and oversee the activities of all level I, II and III EIDBI providers. See the [Overview of EIDBI providers](#) webpage.

See the EIDBI policy manual [QSP qualifications, roles and responsibilities](#) webpage for a complete overview of QSP qualifications, roles and responsibilities. If you are no longer affiliated with an EIDBI agency, it is your responsibility to submit the [Individual Practitioner - MHCP Provider Profile Change Form \(DHS-3535\) \(PDF\)](#) to end your affiliation.

Because EIDBI agencies are now required to indicate on the assurance statement which Minnesota Department of Human Services-approved treatment modality that they intend to provide at the agency, the QSP must ensure that either they or a Level I provider employed by the agency has advanced certification in one of the DHS-approved treatment modalities. See the [Treatment modalities](#) webpage for a list of DHS-approved treatment modalities. (pub. 3/1/21)

Electronic signatures now accepted on provider agreements and agreement addendums

Minnesota Department of Human Services (DHS) now accepts electronic signatures and initials on provider agreements and agreement addendums. Electronic signatures and initials have the same legal effect and will be enforced the same way as a handwritten signature. You will need to check a box on the form acknowledging you are signing electronically. After electronically signing the documents, you may fax a copy or upload to the [Minnesota Provider Screening and Enrollment \(MPSE\) portal](#).

We are also working on adding electronic signature language to assurance statements, enrollment applications and ownership and other disclosing forms to accept electronic signatures and initials. We will update you when the changes to those groups of forms are complete. See the [Provider Eligibility and Compliance \(PEC\) enrollment forms that accept electronic signatures](#) webpage for a list of forms that accept electronic signatures.

You can also use the MPSE portal to complete your enrollment online, eliminating the need to fax enrollment documents. Provider agreements, addendums and assurance statements can be uploaded and submitted using the MPSE portal. (pub. 2/17/21)

Pharmacy Cost of Dispensing Survey published

The Department of Human Services (DHS) has published the [2020 Minnesota Fee-for-Service Cost of Dispensing Survey Legislative Report \(PDF\)](#) online. DHS is unable to post the Mercer Cost of Dispensing Survey results, referenced in the Appendix of the legislative report, online at this time due to issues related to accessibility of the document. DHS is working to resolve these issues. Until the issues are resolved, you can obtain a copy of the Mercer results by emailing Kristin Smith at kristin.smith@state.mn.us and requesting an electronic copy.

DHS will also host a call for pharmacy providers to explain the legislative report and the Mercer results on Tuesday, Feb. 23, 2021, at 9 a.m.

Pharmacy Cost of Dispensing Survey call information:

Join via [Webex](#) or by phone.

Phone number: 415-655-0003

Access code: 187 105 8624

(pub. 2/10/21)

Provider revalidations postponed

Minnesota Health Care Programs (MHCP) postponed provider revalidation efforts effective Apr. 1, 2020, according to Executive Order 20-12. MHCP will not send 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 this webpage when the revalidation process resumes. (pub. 2/9/21)

Temporary increase for PCA rates and CDCS and CSG budgets, allowance for spouses and parents of minors to provide PCA services to family members ending Feb. 7, 2021

Recent legislation allowed a temporary 8.4% increase to Personal Care Assistance (PCA) rates and an 8.4% increase to the budgets for Consumer Directed Community Supports (CDCS) and Consumer Support Grants (CSG). This temporary increase announced in a Dec. 22, 2020, post in the Provider News and Updates will end on Feb. 7, 2021.

The temporary allowance for spouses and parents of minors to provide PCA services to their family members will also end on Feb. 7, 2021. (pub. 2/3/21)

Early Intensive Developmental and Behavioral Intervention (EIDBI) enrollment requirements changed

EIDBI enrollment requirements changed effective Feb. 1, 2021, due to a recent [legislative change](#). Enrolling EIDBI agencies are now required to indicate the Minnesota Department of Human Services-approved treatment modality that they intend to provide at the agency on the [EIDBI Provider Agency Assurance Statement \(DHS-7120B\) \(PDF\)](#). See the [Treatment modalities](#) webpage for a list of DHS-approved treatment modalities.

The agency must also attest to employing one of the following EIDBI provider types who have advanced certification:

- A qualified supervising professional (QSP) with [advanced certification](#) in the treatment modality indicated on the assurance statement. Complete and submit an [EIDBI Qualified Supervising Professionals \(QSP\) Assurance Statement \(DHS-7120C\) \(PDF\)](#); or
- A Level I provider with [advanced certification](#) in the treatment modality indicated on the assurance statement. Complete and submit an [EIDBI Level I Provider Assurance Statement \(DHS-7120D\) \(PDF\)](#).

The QSP or Level I provider must be employed by the agency. Proof of all applicable licenses and certifications must be included when submitting the assurance statement. (pub. 2/5/21)

Moving Home Minnesota program extended, eligibility requirements changed

The U.S. Congress extended the Money Follows the Person grant (the federal name for Moving Home Minnesota) and changed eligibility requirements on Dec. 27, 2020. These changes help sustain the demonstration project and support more Minnesotans who wish to move from institutions into the community.

The loosened eligibility requirements:

- Reduce the institutional stay requirement from 90 days to 60 days.
- Include days covered by both Medicare and Medicaid.

The eligibility requirement changes went into effect Jan. 27, 2021, and allow Moving Home Minnesota to increase the number of transitions and services provided. See the [Eligibility](#) webpage of the Moving Home Minnesota Program Manual for more information. (pub. 2/5/21)

Nursing home residents' rights to Federal CARES Act payments

Federal Coronavirus Aid, Relief, and Economic Security (CARES) Act payments, also referred to as economic impact payments, recovery rebates or "stimulus checks," are intended for the recipients, even if a nursing home or other facility or provider receives the person's payment, either directly or indirectly by direct deposit or check. A person who receives Medical Assistance for Long Term Care (MA-LTC) is not required to contribute any amount of these payments to their nursing home, long-term care facility or long-term care provider. A person's MA-LTC spenddown will not increase due to receipt of these payments. Nursing homes must refund any CARES Act payments that residents have already turned over to them. (pub. 2/5/21)

Federal approval to lift 40-hour per week limit for spouses and parents of minors in HCN, CDCS and CSG

On Nov. 12, 2020, the governor approved the Department of Human Services (DHS) to seek approval from the federal Centers for Medicare & Medicaid Services (CMS) to lift the 40-hour per week limit for eligible workers in Consumer Directed Community Supports (CDCS), Consumer Support Grants (CSG) and Home Care Nursing (HCN). DHS announced this change via a bulletin on Dec. 8, 2020, which is the earliest the changes can be implemented. DHS received retroactive federal approval for this modification on Dec. 15, 2020.

For more information about this change and instructions to implement it, visit the full announcement: [Federal approval and guidance to lift 40-hour/week limit for parents of minors and spouses in HCN, CDCS and CSG](#). (pub. 2/3/21)

Local County or Tribal Agency Nonemergency Medical Transportation (NEMT) rate change

The 2021 personal and volunteer driver mileage rate for licensed foster care parent and volunteer drivers has decreased. The new reimbursement rate for Jan. 1, 2021, through Dec. 31, 2021, will be 56 cents per mile for procedure codes A0080 and A0090 UC.

See the Procedure codes and payment rates for personal and volunteer drivers chart under the Personal and Volunteer Driver Mileage heading in the [Local County or Tribal Agency Nonemergency Medical Transportation \(NEMT\) Services Claim, Service and Rate Information](#) section of the Minnesota Health Care Programs Provider Manual for more information. (pub. 2/2/21)

OBRA Level II evaluative report changes during peacetime emergency

Minnesota Department of Human Services temporarily waived the requirement for counties or tribes to complete OBRA Level II evaluations before a person's nursing facility (NF) admission beginning Jan. 14, 2021. This change helps people discharge from hospitals to nursing facilities more quickly, which opens up hospital beds and staffing to meet the increasing demand caused by COVID-19.

Counties may now complete the OBRA Level II evaluative report before or after NF admission, as long as they complete it within nine business days of receiving the preadmission screening (PAS) or OBRA Level I evaluation. The hospital and NF will not have to wait for the final PAS results to admit a person to the NF if they meet NF level of care criteria on the initial PAS. PAS requirements have not changed.

See the [OBRA Level II evaluative report changes during peacetime emergency](#) Aging and Adult Services and Disability Services divisions' eList announcement for more information. (pub. 2/2/21)

Federal public health emergency impacts on Housing Stabilization Services

The Minnesota Department of Human Services (DHS) received notification from the Centers for Medicare & Medicaid Services (CMS) that they extended the federal public health emergency effective Jan. 21, 2021, through Apr. 21, 2021.

What this means for Housing Stabilization Services:

- Conflict of interest requirements remain waived.
- Signatures of the person and provider on the person-centered plan remain waived.
- State oversight of the home and community-based settings requirements remains waived, although we still expect you to comply with [Home and Community-Based Settings Provider Assurance Statement \(DHS-7618\)](#) standards.
- The limit on remote support remains waived.
- Although conflict of interest requirements are waived, and providers aren't applying to the state for conflict of interest waivers, best practice is to have a separation of assessment or planning and service delivery within the same organization. See the guidelines in the [Housing Stabilization Services](#) policy manual under Conflict of Interest Requirements and Exception.

CMS will notify DHS when the COVID-19 public health emergency has ended. DHS will notify Housing Stabilization Services providers that home and community-based services requirements have been reinstated and provide a timeline for compliance when the public health emergency ends. (pub. 8/14/20, rev. 10/27/20, rev. 2/2/21)

Functional behavior assessment training for Early Intensive Development Behavioral Intervention (EIDBI) providers offered

Minnesota Department of Human Services is hosting functional behavior assessment training via webinar on Feb. 26, 2021. All interested stakeholders are welcome to attend.

See the [Functional behavior assessment training for EIDBI providers DSD eList announcement for more information](#). (pub. 2/2/21)

Special Supplemental Nutrition Program for Women, Infants and Children (WIC) services during COVID-19

Most Minnesota WIC clinics are providing food benefit, nutrition education, breastfeeding support and referral services remotely to protect the health of families and staff during the COVID-19 pandemic.

WIC screenings typically include a health and nutrition assessment, height and weight measurements and a hemoglobin test. Because WIC is not able to see families in person, they are waiving the requirement to perform height and weight measurements and hemoglobin tests at this time. However, preventive health care is important and Minnesota Department of Health (MDH) asks for your assistance to meet the unique needs of WIC families during the pandemic. WIC performs hemoglobin tests at the CDC recommended ages of 9 months, 18 months, 2 years, 3 years and 4 years to screen for risk of anemia. Consider providing hemoglobin testing for children per the WIC schedule until the pandemic has slowed and encourage families to share height, weight and hemoglobin results with WIC clinics. See MDH's [Minnesota WIC Services during COVID-19 \(PDF\)](#) for more information and guidance. (pub. 2/2/21)

COVID-19 Vaccines for Phase 1a Priority Three Health Care Workers

To help local public health departments identify health care workers who have not yet received the vaccine for COVID-19, we are sharing this message on behalf of the Minnesota Department of Health. Follow future updates on the [MDH COVID-19 Vaccine Phases and Planning](#) website. If you wish to receive email updates about the vaccine, you can choose to subscribe to the MDH COVID-19 updates through the link on the top right of their webpage.

Who is in the Phase 1a Priority Three group?

Individuals in the **Phase 1a Priority Three** group include (but are not limited to) those remaining health care personnel who work in:

- ambulatory and outpatient settings
- dental offices
- dermatologists
- emergency shelters
- group homes
- home health settings

- hospitals
- pharmacies
- medical waste handlers
- mental/behavioral health settings
- mortuary personnel and coroner personnel

Health care personnel who are 100% teleworkers and onsite personnel who can maintain safe social distance (six feet apart) while working are not included in Phase 1a. Health care personnel who are not within Phase 1a will have opportunities to be vaccinated in future phases as Minnesota receives more vaccine supplies.

Personal care assistance (PCA) agencies

If you run a health care business or clinic prioritized in Phase 1a and have not yet made arrangements for COVID-19 vaccinations for your staff with a health care provider or local public health department, provide your information by clicking on [Health Care Vaccination Connection Form](#). We will share the information you enter with your local health department. They will reach out to you when there are vaccines and appointments available.

Individual health care workers

The Department of Human Services asks personal care assistance (PCA) agencies to communicate the following information to all individual personal care assistants (PCAs).

If you do not have arrangements yet for COVID-19 vaccinations, you can provide your information by clicking on [Health Care Vaccination Connection Form](#). We will share the information you enter with your local health department. They will reach out to you when there are vaccines and appointments available.

Self-employed or other health care workers

Provide your information by clicking on [Health Care Vaccination Connection Form](#). We will share the information you enter with your local health department. They will reach out to you when there are vaccines and appointments available.

Vaccine availability continues to be very limited. The State of Minnesota is committed to providing you with COVID-19 vaccines as soon as possible. (pub. 1/28/21)

Home care provider social isolation grant funding opportunity

The Commissioner of Health has approved the Home Care Provider Advisory Council, established through [Minnesota Statutes, 144A.4799](#), to provide funding to home care providers and other entities to mitigate social isolation of vulnerable adults residing in home care provider settings.

The Home Care Provider Advisory Council will provide grants of up to \$2,500 for each provider or entity selected, up to \$100,000 total. Providers must use the funds for devices to assist with virtual visits designated for both health care and social isolation. Providers may also use the funds for assistance with improving Wi-Fi or assisting with training and staffing for use of the devices purchased.

The application period begins Jan. 18, 2021, and will remain open for 30 days, or until the allocated money has been awarded, whichever comes first.

How to apply for the grants

Fill out the following application to apply for the grants.

[Social Isolation Grant Funding Application for Home Care Provider or Other Entity \(PDF\)](#)

Email completed applications to the Home Care and Assisted Living inbox at health.homecare@state.mn.us. The Home Care Advisory Council will notify you via the email address you provide on the application if you are selected. (pub. 1/21/21)

UPDATE: HCPCS labor code K0739 billing issue resolved

The HCPCS labor code K0739 billing programming issue was resolved on Jan. 25, 2021. You should resume billing K0739 as per policy and stop using the NU modifier. We will reprocess any claims that were denied and have not yet been resubmitted. (pub. 1/26/21)

Residential service provider instructions to complete COVID-19 risk assessment

Specific residential settings licensed by the Minnesota Department of Human Services have responsibilities when a person or staff member tests positive for COVID-19, including:

1. Working with the Minnesota Department of Health (MDH) to identify when a staff member has been exposed to COVID-19
2. Completing a risk assessment to mitigate infection spread

For step-by-step instructions and a list of applicable residential settings, see the [Provider instructions to complete COVID-19 risk assessment](#) Aging and Adult Services and Disability Services divisions' eList announcement. (pub. 1/20/21)

U.S. Department of Health and Human Services (HHS) extends COVID-19 public health emergency

HHS Secretary Alex M. Azar again renewed the COVID-19 public health emergency effective Jan. 21, 2021. See the HSS' [Renewal of Determination That A Public Health Emergency Exists](#) webpage to read the official declaration of this renewal. (pub. 1/13/21)

New COVID-19 vaccine CPT and administration codes approved

The American Medical Association approved new coronavirus vaccine Current Procedural Terminology (CPT) codes 91300 and 91301 and the corresponding administration codes for each vaccine. Minnesota Health Care Programs (MHCP) will only reimburse for the administration of vaccines. As a reminder, vaccines are exempt from cost-sharing. Use the following CPT and administration codes to report the administration of the coronavirus vaccines:

- **CPT vaccine code 91300:** SARSCOV2 VAC 30MCG/0.3ML IM Pfizer-Biontech COVID-19 vaccine
 - **Administration code 0001A:** ADM SARSCOV2 30MCG/0.3ML 1st dose
 - **Administration code 0002A:** ADM SARSCOV2 30MCG/0.3ML 2nd dose
- **CPT vaccine code 91301:** SARSCOV2 VAC 100MCG/0.5ML IM Moderna COVID-19 vaccine
 - **Administration code 0011A:** ADM SARSCOV2 100MCG/0.5ML 1st dose
 - **Administration code 0012A:** ADM SARSCOV2 100MCG/0.5ML 2nd dose

You may now submit claims. MHCP will cover administration codes 0001A and 0002A for procedure code 91300 retroactive to dates of service on or after Dec. 11, 2020. MHCP will cover administration codes 0011A and 0012A for procedure code 91301 retroactive to dates of service on or after Dec. 18, 2020.

The covered codes can be found on the [MHCP fee schedule](#) webpage. COVID-19 vaccine billing instructions can be found under Billing in the [Coronavirus \(COVID-19\)](#) section of the MHCP Provider Manual. (pub. 1/13/21, rev. 1/20/21)

DHS redesigns Waivers and Modifications webpage for ease of use

The redesigned [Waivers and Modifications](#) webpage lists the changes to Minnesota Health Care Programs (MHCP) during the COVID-19 pandemic in an interactive format.

You can now sort the list by waiver title, waiver number, executive order number, topic, posted date and expiration date. You can see details about changes to MHCP health care requirements, the authority under which the changes were enacted, the effective date of changes, and the anticipated end date for the program modifications.

This redesign allows you to sort through the list and immediately find the information relevant to you. It will also be an easier tool to use to track when waivers and modifications are ending.

We will continue to update the Waivers and Modifications webpage with new changes and approvals. (pub. 1/7/21)

1115 Substance Use Disorder (SUD) System Reform Demonstration residential treatment services billing update

Minnesota Department of Human Services implemented a 15% residential rate increase on Dec. 23, 2020, for residential SUD treatment services delivered to fee-for-service Medical Assistance (MA) members through the 1115 SUD System Reform Demonstration project.

Eligible residential providers who have enrolled and been approved in the 1115 SUD System Reform Demonstration can submit claims to include the 15% residential rate increase for date of services on or after Dec. 23, 2020.

To receive the 15% residential rate increase for residential treatment services delivered to MA members for services provided on or after Dec. 23, 2020, do the following:

Verify eligibility

Members must be on major program MA, NM or EH to qualify for the enhanced rate.

Members not in major program MA, NM or EH do not get the 15% residential rate increase.

When billing using MN-ITS

1. Enter value code 24 in the Value code field
2. Refer to the [Residential 5-digit Value codes for Billing Direct Access \(DHS-7224\)](#) to enter:
 - The appropriate five-digit code from the column titled, "1115 value 24 code" in the Amount field
 - The amount from the column titled, "1115 Waiver Rate Increase 15%"

When billing using Batch

1. Enter 24 in Loop: 2300, HI101-2
2. Refer to the [Residential 5-digit Value codes for Billing Direct Access \(DHS-7224\)](#) to enter:
 - The appropriate five-digit code from the column titled, "1115 value 24 code" in the Amount Loop 2300, HI101-1
 - The amount from the column titled, "1115 Waiver Rate Increase 15%" in Loop 2400, SV102

For more information about the rate increase and enrolling in the 1115 SUD System Reform Demonstration, refer to the previous provider news message [1115 Substance Use Disorder \(SUD\) System Reform Demonstration residential rate increases 15%, eligible providers encouraged to enroll](#).

See the [1115 Substance Use Disorder \(SUD\) System Reform Demonstration](#) webpage for more information or email 1115demonstration.dhs@state.mn.us if you have questions about the demonstration project. (pub. 1/7/21)

Children's mental health mobile crisis services provided in emergency room or urgent care setting allowed

Children's mobile crisis services may be provided in an emergency room or urgent care setting effective Aug. 1, 2020. This change aligns with adult mobile crisis services. See Article 2, section 24 of the [State of Minnesota House of Representatives H.F. No. 11 \(PDF\)](#) for more information.

Children's crisis providers can submit fee for service claims for services provided in an emergency room or urgent care setting retroactive to Aug. 1, 2020. Contact the managed care organization for coverage information for managed care claims.

Crisis assessment, intervention and stabilization services provided in a hospital emergency room or urgent care outpatient hospital setting for children must follow covered service standards. See the [Children's Mental Health Crisis Response Services](#) section of the Minnesota Health Care Programs Provider Manual for more information. (pub. 1/5/21, rev. 2/2/21)

Licensure requirement changes affecting Customized Living Service providers effective Aug. 1, 2021

The 2019 Minnesota Legislature enacted new licensing requirements for assisted living facilities in Minnesota. The new assisted living licensure laws can be found in the 2020 [Minnesota Statutes, chapter 144G](#) and go into effect Aug. 1, 2021.

The assisted living facility licensure laws will apply to the customized living services on the following waiver programs: Elderly Waiver, Brain Injury and Community Access for Disability Inclusion.

How the new licensing laws affect customized living services

Pending federal approval of Minnesota's waiver programs, to deliver customized living services or 24-hour customized living services on or after Aug. 1, 2021, a provider must:

- (1) be licensed as an assisted living facility under chapter 144G; **or**
- (2) be licensed as a comprehensive home care provider under [Minnesota Statutes, chapter 144A](#) and be delivering services in a setting defined under section [144G.08, subdivision 7, clauses \(11\) to \(13\)](#), such as:
 - Public housing buildings and developments
 - Section 202 (elderly) multi-family buildings
 - Section 811 (disability) multi-family buildings

A licensed home care provider is also subject to section [Minnesota Statutes, 256B.0651, subdivision 14](#).

Your next steps

1. **Subscribe and participate in upcoming Home Care and Assisted Living teleconference calls**
Minnesota Department of Health (MDH) will host meetings to discuss information regarding changes to the laws affecting home care, assisted living and housing with services providers (including all customized living service providers). See the [Home Care and Assisted Living Calls](#) webpage for upcoming meetings and how to join.
2. **Apply for an assisted living facility license when applications are available.** Assisted living facility license applications are not yet available. MDH plans to begin the application process on or about May 1, 2021. Applications will be available on MDH's [Assisted Living Licensure](#) webpage.
3. **Update your enrollment record with Provider Eligibility and Compliance.** After you receive your assisted living facility license from MDH, you must submit a copy to Minnesota Department of Human Services (DHS) Provider Eligibility and Compliance. DHS will provide further instructions for customized living service providers regarding this process in spring 2021.

Resource and contact information

See the MDH [Assisted Living Fact Sheets](#) webpage for more information about assisted living licensure.

See the [Assisted Living Licensure](#) webpage for the proposed rules for the Assisted Living Licensure, the Notice of Hearing, the Statement of Need and Reasonableness (SONAR) and Facts sheets including FAQs.

You may email MDH Assisted Living Licensure at health.assistedliving@state.mn.us or call 651-539-3049 if you have questions about the assisted living licensure requirements. You may email DHS Aging and Adult Services Division at dhs.aasd.hcbs@state.mn.us if you have questions about new provider standards for customized living providers. (pub. 12/30/20, rev. 2/17/21, rev. 3/1/21)

Waiver allows IEP personal care assistance in the child's home during the COVID-19 emergency, billing system updated

The Minnesota Department of Human Services' commissioner has approved a waiver that temporarily allows students to receive Individualized Education Program (IEP) Personal Care Assistance (PCA) services identified in the students' IEP or Individualized Family Service Plan (IFSP) in their home during the COVID-19 health emergency. This waiver, effective Nov. 12, 2020, was announced in [Bulletin #20-56-13 Support for family caregivers and distance learning](#). This waiver is intended to help support the child during distance learning.

Schools must follow the same requirements outlined in the [Individualized Education Program \(IEP\) Personal Care Assistance \(PCA\) Services](#) section of the MHCP Provider Manual to be reimbursed for IEP PCA services in a child's home.

Schools should contact the Minnesota Department of Education for guidance about determining in-school and in-home PCA services.

This modification is not a policy change, but a change to allow schools to bill for the place of service in the home.

We have changed our billing system to allow schools to bill for IEP PCA services when the services are provided in the home. Use place of service as "home" on your claims when the PCA provided the service in the home. Any claims that were previously submitted using place of service as "school" and documenting that the actual place of service was "home," must be replaced.

MHCP does not cover educational supports or tasks.

This waiver will remain in effect until 60 days after the end of the state's COVID-19 peacetime emergency. Call the MHCP Provider Call Center at 651-431-2700 or 800-366-5411 if you have questions about this message. (pub. 12/21/20, rev. 2/22/20)

Medical Assistance and MinnesotaCare to cover administration of investigational drugs and associated services to prevent and treat COVID-19

Effective Nov. 11, 2020, the Department of Human Services' (DHS) commissioner allowed Medical Assistance and MinnesotaCare members to receive coverage for investigational drugs, vaccines, devices and associated services that receive federal approval under an Emergency Use Authorization to treat or prevent COVID-19. Current state law prohibits Medical Assistance and MinnesotaCare coverage for investigational drugs, vaccines, devices and associated services.

The federal government approved the use of bamlanivimab in outpatient settings for patients experiencing mild to moderate COVID-19 symptoms. The federal government will purchase and distribute bamlanivimab. Providers are not allowed to seek reimbursement for any investigational drug, vaccine, or device that is provided at no cost through a federal distribution program. This change allows the state to reimburse health care providers for the associated services of administering the drug, including the office visit and monitoring time. This change also ensures coverage for any COVID-19 vaccines, which will likely receive approval under a federal Emergency Use Authorization.

This temporary change ensures Minnesota receives the enhanced federal funding available under the Families First Coronavirus Response Act by meeting the requirement for Medicaid agencies to cover all COVID-19 treatments. The change will continue through the end of the quarter in which the federal public health emergency ends. (pub. 12/7/20)

Children's Therapeutic Services and Supports (CTSS) Day Treatment billing changes

Certified day treatment providers of Children's Therapeutic Services and Supports (CTSS) need to be aware of two billing changes effective Aug. 21, 2020, through the duration of the COVID-19 peacetime emergency.

- You may bill for psychotherapy for two or more individuals and individual or group skills training provided by a multidisciplinary team, under the clinical supervision of a mental health professional.
- A "temporary absence" includes an absence due to COVID-19.

Call the Minnesota Health Care Programs Provider Call Center at 651-431-2700 or 800-366-5411 if you have questions about this message. (pub. 11/3/20)

Temporary staffing help available for residential service providers during COVID-19

Residential service providers in Minnesota can now request short-term emergency temporary staffing if they're experiencing a staffing shortage due to an outbreak of COVID-19 at their facility. Eligible provider organizations may receive temporary replacement staff for up to 14 days from a third-party staffing agency selected by the State of Minnesota.

All providers who offer residential services in group settings in Minnesota may be eligible to request staff from the staffing pool. This program is not limited to providers with a certain license or paid through Medical Assistance. Eligible providers and facilities include, but are not limited to:

- Service providers that deliver long-term services and supports
- Home care providers
- Assisted living facilities
- Intermediate care facilities for persons with developmental disabilities (ICFs/DD)
- Residential behavioral health facilities (for example, those that treat substance use and mental illness)
- Adult foster care providers
- Boarding care homes
- Board and lodge homes

See [Aging and Adult Services and Disability Services Division's Temporary staffing help available for residential service providers during COVID-19](#) eList announcement for eligibility and application information. (pub. 10/20/20)

Behavioral Health Division (BHD) publishes telemedicine FAQs for Substance Use Disorder (SUD) and Mental Health (MH) services

Answers to frequently asked questions about the temporarily expanded use of telemedicine during the COVID-19 pandemic have been published on the [COVID-19 Telemedicine FAQs: Behavioral Health Division](#) webpage in response to provider inquiries. (pub. 6/10/20)

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)

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)

Training

Minnesota Health Care Programs (MHCP) on-demand video and online training updates

MHCP offers training for providers who provide services for members enrolled in MHCP. On-demand and online training opportunities have been updated and can be found on the [MHCP provider training](#) webpage.

On-demand videos

On-demand videos are arranged by category, including Minnesota Provider Screening and Enrollment Portal (MPSE), MN-ITS and Billing. Each video can be viewed in 10 minutes or less and provides instructions on a concept or technique.

Online training

Online training is arranged by content for all providers or specific providers. Training is led by an instructor who will help attendees navigate the Minnesota Department of Human Services website and locate and use MHCP provider information and other related webpages or internet-based applications such as MN-ITS. Due to COVID-19, all instructor-led training is online only. We will update you on this webpage when, and if, we will continue in-person training. We have recently updated the look of the provider-specific training webpages and added the 2021 training dates. (pub. 12/22/20)

Free online Resources and MN-ITS training available

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

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

- Early Intensive Developmental Behavioral Intervention
- Federally Qualified Health Centers
- Housing Stabilization Services
- Housing Support Supplemental Services
- Individualized Education Program
- Nursing Facilities
- Personal Care Assistance
- Psychiatric Residential Treatment Facilities
- Waiver and Alternative Care

(pub. 1/7/20)

Free online Provider Basics and MN-ITS training available

Minnesota Health Care Programs (MHCP) is offering free online Provider Basics Resources and MN-ITS training to all enrolled MHCP providers who bill fee-for-services claims. This training is being offered monthly beginning Mar. 10, 2021.

You will learn how to navigate the MHCP provider webpages and the MHCP provider manual, and how to use MN-ITS administration, mailbox and eligibility requests (270/271) features. Go to the [Provider Basics](#) webpage to register for this training.

Claim training is not provided in this training. See our [MHCP provider training](#) webpage to register for provider-specific claim training. (pub. 2/11/21)

New on-demand training videos added

Minnesota Health Care Programs (MHCP) offers free on-demand training videos arranged by category on the [MHCP provider training](#) webpage. Each video can be viewed in 10 minutes or less and provides instructions on a concept or technique.

New videos:

- [Entering Coordination of Benefits with Third Party Liability](#): This video explains the process for entering coordination of benefits (COB) to a direct data entry claim in MN–ITS. The video demonstrates the difference between a claim level and line level adjustment. We do not cover how to enter a full claim submission or Medicare COB in this video, but look for future videos on this topic. Refer to the [Submit Direct Data Entry \(DDE\) Claims](#) MN–ITS user guide for instructions on a full claim submission.
- [Community Paramedic Services](#): This video demonstrates a step-by-step process for billing Community Paramedic Services.
(pub. 1/7/21)

Free online Minnesota Provider Screening and Enrollment (MPSE) training available, new videos added

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

We have added two new videos:

- [Managing Existing Affiliations to an Individual Provider in MPSE](#)
- [Managing Existing Affiliations to a Direct Support Worker in MPSE](#)

See the [MPSE portal training](#) webpage for registration, brief online tutorials to help prepare you for class and more information. (pub. 2/1/20, rev. 2/19/20)

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](#).