

IN THIS EDITION

Note: This issue combines the January and February 2016 issues, and starts a new publication schedule to make the newsletter available the first week of the month.

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AUC NEWSLETTER SUBSCRIPTION

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(<http://www.health.state.mn.us/auc/index.html>) under the "Most Viewed" navigation frame.

Comments or questions about this newsletter? Please contact us at the [AUC mailbox](mailto:health.auc@state.mn.us):
health.auc@state.mn.us.

Survey provides glimpse into Minnesota clinics' use of electronic transactions

Results of a recent survey show that most clinics in the state are consistently sending/receiving key administrative transactions electronically, including insurance eligibility inquiries, claims, remittance advices, and claims acknowledgments.

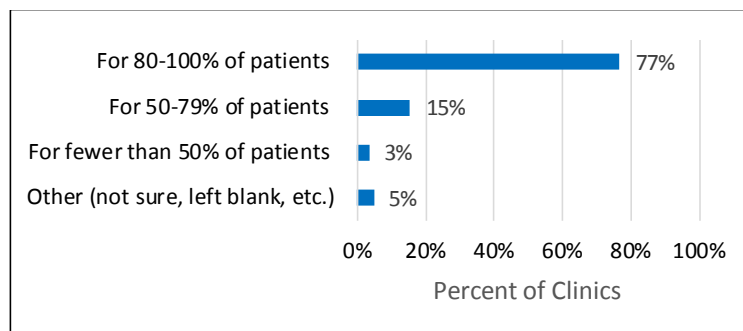
The survey, administered each year since 2010 by the Minnesota Department of Health's Office of Health Information Technology (OHIT), was conducted in the spring of 2015. Known as the 2015 Minnesota Health Information Technology (HIT) Ambulatory Clinics Survey, the study gathered information regarding implementation of "e-health," particularly the adoption and effective use of electronic health record (EHR) systems and other health information technology (HIT). In addition, clinics were asked questions about their electronic exchange of four key administrative transactions as currently required under state law. Clinics could select from several categories to indicate how consistently they transmitted the transactions electronically.

All physician clinics in Minnesota were required to register and complete the survey under the Minnesota Statewide Quality Reporting and Measurement System (Minnesota Rules, Chapter 4654). The response rate was 80% with 1,181 of 1,473 Minnesota clinics responding.

Survey Results

Below are the relevant survey questions and a summary of responses. In the first example below, 77% of the clinics responding to the survey indicated that they routinely checked insurance eligibility electronically for at least 80% of their patients.

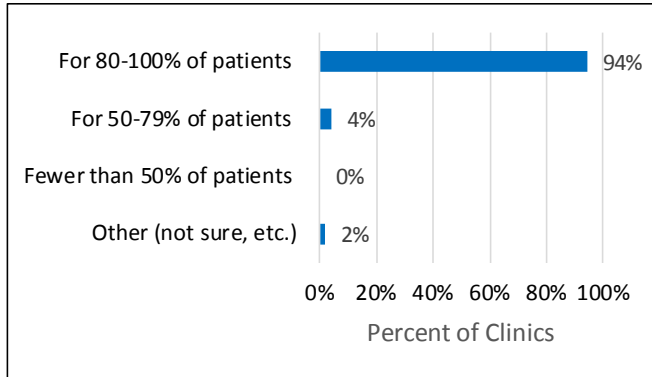
1. ***Does your clinic routinely check insurance eligibility electronically, either using the EHR or another electronic method?***



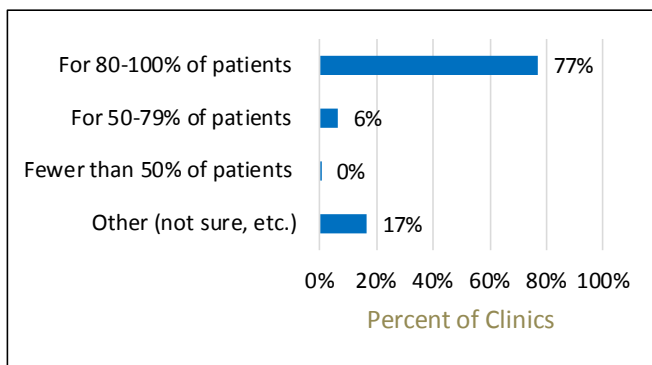
Article continued on page 2

Survey Results (continued)

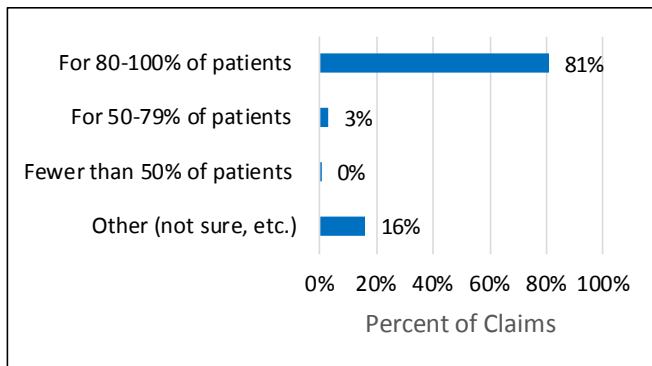
2. Does your clinic routinely file claims electronically for patients, either using the EHR or another electronic method?



3. Does your clinic receive electronic remittance advices (ERA)?



4. Does your clinic receive electronic acknowledgements of their claims submissions?



More information about the survey is available on the [Minnesota e-Health website](http://www.health.state.mn.us/e-health/assessment.html#clinics) at <http://www.health.state.mn.us/e-health/assessment.html#clinics>.

Recent AUC voting results



Illustration from Retail-Awards.com

Single uniform home care prior authorization form approved and is now available

The AUC recently approved a single uniform home care prior authorization form developed and approved by the Home Health Prior Authorization (PA) Form TAG. The form is available for requesting PA for Home Health Services covered by a health plan or a county-based purchasing plan. It is not intended for Minnesota Department of Human Services (DHS) fee for service (FFS) Home Health Services or for personal care assistant (PCA) services. Use of the form is not mandatory but is highly encouraged.

The new form is posted on the [forms page of the AUC website](#) at <http://www.health.state.mn.us/auc/forms.htm>.

AUC “Customer Satisfaction” Survey

Each year MDH requests that AUC Operations Committee members complete a ten minute “customer satisfaction” survey to provide MDH with feedback about its staffing and support of the AUC. Operations members were emailed a link to the survey on January 27 and were asked to return it by February 3. All input and responses are very appreciated.

For questions, please contact david.haugen@state.mn.us or judy.edwards@state.mn.us.

Co-chairs Look Back – and Ahead

Note: Each year, AUC leadership changes. Below are letters to the AUC from the outgoing co-chairs, Ann Hale and Cherie Nauha, and from the new co-chair for 2016, Tony Rinkenberger.



Dear AUC –

Thank you for an outstanding and productive year. We completed many work products and activities in 2015, including companion guide rule updates, submissions of comments and requests to national standards setting and advisory groups, recommendations in new areas with the ACO Data Analytics TAG, and much more. We want to thank all of you and your organizations for the incredible work, passion, and support you continued to provide in 2015 to advance MN's administrative simplification goals through the AUC. We also want to thank Dave Haugen and Judy Edwards for all their hard work with the AUC.

Thank you for giving us the opportunity to chair.

Ann Hale and Cherie Nauha

Dear AUC –

Thank you very much for your contributions and accomplishments in 2015 and I look forward to working with you in 2016. We have a number of important goals and activities ahead of us, from continued improvements and refinements of companion guides, to helping improve the understanding and best use of standard business transactions, to responding to any new requests of us as we did with the formation of the recent ACO Data Analytics TAG. I hope you will join us at the next regularly scheduled quarterly AUC Operations meeting on March 8, to share updates of recent activities and developments, as well as to plan and

guide work products and support used throughout the state and beyond.

Thank you all again for your help, and I look forward to a rewarding 2016 for the AUC.

Tony Rinkenberger, 2016 AUC co-chair

Coding Corner

The Coding Corner is a collection of updates, tips, and pointers intended to help address common medical coding issues and to pass along coding news and updates suggested by the AUC's Medical Code TAG and other sources.



ICD-10-CM Bilateral Codes

The first tip is an excerpt from the ICD-10 Manual with a clarification and example regarding ICD-10-CM Bilateral Codes, submitted by Carolyn Larson.

“When submitting clinic and outpatient service claims with bilateral surgical services, please report the bilateral ICD-10-CM code, i.e., bilateral knee injections without ultrasound guidance for osteoarthritis would be CPT® 20611-50 (Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting) with ICD-10-CM M17.0 (Bilateral primary osteoarthritis of knee). This would be a one line submission.

Reporting 20611-LT with M17.12 (Unilateral primary osteoarthritis, left knee) on one line and 20611-RT with M17.11 (Unilateral primary osteoarthritis, right knee) on a separate line is incorrect and may result in a claim denial.”

The second tip focuses on ICD-10-CM codes that are causing claims to be rejected or denied for “invalid diagnosis code reported.” The Category Heading codes below are incomplete, and therefore not valid reportable codes. Submitted by Carolyn Larson.

Category Heading codes that are incomplete and therefore not valid, reportable codes

ICD-10	CATEGORY HEADING	COMMENT
F10.1	Alcohol abuse	requires 5th or 6th digit
F11.1	Opioid abuse	requires 5th or 6th digit
F43.1	Post-traumatic stress disorder (PTSD)	requires 5th digit
F90	Attention-deficit hyperactivity disorders	requires 4th digit
G44.21	Episodic tension-type headache	requires 6th digit
H04.12	Dry eye syndrome	requires 6th digit
H52.1	Myopia	requires 5th digit
H52.20	Unspecified astigmatism	requires 6th digit
M25.57	Pain in ankle and joints of foot	requires 6th digit
M62.83	Muscle spasm	requires 6th digit
M75.1	Unspecified rotator cuff tear or rupture, not specified as traumatic	requires 6th digit
N39.49	Other specified urinary incontinence	requires 6th digit
Z00.0	Encounter for general adult medical examination	requires 5th digit

TAG Updates

Information about AUC committees and Technical Advisory Groups (TAGs) and their activities, including meeting minutes, can be accessed from the [AUC TAG page](http://www.health.state.mn.us/auc/tag/page) (<http://www.health.state.mn.us/auc/activity.htm>).

Meeting agendas and other materials are posted on the AUC website in advance of meetings. TAG meeting schedules and information are also available on the [AUC calendar page](http://www.health.state.mn.us/auc/calendar.htm) (<http://www.health.state.mn.us/auc/calendar.htm>).

With the exception of the Medical Code TAG, TAG meetings are generally conducted via teleconference rather than in-person. All AUC meetings are open, public meetings.

Operations Committee

The Operations Committee met for its last regularly scheduled quarterly meeting of 2015 on December 8, 2015. The meeting was summarized in the December 2015 issue of this newsletter, which is available first on the [home page of the AUC website](#), and then subsequently on the [AUC archives webpage](#). The next regular quarterly meeting of the Operations Committee is scheduled for March 8, 2016.

Executive Committee

The Executive Committee met January 4 and discussed:

- recent TAG activity and votes;
- the status of companion guide annual maintenance;
- a planned meeting of the ACO Data Analytics TAG on January 14;
- results of a survey of over 1100 clinics statewide regarding their use of standard electronic administrative transactions (see related article, page 1); and
- an AUC “customer satisfaction survey” (see related article, page 2).

Medical Code TAG (MCT)

The Medical Code TAG met on January 14 and:

- Discussed billing and coding for teledentistry services, to be continued at the next meeting;
- Approved recommendations as part of a request (“SBAR”) for coding recommendations regarding “behavioral health homes.” The TAG’s recommendations will be forwarded to the Operations Committee for review and vote;
- Discussed a preliminary working draft of possible revisions to the current Minnesota Uniform Companion Guide rule for the 837D (Dental) transaction, especially with updates regarding coding for teledentistry; and
- Discussed coding for new forms of telemedicine, to be continued at the next meeting.

The Medical Code TAG will meet next on February 11, 2016 to review comments received from a 30-day public comment period regarding proposed changes to the 837P and 837I Minnesota Uniform Companion Guide rules. A meeting is tentatively planned for February 23 if needed to complete any review of the public comments.

ACO Data Analytics TAG

The TAG also met on January 14 and approved recommendations for:

- The data content and format for standard electronic exchanges of ACO member files for members attributed to an ACO; and
- The file format to be used for exchanging the files.

The TAG’s recommendations will next be reviewed by the AUC Executive Committee and then forwarded to the Operations Committee for a vote.

TAGs that did not meet in January 2016

The following TAGs did not meet in January:

- Eligibility;

- Claims DD;
- EOB/Remit;
- Home Health PA Form;
- Legislative.

National News



NUCC SURVEY SEEKS INPUT ON KEY DEFINITIONS

The Workgroup on Electronic Data Interchange (WEDI) recently requested that its members complete a special survey to provide input regarding definitions of four terms: “patient,” “dependent,” “subscriber,” and “insured.”

The survey was developed by the National Uniform Claim Committee (NUCC) in response to a request by the Accredited Standards Committee (ASC) X12 for standard definitions for the four terms above. The purpose of defining these terms is to standardize their meaning for use in various ASC X12 documents.

WEDI provided the following [link for the survey](https://www.surveymonkey.com/r/XLT6SQP): <https://www.surveymonkey.com/r/XLT6SQP>. The questions will take 5 to 10 minutes to complete. The survey will close at the end of the day on Friday February 26, 2016.

Please send any questions about the survey to nuccinfo@nucc.org.

AUC February - March 2016 Meeting Calendar

AUC meetings currently scheduled for February and March 2016 are listed below. For more information, please see the [AUC calendar page](http://www.health.state.mn.us/auc/calendar.htm) (<http://www.health.state.mn.us/auc/calendar.htm>)

Date/Time	Event	Location
February 1 8:30am - 10:30am	Executive Committee Meeting Executive Committee Meeting Information	HealthPartners-Bloomington 8170 Building, 1st Floor – Walnut Room
February 3 9:00am – 10:30am	Claims DD TAG Meeting Claims DD TAG Meeting Information	Teleconference & WebEx only Meeting canceled
February 10 8:30am – 10:30am	ACO Data Analytics TAG Meeting ACO Data Analytics TAG Meeting Information	TBD Meeting canceled
February 11 9:00am - 12:00pm	Medical Code TAG Meeting Medical Code TAG Meeting Information	HealthPartners-Bloomington 8170 Building, 1st Floor - St. Croix Room
February 16 1:00pm - 2:30pm	EOB/Remit TAG Meeting EOB/Remit TAG Meeting Information	Teleconference & WebEx only
February 23 9:00am - 12:00pm (tentative)	Medical Code TAG Meeting Medical Code TAG Meeting Information	HealthPartners-Bloomington 8170 Building, 1st Floor - St. Croix Room
February 24 2:00pm - 4:00pm	Eligibility TAG Meeting Eligibility TAG Meeting Information	Teleconference & WebEx only
March 7 8:30am - 10:30am	Executive Committee Meeting Executive Committee Meeting Information	HealthPartners-Bloomington 8170 Building, 1st Floor - Walnut Room
March 8 2:00pm - 4:00pm	Operations Committee Meeting Operations Committee Meeting Information	TIES Event Center, Larpenteur Room, 1644 Larpenteur Avenue West, Falcon Heights, MN 55108
March 10 9:00am - 12:00pm	Medical Code TAG Meeting Medical Code TAG Meeting Information	HealthPartners-Bloomington 8170 Building, 1st Floor - St. Croix Room
March 21 1:00pm - 2:30pm	EOB/Remit TAG Meeting EOB/Remitt TAG Meeting Information	Teleconference & WebEx only
March 23 2:00pm - 4:00pm	Eligibility TAG Meeting Eligibility TAG Meeting Information	Teleconference & WebEx only