# AUC UPDATE

Administrative Uniformity Committee

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## New AUC "ACO Data Analytics TAG" to meet November 5

### NEW TAG IS ACCEPTING MEMBERS

The AUC recently announced the formation of a new Technical Advisory Group (TAG), the "ACO Data Analytics TAG," as well as plans for a first meeting of the TAG on November 5, 2015.

The new TAG was requested by the Minnesota Department of Human Services (DHS) and the Minnesota Department of Health (MDH), to recommend a more aligned way for sharing demographic and enrollment files with providers participating in accountable care arrangements. The files include data such as name, date of birth, address, beneficiary contact information and associated primary providers and payers for enrollees in accountable care arrangements.

The DHS/MDH request was presented and discussed at the last regular AUC quarterly meeting on September 8, 2015. The AUC learned that as part of Minnesota's continued payment and care delivery reform efforts, including a three year State Innovation Model (SIM) from the federal Centers for Medicare & Medicaid, a statewide goal has been established to increase the number of providers participating in accountable care arrangements as well as to increase the number of Minnesotan's receiving well-coordinated care.

Health care providers participating in accountable care models need a variety of demographic and other data (data analytics) to effectively coordinate care and to be responsible for a group of patients. However, at present the data needed by providers are exchanged in a variety of nonstandard formats, with varied field definitions, and across nonstandard timeframes. This is causing "costly challenges, potential errors and lack of understanding in interpreting and using information which diminishes the value and power of data analytics."

The new TAG will make recommendations for increased consistency in the format of the information shared between payers and providers in accountable care arrangements. This data standardization supports the state's health reform goals by allowing data from multiple payers to be used more meaningfully to improve patient care and outcomes.

The TAG is open to any interested parties. In keeping with AUC bylaws, only AUC members are eligible to vote if voting items are raised. All TAG meetings are open public meetings.

An organizational and working first TAG meeting has been scheduled for 8:30 am – 11:30 am, Thursday, November 5, 2015; place TBD. It is anticipated at this time that the TAG may meet approximately monthly from November, 2015 – February 2016.

Vicki Swanson, Payer Relations and Network Consultant from Ridgeview Medical Center and Ridgeview Clinics, has volunteered to serve as a provider co-chair for this TAG. The AUC is seeking a payer co-chair for the TAG.

To sign up for the TAG, to volunteer for the payer co-chair position, or for more information, please email susie.veness@state.mn.us . Information about the ACO Data Analytics TAG and its planned meetings is also available on the TAG page of the AUC website.

## New "Home Health Prior Authorization Form TAG" to meet October 23

The AUC has formed a new, temporary "Home Health Prior Authorization Form TAG" to review a proposed single, common home health prior authorization form that was presented to the AUC Operations Committee on September 8, 2015.

The TAG will hold its first meeting 9:30 am – 11:00 am, Friday, Oct. 23 at the Minnesota Council of Health Plans, Suite 255-South, Court International Building, 2550 University Avenue West, St. Paul. The meeting is an open, public meeting and any interested AUC members and interested parties are encouraged to attend. If the review is not completed at the Oct. 23 meeting, an additional meeting will be scheduled.

Kathryn Kmit, Minnesota Council of Health Plans, and Kathy Messerli, Minnesota HomeCare Association, will serve as co-chairs. Meeting materials are posted on the Home Health PA Form TAG webpage of the AUC website.

## AUC welcomes two most recent members

The AUC extends a hearty welcome to its two newest members, South Country Health Alliance and Grand Itasca Clinic and Hospital. South Country is a county-based health plan serving 12 counties in Minnesota, headquartered in Owatonna, Minnesota. Its primary AUC representative is Joanne Retzer, and its secondary representative is Jim Barkhaus. Grand Itasca is a hospital and clinic operating out of Grand Rapids, Minnesota. Its primary AUC representative is Jennifer Notch, and its secondary representative is Ed Tusa.

For more information about AUC membership, please see the membership page (http://www.health.state.mn.us/auc/memborg.htm).

# Coding Corner

*We are starting a new column in this issue featuring updates, tips, and pointers regarding medical coding. The goal of the column is to help address common coding issues and to pass along coding news and updates suggested by the Medical Code TAG and other sources. We start the Corner with some reminders from the Medical Code TAG.*



### Annual 2015 Minnesota State AAPC Conference November 5-6

The annual Minnesota conference of the American Association of Professional Coders (AAPC) is taking place November 5-6, 2015 in St. Cloud, Minnesota. Attendees can earn up to 14 continuing education credits (CEUs), participate in a variety of sessions, discuss ICD-10 implementation, and network with other professionals.

In addition, two members of the AUC Medical Code TAG will be presenting at the conference. Carolyn Larson, PreferredOne, will be part of an ICD-10 panel, and Kathy Sijan, Minnesota Department of Human Services, will present on Autism Coding/Benefit.

For more information and/or registration go the [registration website](https://www.regonline.com/builder/site/default.aspx?EventID=1704964) (https://www.regonline.com/builder/site/default.aspx?EventID=1704964).

### Appropriate reporting of modifier 50 (Bilateral Procedure)

*(from the [Minnesota Uniform Companion Guides for the 837 Institutional and 837 Professional transactions](#))*

Bilateral procedures that are performed at the same session should be identified by adding modifier 50 to the appropriate 5-digit code. Modifier 50 should only be used on surgical services that can be performed bilaterally and are not already defined as a bilateral service. Bilateral services are to be reported with the 50 modifier on one line with one unit (professional claims (837P)).

An exception to this is for Radiology Services. Bilateral radiology services are reported as either:

- one line with a 50 modifier and one unit, or
- two separate lines, one with RT modifier and one with LT modifier.

### ICD-10 reminder: Use of 7th digit character
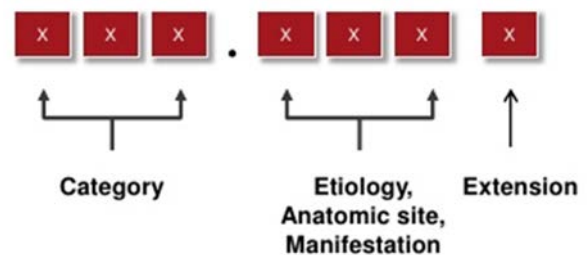


*The national industry press and some local payers have reported challenges and problems stemming from incorrect coding and use of the ICD-10 seventh character (also known as seventh character extension). Below are some helpful reminders.*

A key difference between ICD-9 and ICD-10 is the use of the seventh digit coding character in ICD-10.  According to the Centers for Medicare & Medicaid Services (CMS):

- "A 7th character is used in certain chapters, such as Musculoskeletal, Obstetrics, Injuries, and External Causes.

- Seventh characters are also used in a few other places outside of these particular chapters.

- The 7th character has a different meaning depending on the section where it is being used. It must always be used in the 7th character position, and when a 7th character applies, codes that are missing this character are considered invalid."

The take away?:  *Please review the diagnosis(ses) on claims prior to submission to ensure the appropriate 7th character has been added.*

For more information, see resources such as:

- CMS ICD-10 Basics (http://www.roadto10.org/icd-10-basics/)

- ICD-10 monitor 1 (http://www.icd10monitor.com/coding/259-understanding-icd-10-cm-episode-of-care-seventh-character-extensions?showall=1&limitstart=)

- ICD-10 monitor 2 (http://www.icd10monitor.com/enews/item/1505-icd-10-is-up-and-running-but-much-anxiety-remains)

- CMS video transcript (https://www.cms.gov/Outreach-and-Education/Outreach/NPC/Downloads/2014-12-01-ICD-10-Video-Transcript.pdf)

## Reminder: Reporting units

*(from the Minnesota Uniform Companion Guides for the 837 Institutional and 837 Professional transactions)*

"The number of units is the number of services performed and reported per service line item as defined in the code description unless instructed differently in this appendix.

The following are clarifications/exceptions:

- Report one unit for all services without a measure in the description.

- Report the number of units as the number of services performed for services with a measure in the description. For example, one unit equals:

    - "per vertebral body;"

    - "each 30 minutes;"

    - "each specimen;"

    - "15 or more lesions;"

    - "initial."

- Follow general rounding rules for reporting more than the code's time value. If the time spent results in more than one and one half times the defined value of the code and no additional time increment code exists, round up to the next whole number.

- In the case of time as part of the code definition, more than half the time must be spent performing the service in order to report that code.   Do not follow Medicare's rounding rules for speech, occupational, and physical therapy services. Each modality and unit(s) is reported separately by code definition. Do not combine codes to determine total time units.

- Anesthesia codes 00100-01999: 1 unit = 1 minute
- Decimals are accepted with codes that have a defined quantity in their description, such as supplies or drugs and biologicals. Units of service that are based on time are never reported with decimals.
- Drugs are billed in multiples of the dosage specified in the HCPCS Code."

# 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/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).

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.

*Note: The AUC reviews Minnesota Uniform Companion Guides (MUCG) approximately annually for any revisions and updates to ensure that the guides remain up to date and accurate. The review and revisions occur generally during the second half of the calendar year. During the next several months then, it is anticipated that several TAGs will be assisting in the "annual maintenance" of the companion guides in addition to any other projects or tasks that they are completing.*

## Medical Code TAG (MCT)

The Medical Code TAG met on October 8 and completed recommendations in response to two coding requests (SBARs). The TAG also recommended changes as part of annual maintenance of the Minnesota Uniform Companion Guides (MUCGs) for the 837P and 837I transactions, and discussed plans for improved access to and search capabilities for the TAG pages on the AUC website.

The TAG next meets on October 27 to review possible changes and updates to the 837 Dental MUCG.

## CLAIMS DD TAG

The TAG met on September 16 and completed its reviews of the 837 Professional and 837 Institutional MUCGs as part of annual maintenance and updates of the Guides. The TAG next meets on December 9, 2015.

## Eligibility TAG

The Eligibility TAG met September 23. It concluded that no changes were needed at this time to the Eligibility MUCG as part of the annual companion guide maintenance now underway. The TAG is next scheduled to meet October 28, to identify eligibility issues to be addressed through the development of best practices and other tools or resources.

# National News



## CMS PUBLISHES NEW ICD-10 RESOURCE GUIDE AND CONTACT LIST

CMS has recently published a new [ICD-10 Resource Guide and Contact List](#) with phone numbers for Medicare Administrative Contractors (MACs) and email addresses for state Medicaid programs to contact in the event of ICD-10-related issues or questions.

CMS also suggests contact its [ICD-10 Ombudsman](#) regarding ICD-10 issues or questions.

## CAQH CORE ANNOUNCES NEW NATIONAL HEALTHCARE OPERATING RULES

The national Committee on Operating Rules for Information Exchange (CORE) announced on October 6 that it had [adopted "phase IV" operating rules.](#)

The Phase IV rules address infrastructure requirements for four healthcare business transactions: healthcare claims; prior authorization; employee premium payment; and enrollment and disenrollment in a health plan. Examples of these infrastructure requirements include:

- Offering at least one common method of connectivity (i.e., a "safe harbor") among entities transmitting data electronically.

- A minimal amount of time that systems must be available to receive and send data.

- An acknowledgement to ensure the transaction has been received, has not been lost between entities, and will be addressed.

- Required response times for acknowledgement and processing for both real-time and large record "batch" submissions.

- A common format that entities must use when providing information about their proprietary data exchange systems via "companion guides."

Rules regarding data content for the transactions may be added later if deemed appropriate by industry stakeholders.

The Phase IV operating rules are part of a series of operating rules that have been developed as mandated by the Accountable Care Act (ACA). As noted by CORE, the federal Department of Health and Human Services (HHS) "will determine if the Phase IV Operating Rules will be included in any regulatory mandates….The Phase I, II and III CAQH CORE Operating Rules became federally mandated for HIPAA-covered entities after HHS designated CAQH CORE as the authoring entity of those operating rules."

# AUC October-November 2015 Meeting Calendar

AUC meetings currently scheduled for October – November 2015 are listed below.  For more information, please see the AUC calendar page (http://www.health.state.mn.us/auc/calendar.htm).

| October 2015 | |
|---|---|
| **Date/Time** | **Event** |
| October 23<br>9:30 - 11:00am | **Home Health Prior Authorization Form TAG Meeting** |
| October 27<br>9:00am - 12:00pm | **Medical Code TAG Meeting** |
| October 28<br>2:00pm - 4:00pm | **Eligibility TAG Meeting** |

| November 2015 | |
|---|---|
| **Date/Time** | **Event** |
| November 2<br>8:30am - 10:30am | **Executive Committee Meeting** |
| November 5<br>8:30am - 11:30am | **ACO Data Analytics TAG** |
| November 12<br>9:00am - 12:00pm | **Medical Code TAG Meeting** |
| November 16<br>1:00pm - 2:30pm | **EOB/Remit TAG Meeting** |
| November 25<br>2:00pm - 4:00pm | **Eligibility TAG Meeting** |