

MHCP Provider Manual

2020 Manual Revisions

Updates cited below do not include minor grammatical or formatting changes that otherwise do not have bearing on the meaning of the policy contained herein. Refer to [Provider Updates](#) that may contain additional MHCP coverage policies or billing procedures. MHCP incorporates information from these updates into the [Provider Manual](#) on an ongoing basis. Sign up to get [email notices](#) of section changes.

December 30, 2020

Dental Services

- [Authorization Requirement Tables for Non-Pregnant Adults](#) – Title of page updated for consistency in manual sections.
 - **Temporomandibular Joint Disorder (TMD)** information removed. This is permanently maintained under the main page, [Dental Services Overview](#) under [Covered Services](#).

December 29, 2020

Dental Services

- [Authorization Requirement Tables for Children and Pregnant Women](#)
 - Changed header **Authorization Requirements** to [Overview](#) for page consistency
 - Removed **Diagnostic, Basic Screening Survey** section as it was incorrectly added to this manual page.
 - [Preventive](#)- removed Multiple Authorization Request (DHS-7979) form as it was incorrectly added to this manual page. Removed child prophylaxis row as children do not need authorization. Added D0145 to OHI criteria.
 - [Restorative](#)- added medical necessity and periodontal charting for pregnant women as additional documentation criteria for authorization requests.
 - [Prosthodontics](#)- added authorization requirement for removable prosthodontics, reorganized ADA form submission criteria, and added periodontal charting requirements under fixed prosthodontics.
 - [Oral & Maxillofacial Surgery](#)- added authorization requirement. Under [Impacted Teeth](#) section, changed request documentation from significant infection to evidence of pathology
 - **Alveoplasty and Gingivectomy, Temporomandibular Joint Disorder (TMD)** are to be permanently maintained under Dental Services Overview in the [Covered Services](#) section.

December 28, 2020

Dental Services

- [Dental Benefits for Children and Pregnant Women](#)
 - **Alveoplasty and Gingivectomy, and Temporomandibular Joint Disorder (TMD)** are permanently maintained under the Dental Services Overview under [Covered Services](#).
 - Updated the text in the [Adjunctive General Services](#) section to read:
 - Covered services include some unclassified treatments, anesthesia, some professional consultation and professional visits, drugs, and some miscellaneous services.
 - In [Orthodontic Billing](#) section, changed "FFS authorization and TPL or other insurance billing" to "MHCP authorization and TPL or other insurance billing instructions."
 - Reorganized the section "[MHCP authorization and TPL or other insurance billing instructions](#)" for clarity. No content or policy changes made.
 - Authorization requirement hyperlinks have been added.

Immunizations and Vaccinations

- [Immunization and Vaccine Benefits Codes for Children](#) – Updated with 2020-2021 flu vaccines information.

Equipment and Supplies

- [Electrical Stimulation Devices](#)
 - Under [Covered Services](#), we added that electrical stimulation devices for cancer treatment (E0766) are now covered for treatment of glioblastoma only. Devices must meet Medicare policy guidelines to be eligible and prior authorization is always required.
 - Under [Noncovered Services](#), we removed electrical stimulation devices used for cancer treatment.

December 24, 2020

Dental Services

- [Dental Services](#)
 - Under [Covered Services](#), Alveoplasty and Gingivectomy, and Temporomandibular Joint Disorder (TMD)

information will be permanently maintained here.

- In the [Temporomandibular Joint Disorder \(TMD\)](#) section, added:
- Prior authorization is required if service is rendered by a dentist. Use the [TMD Treatment Authorization Form \(DHS-6119\) \(PDF\)](#).
- Use this [CPT code](#) to bill for this service: 41899: Unlisted procedure, dentoalveolar structures.
- In the [Billing](#) section, added the sub-section: [Third-Party Liability \(TPL\) or Other Insurance](#). (This is an important update to be aware of, especially for orthodontia services.)

December 23, 2020

COVID-19

- [Coronavirus \(COVID-19\)](#) – COVID-19 vaccines approved by the Food and Drug Administration under an Emergency Use Authorization are not currently being distributed through the MNVFC program. Pharmacists providing only the COVID-19 vaccine to MHCP members are not required to enroll with the MNVFC program for the COVID-19 vaccine.

Substance Use Disorder (SUD) Services

- [Substance Use Disorder \(SUD\) Services](#)
 - Under [Overview](#), we clarified language and added effective date of Oct. 1, 2020, for Direct Access and we removed the Minnesota Substance Use Disorder Reform subsection.
 - Under [Eligible Providers](#), we removed table that listed links to other DHS webpages.
 - Under [Eligible Members](#), we included information for Major Program Code MA, OO (Behavioral Health Fund).
 - Under [Covered Services](#), we removed the following sentence: "The 2019 CCDTF Service Rate Grid with Dollar Amounts document has been updated to reflect rates for the three new SUD services: comprehensive assessment, treatment coordination and peer recovery support. All other services and rates from 2018 remained the same." We also added the following covered services:
 - Nonresidential individual and group treatment services
 - Residential high, medium, and low-intensity treatment services;
 - Room and board (when associated with SUD residential treatment);
 - Freestanding room and board (when associated with SUD non-residential treatment)
 - Residential withdrawal management (245F license)
 - Under [Noncovered Services](#), we removed the sentence: "A county may choose to pay 100 percent of any service that MHCP does not cover."
 - Under [Billing](#), we clarified the paragraph on service agreement billing to include a service agreement expiration date of June 30, 2022; added a subsection for Direct Access billing and added the following to the Revenue and Procedure Codes table:
 - Billable units for H2035 procedure code
 - Withdrawal Management Clinically Managed level 3.2
 - Withdrawal Management Medically Monitored level 3.7
 - We also added a new subsection about [Billable Units and Time Requirements](#); added a [Managed Care Organization Enrollee](#) subsection and added a new [Billing Member Services in Institution for Mental Disease \(IMD\) facilities](#) section.
 - In the [Interim Billing](#) subsection, we removed "Effective date of service on or after Jan.1, 2019." In the Third Party Liability (TPL) subsection, we clarified TPL policy when member has TPL.

Transportation Services

- [Nonemergency Medical Transportation \(NEMT\) Services \(Overview\)](#) – In the [Eligible Members](#) section, corrected an error in the age for eligibility for NEMT for MinnesotaCare enrollee from "under the age of 21" to "under the age of 19."

December 18, 2020

Equipment and Supplies

- [Oximeter](#)
 - Under [Covered Services](#), we added that fingertip pulse oximeters are covered with medical necessity for members who require spot checks.
 - Under [Billing](#), we added that fingertip pulse oximeters must be billed with HCPCS code E1399 and modifiers NU and U8.
 - Fingertip pulse oximeters used for spot checks can now be billed for members with medical necessity using HCPCS code E1399 and modifiers NU and U8 (in that specific order). Claims will be paid by report and a 50th percentile rate will be set when we have enough data to calculate. These modifiers will be used with the oximeter code when we have a 50th percentile rate. Use code E1399 until then.

December 17, 2020

COVID-19

- [Coronavirus \(COVID-19\)](#) – Under Covered Services Changes and Modifications, added: [IEP Personal Care Assistance in the Child's Home](#) section.

December 14, 2020

Provider Basics

Provider Requirements

- [Provider Screening Requirements](#) – Updated text to reflect the increased application screening fee for 2021. In the [Application Fees](#) section, the application fee has increasing to \$599.00.

Mental Health Services

- [Youth Assertive Community Treatment \(Youth ACT\)/Intensive Rehabilitative Mental Health Services \(IRMHS\)](#)
 - Under [Eligible Providers](#), we added a memorandum of understanding with the county or counties of service is now a requirement. We also clarified the required members of the core team and identified additional members that may be added as needed.
 - Under [Covered Services](#), we added a service standards section which clarifies the Individual Treatment Plan guidelines and development requirements, as well as the expanded timeframe for completion of the ITP and Functional Assessment to every six months from the current three months. We also clarified that for clients under 18 the treatment team must consult with parents or guardians in development of the ITP.

December 11, 2020

Individualized Education Program (IEP) Services

- [Special Transportation Services](#) – Clarified text for IEP Special Transportation surrounding coverage criteria, the vehicle that can be used, examples of vehicle adaptations, covered trips, and noncovered services.

December 10, 2020

Individualized Education Program (IEP) Services

- [Interpreter Services](#)
 - In the [Overview](#) section, the text has been revised to clarify that MHCP may cover interpreter services under an Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP) as a related service when it is necessary to communicate with the child or parent(s) during a covered IEP or IFSP service or evaluation.
 - In the [Noncovered Services](#) section, text has been revised to clarify that interpreter services are not covered:
 - During an IEP team meeting
 - For scheduling appointments, meetings with a parent, and translating printed materials
 - During wait times in a lobby, exam room, or any office space when a health-related service is not being delivered
 - During travel time
 - When provided by a parent, relative, friend or child
 - When provided in conjunction with transportation or personal care assistance (PCA) services

December 4, 2020

COVID-19

- [Coronavirus \(COVID-19\)](#)
 - Under **Covered Services Changes and Modifications**, added:
 - [Administration of COVID-19 Investigational Drugs, Vaccines, Devices and Associated Services](#) section
 - [COVID-19 Pediatric Vaccine Administration](#) section
 - In [Billing for Enrolled Pharmacists Ordering and Administering COVID-19 Testing](#), changed CMS-1500 to 837P professional claim
 - Under **Billing** section, added [Billing for Enrolled Pharmacists Ordering and Administering COVID-19 and Pediatric Vaccines](#)
 - In [Legal References](#), added Minnesota Statutes, 256B.0625, subd. 64.

November 30, 2020

Clinic Services

- [Federally Qualified Health Center and Rural Health Clinics](#) – Added APM IV to the section [Establishing Payment Rates](#).

November 23, 2020

COVID-19

- [Coronavirus \(COVID-19\)](#)
 - Under [Eligible Providers](#), added section: **Family Members of MHCP Enrolled PCA Providers**
 - Under Changes in requirements, [Recertification](#) section, added a sentence to clarify that providers need to contact the Behavioral Health Division for service extensions due to COVID.

November 20, 2020

Provider Basics

Enroll with MHCP

- [Ambulatory Surgical Center Enrollment Criteria](#) – Added information about [enrolling](#) via Minnesota Provider Screening and Enrollment (MPSE) portal.

November 16, 2020

Provider Basics

Enroll with MHCP

- [Enrollment with Minnesota Health Care Programs \(MHCP\)](#)
 - In [Enrollment Process](#), added information about Application Fees.
 - In [Changes to Enrollment](#), added additional change forms for reporting enrollment changes.

Provider Basics

Enroll with MHCP

- [Day Training and Habilitation Enrollment Criteria and Forms](#)
 - Added information about enrolling using the Minnesota Provider Screening and Enrollment (MPSE) portal.
 - Reorganized text for clarity.

November 13, 2020

Dental Services

- [Dental Authorization Requirement Tables for Non-Pregnant Adults](#)
 - Deleted Covered Services.
 - In [Prophylaxis](#) section, revised text for clarity.
 - In [Prosthodontics](#) section, revised text for clarity. Added information on requesting replacement of existing prosthesis. Added instructions for replacement Prosthesis in less than six years and "flexible base" prosthesis to cast metal requests.
 - In [Impacted Teeth](#) section, revised text for clarity.
 - Added [Legal References](#) section.

November 6, 2020

EW and AC

- [Elderly Waiver \(EW\) and Alternative Care \(AC\) Program](#)
 - Moved the [Consumer Directed Community Supports \(CDCS\)](#) policy information from the Provider Manual to the Community-Based Services Manual (CBSM).
 - Reorganized the content for clarity.
 - Changed "recipient" to "member" to clarify the text refers to people enrolled in Minnesota Health Care Programs.
 - Removed Residential Care Services, which were discontinued June 30, 2018.

November 3, 2020

COVID-19

- [Coronavirus \(COVID-19\)](#)
 - We added information on modifications to Adult Day Centers under the [Adult Day Services](#) section.
 - Under **Billing**, we have added a heading and information for [Children's Therapeutic Services and Supports](#).
 - Under [Telemedicine](#), we clarified telemedicine is not allowed for Home and Community-Based Services. We added a bookmark to the Remote Delivery of HCBS waiver services section on the COVID-19 provider manual and a link to the Case manager/Care coordination section of the Community-Based Services Manual.

Provider Basics

[Billing the Member \(Recipient\)](#)

- In [Copays and Family Deductible](#), we added the 2020 Fee-for-Service Copays and 2020 Family Deductible charts and removed the 2018 charts.
- Clarified [Copay and Family Deductible Exclusions](#) and [Copay and Family Deductible Limitations](#).

- Updated [Spenddowns](#) section in regards to late fees.
- In [Legal References](#), added several legal citations.

November 2, 2020

Dental Services

- [Critical Access Dental Payment Program \(CADPP\)](#) – In [Reimbursement for Services](#) section, added:
 - The managed care organization (MCO) CADPP will be included in the capitation payments paid to the MCOs. Each MCO will calculate and determine how the CADPP payments are made to designated providers for MA and MinnesotaCare members. Contact the MCO with whom you have a provider agreement with any questions or concerns.
 - Removed outdated information on how CADPP payments are calculated.

October 29, 2020

Dental Services

- [Dental Services](#)
 - Revised content for clarification. No changes were made to policy or benefits.
 - [Aveloplasty and Gingivectomy](#) sections (found in multiple places on page) were combined.
 - Combined the [Teledentistry](#) sections (found in multiple places on page).
 - Further clarification added in the [Billing](#) dental procedures on an institutional claim section.

October 26, 2020

Dental Services

- [Authorization Requirement Tables for Children and Pregnant Women](#)
 - Added service limits for: D0999, D1110, D1120
 - Added exceptions for: D1330
 - Added criteria for: D2720-2999, D5911-5987, D9941-9999
 - In [Periodontics](#) and [Endodontics](#), changed authorization documentation requirements for periodontal charting to "pregnant women only" (not required for child)
 - The remaining changes are re-organization of text for clarity. No rule, statute or policy changes have been made to the benefit set.

Provider Basics

Enroll with MHCP

- [Home and Community-Based Services \(HCBS\) Programs Provider Enrollment](#)
 - Reorganized the text to show how HCBS programs enrollment can be completed either via the Minnesota Provider Screening and Enrollment (MPSE) portal or by faxing the enrollment forms to Minnesota Health Care Programs' Provider Eligibility and Compliance.
 - Removed the list of applicant assurance statements since these are provided on the HCBS Programs Service Request Form (DHS-6638) (PDF) that is referenced in the list of forms in [How to Enroll](#).

October 22, 2020

Provider Basics

Enroll with MHCP

- [Enrollment with Minnesota Health Care Programs \(MHCP\)](#) – In [Enrollment Process](#) section, added information about [electronic funds transfer \(EFT\)](#) and direct deposit.

October 15, 2020

MHCP Member Evidence of Coverage

- [MHCP Member Evidence of Coverage](#) – Made several updates: Added link to provider manual for provider options with [retroactive eligibility](#), added copy of new member [ID card](#), updated the MA [family deductible](#) for Jan. 1, 2021, and added section for [housing stabilization](#) services.

Mental Health Services

[Health Behavior Assessment/Intervention](#)

- We added introductory copy stating Health behavior assessments or reassessments require a referral from a physician or nonphysician practitioner. Documentation must show evidence of coordination of care with the patient's primary medical care providers or medical provider responsible for the medical management of the physical illness that the psychological assessment or intervention addresses.
- Under [Eligible Providers](#), we updated to include all licensed mental health professionals.

- We clarified the [Covered Services](#) section by adding health behavior assessment included components and health behavior intervention desired outcomes.
- Under [Billing](#), we updated the Health Behavior Assessment and Intervention chart with the new 2020 health and behavior assessment and intervention CPT procedure codes.

October 14, 2020

Community Paramedic Services

- [Community Paramedic Services](#) – In [Billing](#) section, added link to Community Paramedic Services video training module.

October 12, 2020

Substance Use Disorder Services (SUD)

- [Rule 25 Process](#)
 - We updated the manual section to comply with Behavioral Health Division direction, [Behavioral Health e-Memo #20-18](#) dated June 8, 2020. Per the direction of paragraph 4:
 - The Rule 25 process provider manual has been updated to reflect that Rule 25 process will continue until June 30, 2022, as a two-path parallel process for accessing Substance Use Disorder treatment.

COVID-19

- [Coronavirus \(COVID-19\)](#) – Added section [Store-and-Forward Telemedicine for IEP Services](#) for the COVID-19 waiver approved effective Aug. 1, 2020. The store-and-forward telemedicine waiver allows Minnesota Public schools to use store-and-forward technology when a child is receiving occupational therapy, physical therapy or speech therapy while distance learning in the child's home.

Mental Health Services

- [Psychiatric Residential Treatment Facility \(PRTF\)](#)
 - In the [Overview](#) section, we replaced state's medical review agent with Behavioral Health Division (BHD).
 - Under [Authorization Requirements for Admissions and Services](#), we added PRTF email dhs.prtf@state.mn.us as submission and contact information, replaced medical review agent with BHD and added a new subsection "Discharge from PRTF" which explains a PRTF must notify BHD within 48 hours of discharge by emailing discharge summary and updated plan of care to dhs.prtf@state.mn.us.

October 8, 2020

Physician and Professional Services

- [Gender-Confirming Surgery](#) – In [Covered Services](#) section, updated criteria that may be used for a case-by-case consideration of facial surgery.

October 6, 2020

Community Emergency Medical Technician (CEMT) Services

- [Community Emergency Medical Technician \(CEMT\) Services](#) – Changed "recipient" to "member." Added clarification that these services happen in the member's home under the [Billing](#) section.

October 5, 2020

Early Intensive Developmental and Behavioral Intervention (EIDBI) Benefit

- [Early Intensive Developmental and Behavioral Intervention \(EIDBI\) Benefit](#) – Under the [Process](#) heading under Service Authorization, we changed the service authorization time span from six months to 180 days.

October 1, 2020

Certified Community Behavioral Health Clinic (CCBHC)

- [Certified Community Behavioral Health Clinic \(CCBHC\)](#) – CCBHC provider manual is updated to reflect expansion of program with anticipated start date of October 1, 2020, pending CMS approval of State Plan Amendment for CCBHC.

Individualized Education Program (IEP)

- [Occupational Therapy Services \(OT\) Services](#) – In [Supervision and Direction of an OTA](#) section, replaced "treatment plan" with "intervention plan."

September 25, 2020

Early Intensive Developmental and Behavioral Intervention (EIDBI) Benefit

- [Early Intensive Developmental and Behavioral Intervention \(EIDBI\) Benefit](#) – Added a link for information regarding authorizations to the [Service Authorization](#) section. Added Vietnamese EIDBI brochure to the [Additional Resources](#) section.

September 24, 2020

Community Paramedic Services

- [Community Paramedic Services](#) – Under [Billing](#), clarified place of service code for Community Paramedic services is 12 (home).

Physician and Professional Services

- [Gender-Confirming Surgery](#)
 - In [Eligible Members](#) section, added "Member must be 18 years of age or older to be eligible for genital surgery."
 - In [Covered Services](#) section, added "Facial surgery may be considered for coverage on a case-by-case basis."
 - In [Noncovered Services](#) section, removed: brow lift, cheek or malar implants, face or forehead lift, facial bone reconstruction, facial implants, jaw reduction, lip reduction or enhancement, nose implants, rhinoplasty.
 - In [Authorization Requirements](#) section, removed "Recipient must be 18 years of age or older" since this information was added to the Eligible Members section.
 - Clarified throughout the page that the previous reference to "client" is an "MHCP member."

September 22, 2020

CW-TCM

- [Child Welfare Targeted Case Management \(CW-TCM\)](#) – We added a new section header to this manual section titled [Rates for Counties and Tribes](#) to be transparent about the process for setting both the County and the Tribal CW-TCM encounter payment each year.

September 21, 2020

Renal Dialysis

- [Renal Dialysis Overview](#) – In [Covered Services](#), in the [End Stage Renal Disease \(ESRD\)](#) section, [added links](#) to [EMA ESRD](#) and [Kidney transplant information](#) sections.

Hearing Aid Services

- [Hearing Aid Services Codes](#) – We added [Assisted Listening Devices](#), including FM systems, no longer require authorization beginning Sept. 1, 2020.

COVID-19

- [Coronavirus \(COVID-19\)](#)
 - Modified the [Alternative Delivery of Adult Day Services](#) section to include modifications that went into effect August 12 2020.
 - Added a section for [Customized Living Rate Add-On](#).

September 18, 2020

Rehabilitation Services

- [Rehabilitation Services](#)
 - Under [Rehabilitation Therapy Assistants in the Supervision of an OTA](#) section, we updated supervision requirements related to occupational therapists and occupational therapy assistants which became effective Aug. 1, 2020.
 - Under [Noncovered Services](#), we updated the list to include services provided by a long-term care facility that are included in the costs covered by the per diem payment.

September 17, 2020

Provider Basics

Health Care Programs and Services

- [MHCP Benefits at-a-glance](#) – We removed Major Program IM from Housing Stabilization Services.

September 16, 2020

Hospital Services

- [Outpatient Hospital Services](#)
 - Removed links to related hospital services manual pages which are listed on the [Hospital Services](#) Provider Manual home page.

- In the section, [Inpatient Services that Require Outpatient Billing](#), added a sentence to clarify the inpatient services that require providers to bill using the outpatient billing instructions.

September 15, 2020

Hospital Services

- [Hospital In-Reach Service Coordination \(IRSC\)](#) – Changed references to "recipient" to clarify that this refers to Minnesota Health Care Programs (MHCP) members.

September 11, 2020

Renal Dialysis

- [Renal Dialysis Billing](#) – Clarified references to "recipient" refers to MHCP members.

Provider Basics

- [Health Care Programs and Services](#) – Added updated member [ID card](#).

September 10, 2020

Provider Basics

Enroll with MHCP

- [Independent Diagnostic Testing Facility Enrollment Criteria and Forms](#) – Added information about [enrolling](#) using the Minnesota Provider Screening and Enrollment (MPSE) portal.

September 9, 2020

Provider Basics

Health Care Programs and Services

- [MHCP Benefits at-a-glance](#) – We added [Housing Stabilization Services](#).

COVID-18

- [Coronavirus \(COVID-19\)](#) – In **Remote Delivery and Increased Billable Hours for PCA Services** section, under [Remote delivery of qualified professional services](#), clarified the text to read: "DHS obtained approval for remote QP service delivery retroactively to March 19, 2020, for both PCA Choice and PCA traditional models. This change lasts through the duration of the peacetime emergency."

September 8, 2020

Dental Services

[Dental Benefits for Children and Pregnant Women](#)

- In [Preventative](#) section, removed Oral Hygiene Instruction text (moved to Authorization page). In Service Limits in table for Oral hygiene instructions, removed, "Once per lifetime."
- Changed [Service Limits](#) in table for Prophylaxis for adult and child from once per calendar year to twice per calendar year. Changed Service Limits in table for Prophylaxis for adult to: "Authorization is required for additional treatment, up to two additional per year." Changed Service Limits in table for Prophylaxis for child to: "Authorization is not required for additional treatment, up to two additional per year." Also, added: "Submit narrative when billing. Documentation must include notation as to why the additional treatments are needed." These prior authorization (PA) requirements were incorrectly listed, no policy changes made.
- In [Periodontics](#) section, in Service Limits table for Periodontal Scaling and Root Planing, added, "Authorization is always required." These PA requirements were incorrectly listed, no policy changes made. A hyperlink to the **Authorization** page has been added for convenience.
- In [Prosthodontics](#) section, in Service Limits table for Partial Dentures (Including Routine Post-Delivery Care), and for Overdenture added, "Authorization is always required." Covered service not previously listed, no policy changes made. A hyperlink to the **Authorization** page has been added for convenience.
- In [Implant Services \(Children through age 20\)](#) section, in Service Limits table for Single crowns, abutment supported and Fixed partial denture (FPD) retainer, abutment supported, added "Authorization is always required." Covered service not previously listed, no policy changes made. A hyperlink to the **Authorization** page has been added for convenience.
- In [Oral and Maxillofacial Surgery](#) section, in Service Limits table for Extractions, added, "Authorization is always required." Covered service not previously listed, no policy changes made. A hyperlink to the **Authorization** page has been added for convenience.
- In [Orthodontics \(Children through age 20\)](#) section, in Service Limits table for Limited orthodontic treatment, Interceptiv orthodontic treatment, and Comprehensive orthodontic treatment, added, "Authorization is always required." These were incorrectly listed, no policy changes made. A hyperlink to the **Authorization** page has been added for convenience.

- In [Adjunctive Services](#) section, in Service Limits table for Occlusal adjustment – complete, added, “Authorization is always required.” Covered service not previously listed, no policy changes made. A hyperlink to the **Authorization** page has been added for convenience.

September 1, 2020

Equipment and Supplies

- [Respiratory Equipment](#) – Under [Authorization](#), we added that second ventilators for all members now require authorization.

August 28, 2020

Equipment and Supplies

- [Mobility Devices](#)
 - Under [TPL and Medicare](#), we added when billing wheelchair transportation accessories for members with Medicare primary, providers must add the statement “wheelchair transportation accessory is not covered by Medicare” under claim information in claim note field in MN-ITS.
 - Under [Custom Molded and Prefabricated Custom Seating Systems](#), we removed K0108 UD which will be discontinued as of Aug. 31, 2020. We added language to explain billing for manufacturers who are also providers, and providers who receive seats from manufacturers.

Community Paramedic Services

- [Community Paramedic Services](#) – Under [Eligible Members](#): updated text to list only those programs not eligible for community paramedic services. Under [Billing](#) clarified text explaining which supplies can be billed to Minnesota Health Care Programs and updated applicable state statutes under [Legal References](#).

August 26, 2020

Equipment and Supplies

- [Equipment and Supplies](#) – Under [Billing Miscellaneous and manually priced HCPCPS codes](#), we clarified that items that require manual pricing should be billed using an electronic claim with the manufacturer’s invoice, or a price list or quote from the manufacturer dated within three months of the date of service as an attachment as described in the Electronic Claim Attachments section.

August 20, 2020

HCBS Waiver Services

- [HCBS Waiver and AC Training Requirements](#) – We changed the name of our training from Waiver Billing Lab to Waiver and AC Resources and MN-ITS Training.

August 18, 2020

Transportation Services

- [Local County or Tribal Agency Nonemergency Medical Transportation \(NEMT\) Services](#)
 - In [Nursing Facility Members Approved for State-Administered NEMT Statewide](#), added instruction for how to bill for members whose living arrangements are not updated after at least 30 days after the date of transport for admission.
 - In [Electroconvulsive therapy, dialysis and outpatient procedures with sedation](#), added: “If local agency NEMT Modes 1 thru 4 are not appropriate, refer the member to KEPRO to complete the level-of-service (LOS) assessment for state-administered transport.

August 17, 2020

Clinic Services

- [Clinic Services](#) – Under [Noncovered Services](#), deleted “Services provided by a school based PHNC, which are available at no cost to a non-MA student.” That statement is no longer valid.

August 13, 2020

Reproductive Health/OB-GYN

- [Sterilization](#) – Added rural health clinics to the list of [Eligible Providers](#).

Equipment and Supplies

- [Urological and Bowel Supplies](#)
 - Under [Anal Irrigation System and Accessory Unit](#) in the Covered Services subsection, we removed that an

accessory unit is included with code A4459.

- Under [Billing](#), we added that codes A4459 and A9999 should include a pricing attachment.

August 11, 2020

Transportation Services

- [Nonemergency Medical Transportation \(NEMT\) Services \(Overview\)](#)
 - Deleted this sentence: "Refer to the NEMT Guide for information about procedures."
 - In [Covered Services](#), added the following new sections:
 - Arranging Transportation
 - After Hours Policy
 - Transportation of and "Unaccompanied Minor"
 - Parent or Guardian Authorization Form
 - Use of Public Transit
 - Public Transit Procedure
 - Special Considerations for Public Transit
 - New Arrival Refugee Transportation
 - Inclement Weather
 - In [Service Animals](#) section, information for transportation for service animals was added.
 - Removed following sentence: "You can find more about this in the NEMT Guide from [Transportation to an Opioid Treatment Program \(OTP\)](#) section."
 - In [Reconsideration Procedure](#) section, added the section: "Cancelling Scheduled Transportation."
 - Information for transportation of a minor was moved from the "Excluded Costs Related to Transportation" and placed under [Responsible Person](#).
 - In [Transportation between Two Similar or Same Facilities or Locations](#), added "APRN" to the providers or staff who may order transfer of the member, patient or resident to be transferred from one medical facility (origination facility) to another similar facility (destination facility) to receive a level of care not available at the originating facility.

August 7, 2020

Provider Basics

Enroll with MHCP

- [Chiropractor Enrollment Criteria and Forms](#) – Added information on enrolling using the Minnesota Provider Screening and Enrollment (MPSE) portal.

Clinic Services

- [Clinic Services](#) – In the [Billing for PHNC Services](#) section updated language in **Qualifying Information** column for S9123. Added codes H1002, H1003 and H1004 for At-risk services to the table.

August 4, 2020

Individualized Education Program (IEP) Services

- [IEP Billing and Authorization Requirements](#)
 - Under [Authorization and Orders](#), clarified text on keeping written orders for nursing services in the child's file. Also clarified text that the IEP team will approve the need for all other covered IEP health-related services (such as physical therapy, assistive technology, mental health, transportation, and so forth).
 - Under [Reporting a Change in Private Health Insurance Coverage](#), clarified text to inform providers that families are required to report changes to private health insurance, including termination, to the county or state. District staff should not report these changes on behalf of the family. Also clarified that Claims will deny if termination dates are not reported.
 - Under [IEP Procedure Codes, Modifiers and Units](#) in the table Health-related services coding schemes for dates of service Nov. 1, 2018, and beyond, added an indicator for which services may provide telemedicine services.
 - Also, in the same table in the Modifier column for [Mental Health](#), added the text: "The HE modifier should only be used for billing for CTSS services. And added a link to the IEP Mental Health Covered Services section for information about CTSS billing."

August 3, 2020

Housing Stabilization Services

- [Housing Stabilization Services](#) – Under [Eligible Members](#), we explain Housing Stabilization Services (either the housing consultation, housing transition or housing sustaining) providers will submit eligibility documentation and

assessment outcomes for Housing Stabilization Services through the Housing Stabilization Services Eligibility Request (DHS-7948) to determine medical need for services.

Individualized Education Program (IEP) Services

- [Assistive Technology \(AT\) Devices](#)
 - Under [Authorization and Orders](#), removed the following text: An AT device is ordered by a health care professional working in the school under their scope of practice. Professionals who may authorize an AT device include: Nurse, Occupational therapist, Physical therapist, speech language pathologist or audiologist
 - Under [Authorization and Orders](#), added "The IEP team determines the need for IEP services."

July 31, 2020

Provider Basics

Enroll with MHCP

- [Housing Stabilization Services Enrollment Criteria and Forms](#) – This line was added to [Enrollment Criteria](#): All staff working directly with HSS recipients must complete this training within 30 days of employment start.

Individualized Education Program (IEP) Services

- [Mental Health Services](#)
 - Under [Eligible Providers](#), clarified who can provide CTSS services.
 - Added the section called **Billing for CTSS Services**.
 - Under [Billing for CTSS Services](#), added the word "Note" to highlight that CTSS certified schools may bill for the time spent completing the standardized tools and for service plan development, when applicable.

July 30, 2020

Provider Basics

Enroll with MHCP

- [IEP Enrollment Criteria and Forms](#) – Created new section with the enrollment information for IEP providers.
- [Enrollment with Minnesota Health Care Programs \(MHCP\)](#) – Added link to IEP Enrollment Criteria and Forms.

Mental Health Services

- [Psychiatric Residential Treatment Facility \(PRTF\)](#) – We added the following section headings:
 - [Covered Services](#)
 - [Noncovered Services](#)
 - [Emergency Medical Assistance \(EMA\)](#)
 - [Authorization Requirement for Admission and Services](#)
- We changed the Third Party Liability and Emergency Assistance section header name to [Emergency Medical Assistance](#).
- In the [Overview](#) section, we added: "In 2015, legislation directed the state to enroll up to 150 beds at up to six psychiatric residential treatment facility sites statewide."
- Under the [Services outside the Per Diem \(Arranged and Concurrent Services\)](#) section, we clarified to include Arranged Services and Concurrent Services.
- Under the [Billing](#) section, we explained "actual admit date" is needed when submitting claims and to bill claims according to approved dates on IHA. We also updated the Description of Revenue Codes and Limitations table to include information for billing 837P for Arranged/concurrent services (outside per diem).

July 29, 2020

Community Health Worker

- [Community Health Worker \(CHW\)](#) – The correct billing process was added under the [Billing](#) section.

July 28, 2020

COVID-19

- [Coronavirus \(COVID-19\)](#) – Under [Remote delivery of qualified professional services](#), QP visits are approved for remote delivery retroactively as of March 19, 2020, for both PCA traditional and PCA Choice programs.

Individual Education Program (IEP) Services

- [Nursing Services](#) – Added "nurse practitioner" in the third bullet under [Authorization and Orders](#).
- In the [Definitions and Acronyms](#), removed EDRA information. Added [SEDRA](#): Special Education Data Reporting

Application.

- [Individual Education Program \(IEP\) Services Providers](#) – Removed Enrollment information to view under provider basics. Provider Enrollment. Other provider requirements will remain in the Provider Services section of the IEP Manual section.

Rehabilitative Service

- [Rehabilitative Service Codes for Occupational Therapy, Physical Therapy and Speech-Language Pathology](#) – Added modifier GN to CPT codes [97129](#) and [97130](#) to indicate speech-language pathologists may provide and bill for these services.

July 27, 2020

Provider Basics

Enroll with MHCP

- [Transportation Enrollment Criteria and Forms](#) – Under [How to Enroll](#) we replaced Individual Provider Enrollment Application (DHS-4016) (PDF) with MHCP Organization Provider Enrollment Application (DHS-4016A) (PDF).

July 22, 2020

COVID-19

- [Coronavirus \(COVID-19\)](#) – Under [COVID-19 Testing Ordered and Administered by Enrolled Pharmacists](#) and [Billing for Enrolled Pharmacists for Ordering and Administering COVID-19 Testing](#) we added policy for Pharmacists to be paid for ordering and administering COVID-19 test.

July 21, 2020

COVID-19

- [Coronavirus \(COVID-19\)](#) – Under Billing, [Telemedicine](#), we clarified providers who have a TD specialty code need to bill with place of service 02 when billing for traditional telemedicine services.

July 17, 2020

COVID-19

- [Coronavirus \(COVID-19\)](#) – Revised Billing section under [Telemedicine](#) to clarify billing process.

July 13, 2020

Provider Basics

Enroll with MHCP

- [Family Planning Agency Enrollment Criteria and Forms](#) – Added information about enrolling using the Minnesota Provider Screening and Enrollment (MPSE) portal.
- [Transportation Enrollment Criteria and Forms](#) – New enrollment page.
- [Community Health Clinic Enrollment Criteria and Forms](#) – Added information about enrolling using the Minnesota Provider Screening and Enrollment (MPSE) portal.
- [Audiologist Enrollment Criteria and Forms](#) – Corrected the requirements for audiologists to enroll with Minnesota Health Care Programs. Added the option to enroll using the Minnesota Provider Screening and Enrollment (MPSE) portal.
- [Enrollment with Minnesota Health Care Programs \(MHCP\)](#) – Added link to Transportation Enrollment Criteria and Forms.

July 9, 2020

Equipment and Supplies

- [Standers](#) – Under [Covered Services](#), we removed discontinued stander codes. Under Authorization, we removed the need to bill with the U3 modifier.

July 8, 2020

COVID-19

- [Coronavirus \(COVID-19\)](#) – Revised Billing section for [Increase in Billing Hours for Individual PCA Services](#) to reflect that the MMIS claims system has been updated to allow for the increase in monthly billable hours for individual PCA workers.

July 7, 2020

Reproductive Health/OB-GYN

- [Doula Services](#) – Quick links were added and "recipient" was changed to "member" throughout the manual section.

July 1, 2020

COVID-19

- [Coronavirus \(COVID-19\)](#) – Under Changes in requirements, we added a [Recertification](#) section explaining recertification has been temporarily waived for Dialectical Behavior Therapy, Assertive Community Treatment, Intensive Treatment Foster Care and Adult Rehabilitative Mental Health Services providers.

June 25, 2020

Provider Basics

Provider Enrollment

Enroll in MHCP

- [Certified Nurse Midwife Enrollment Criteria and Forms](#) – Added information about enrolling using the Minnesota Provider Screening and Enrollment (MPSE) portal.
- [Dental Therapist \(DT\), Advanced Dental Therapist \(ADT\), and Collaborative Practice Dental Hygienist \(CPDH\) Enrollment Criteria and Forms](#) – Added information about enrolling via the Minnesota Provider Screening and Enrollment (MPSE) portal.
- [Audiologist Enrollment Criteria and Forms](#) – Added information about enrolling using MPSE.

June 22, 2020

Housing Stabilization Services

- [Housing Stabilization Services](#) – In the [Housing Stabilization Services Codes, Rates and Descriptions](#) table under Billing, we added the U8 modifier to the Housing Consultation procedure code.

June 19, 2020

Provider Basics

Provider Enrollment

Enroll in MHCP

- [Hospital Enrollment Criteria and Forms](#) – Added information about enrolling using the Minnesota Provider Screening and Enrollment (MPSE) portal.
- [Hospice Enrollment Criteria and Forms](#) – Added option to enroll using the Minnesota Provider Screening and Enrollment (MPSE) portal.

June 18, 2020

COVID-19

- [Coronavirus \(COVID-19\)](#)
 - In the [Remote Delivery and Increased Billable Hours for PCA Services](#) section, added the bullet: "The location where the remote services were provided" under Documentation Requirements.
 - In the [Targeted Case Management](#) section under Covered Services Changes and Modifications, we clarified the temporary change allowing visits conducted by phone or video in place of in-person face-to-face contact is effective Mar. 19, 2020.

June 17, 2020

COVID-19

- [Coronavirus \(COVID-19\)](#) – Under "[Remote Delivery of HCBS Waiver Services](#):" Updated the effective date to March 19, 2020. Clarified the settings where providers may use remote support.

June 16, 2020

Equipment and Supplies

- [Equipment and Supplies](#) – Under [Billing and Documentation](#), order standards for DME and supplies were updated to reflect the Medicare standards for standard written order and written order prior to delivery. Dispensing orders and detailed written orders were removed.

June 15, 2020

Reproductive Health/OB-GYN

- [Family Planning](#) – Quick links to page bookmarks added were added and the term "recipient" was changed to

"member" throughout. Under [Legal References](#), links were updated.

June 10, 2020

Provider Basics

Provider Enrollment

Enroll with MHCP

- [Federally Qualified Health Center \(FQHC\) Enrollment Criteria and Forms](#) – Adding information about [enrolling](#) via the Minnesota Provider Screening and Enrollment (MPSE) portal.

Dental Services

- [Dental Benefits for Non-Pregnant Adults](#) – Changed Error on Service Limits for [D0140](#) from Once per day per facility to Once per day.

June 9, 2020

Provider Basics

Provider Enrollment

Enroll with MHCP

- [Day Treatment Enrollment Criteria and Forms](#) – Clarified the enrollment steps for enrolling using the Minnesota Provider Screening and Enrollment (MPSE) Portal or if submitting enrollment via fax.

June 5, 2020

Housing Stabilization Services

- [Housing Stabilization Services](#) – In the **Overview** section, we are changing the Housing Stabilization Services start date to mid-July 2020.

June 3, 2020

Provider Basics

Enroll with MHCP

- [Home and Community Based Services \(HCBS\) Programs Provider Enrollment](#) – Revised [number 5](#) under **Enrollment Criteria** section to clarify when provider should complete the Request For Agency Identification Number (DHS-3891) (PDF).

COVID-19

- [Coronavirus \(COVID-19\)](#) – Under **Covered Services Changes and Modifications**, we changed the [Remote Delivery](#) and Increased Billable Hours for PCA Services section to clarify remote supervisory start dates for Choice and Traditional models. We also clarified the [start date](#) for the increased billable monthly hours of PCA workers.

Provider Basics

- [Managed Care Organizations \(MCOs\)](#) – Added Federally Qualified Health Centers (FQHC) to the [Carve-Out Services](#) section.

May 29, 2020

Individual Education Program (IEP) Services

• [Individual Education Program \(IEP\) Services Providers](#)

- Under [MHCP Provider Enrollment](#), added information about enrolling using the Minnesota Provider Screening and Enrollment (MPSE) Portal.
- Provided a link to the [Addendum](#) required by tribal schools that receive funding from the Bureau of Indian Affairs.
- Under [Reporting Changes](#), added information about reporting changes using the MPSE Portal.

May 22, 2020

Housing Stabilization Services

- [Housing Stabilization Services](#) – Under **Billing** in the [Housing Stabilization Services Codes, Rates and Descriptions](#) chart, we corrected the procedure codes for Housing Transition and Housing Sustaining.

May 21, 2020

COVID-19

• [Coronavirus \(COVID-19\)](#)

- Under **Covered Services Changes and Modifications**, added [Remote Delivery and Increased Billable Hours for](#)

[PCA Services](#).

- Under **Billing**, added [Increase in Billing Hours for Individual PCA Services](#).

May 20, 2020

COVID-19

- [Coronavirus \(COVID-19\)](#)
 - Under **Covered Services Changes and Modifications**, added the section [Remote Delivery of HCBS Waiver Services](#), the section [Alternative Delivery of Adult Day Services](#) and the section [Early Intensive Developmental Behavioral Intervention Individual Treatment Plans](#).
 - Under [Eligible Providers for Telemedicine](#), we added psychiatric care providers in Assertive Community Treatment and Intensive Rehabilitative Mental Health Services.

Behavioral Health Home Services

- The [Behavioral Health Home \(BHH\) Services](#) manual page has been updated to align with changes to BHH services policy approved in May 2019 and effective in December 2019. Changes to the manual include changes to the eligibility criteria for BHH services, updates to contact requirements and services delivery standards.

May 19, 2020

Provider Basics

Provider Requirements

Enroll with MHCP

- [Enrollment with Minnesota Health Care Programs \(MHCP\)](#) – In the list of MHCP provider types under [Eligible Providers](#), combined the service types of dental hygienist and dental therapist since their enrollment information is combined on one page.

May 13, 2020

Early Intensive Developmental and Behavioral Intervention (EIDBI) Benefit

- [Early Intensive Developmental and Behavioral Intervention \(EIDBI\) Benefit](#) – Adding the most current [State Plan Amendment](#) to the links.

May 11, 2020

Provider Basics

Provider Requirements

- [Access Services](#) – We made changes to the [Sign Language Interpreter Services](#) section with a new link to the website and contact information. Added language under Billing for [county and tribal agencies](#) for billing interpreter services when determining eligibility for MHCP programs.

May 1, 2020

COVID-19

- [Coronavirus \(COVID-19\)](#)
 - Under [Eligible Providers](#), we explained who needs to fill out Form 6806A, that if a provider submitted Form 6806A with an effective date of Apr. 1, 2020, they do not need to submit another form with an effective date of Mar., 19, 2020, that processing telemedicine forms is a high priority and that a list of approved telemedicine providers can be found in the Provider List links in MN-ITS.
 - Under **Covered Services Changes**, added section on coverage of [COVID-19 Testing for Uninsured under New MA Group](#).
 - Under [Billing](#) section, added information about billing for COVID-19 testing for the uninsured under the new MA COVID-19 testing group.

Dental Services

- [Dental Benefits for Children and Pregnant Women](#) – In the table under the [Periodontics](#) section, added the prior authorization requirement to Periodontal Scaling and Root Planing (CDT codes D4341 & D4342) that was omitted.

April 28, 2020

Equipment and Supplies

- [Respiratory Equipment](#)
 - Under [Covered Services](#) we added:
 - Rental of the multi-function ventilator (E0467) is covered for members who would otherwise require both a portable and a stationary ventilator, but can be served by the multifunction ventilator alone. E0467 must be

billed without another ventilator rental. Additionally, the multifunction ventilator also has the capability of completing the nebulizer, oxygen, cough assist and suction functions. All codes encompassed by E0467 are not separately reimbursable unless the client has oxygen needs over 6 liters per minute. If a member is utilizing the oxygen feature of the multifunction ventilator, providers must adhere to the requirements of the oxygen policy found on the oxygen equipment section of the MHCP Provider Manual, including supplying 12 hours of emergency gaseous oxygen at no additional charge.

- Under [Authorization](#) we deleted:
 - Authorization is required for maintenance service agreements for E0470-E0472. Maintenance service agreements are not available for E0601.
- Under [Billing](#) we added:
 - When dispensing a medically necessary pressure support ventilator, bill using modifiers RR and U3. Providers must have documentation from the prescriber that establishes the need for pressure support. When dispensing other accessories or devices which have been coded by the PDAC, providers must bill with the assigned procedure code and accept the MHCP fee schedule rate.

April 24, 2020

Housing Stabilization Services

- [Housing Stabilization Services](#)
 - Under [Eligible Providers](#), we added a MN-ITS and IVR section that explains MN-ITS registration and eligibility verification.
 - Under [Eligible Members](#), we added "At risk of institutionalization" as a risk factor under "Be experiencing housing instability, evidenced by one of the following risk factors."

Provider Basics

Enroll with MHCP

- [Housing Stabilization Services Enrollment Criteria and Forms](#) – Below the [Revalidation](#) section, we added a new section titled "Adding Services to existing Housing Access Coordination (HAC) Enrollment Record" to help existing HAC providers add Housing Stabilization Services onto their current enrollment records.

April 23, 2020

COVID-19

- [Coronavirus \(COVID-19\)](#) – Under Telemedicine in the [Eligible Providers](#) heading, we explained organizational providers may submit one assurance form signed by an authorized representative of the organization; along with a spreadsheet of all providers, including their NPI, affiliated with their practice that will be providing telemedicine.

April 22, 2020

Provider Basics

Enroll with MHCP

- [Clinical Nurse Specialist Enrollment Criteria and Forms](#) – Added information about [enrolling](#) using the Minnesota Provider Screening and Enrollment (MPSE) portal.

COVID-19

- [Coronavirus \(COVID-19\)](#) – Under [Covered Services Changes](#), we added Targeted Case Management information detailing the temporary allowance of telemedicine.

Dental Services

- [Dental Benefits for Children and Pregnant Women](#) – Clarified that code [D1351](#) applies to children through age 20 in the table under Oral hygiene instruction.

April 21, 2020

COVID-19

- [Coronavirus \(COVID-19\)](#) – Expanded telemedicine received federal approval. Updates in this manual section include who is eligible to provide telemedicine services, including by telephone, during the COVID-19 emergency. Approval is retroactive to March 19, 2020.

Dental Services

- [Dental Benefits for Non-Pregnant Adults](#) – Code D0240 was incorrectly listed as a [covered service](#) and has been removed from the Dental Benefits for Non-Pregnant Adult Provider Manual page.

April 17, 2020

COVID-19

- [Coronavirus \(COVID-19\)](#) – We clarified that new providers of [telemedicine](#) should continue to bill as usual until we

have new billing instructions.

Provider Basics

- [Housing Stabilization Services Enrollment Criteria and Forms](#) – This is an enrollment page for Housing Stabilization Services, a new Medical Assistance benefit starting July 1, 2020.

April 16, 2020

Housing Stabilization Services

- [Housing Stabilization Services](#) is replacing Housing Access Coordination within a year from July 1, 2020.

Dental Services

- [Dental Benefits for Children and Pregnant Women](#) – Under the [Prosthodontics section](#) of the manual: Corrected the limit on the initial replacement or replacement of a removable prosthesis from once every three years to **once every six years** under the **Service Limits** section.

April 15, 2020

Dental Services

- [Dental Benefits for Children and Pregnant Women](#) – This manual page was reorganized for clarity. Much of the content has been moved to tables instead of text written in paragraphs.
 - The Dental Periodicity Schedule has been moved to the [Dental Services Overview](#) page.
 - Added Codes to this page, but no changes in coverage: D0145, D0160, D0180, D5992, D6058-D6094, D6068-D6194, D8010-D8040, D8050, D8060, D8070-D8090, D9110, D9222-D9248, D9410, D9610, D9612, D9630, D9910, D9920, D9951, D9952
 - Added subsections: Oral Hygiene Instruction, Prosthodontic Documentation Instruction and (already present but re-named) Undeliverable Removable Prosthesis Instruction
 - Added specific age limitations based on the member's program in the [Orthodontics](#) section.
 - Moved text from previous sections of the page to the [Billing section](#) and added the billing sub-sections for Drugs and Orthodontic Billing.

COVID-19

- [Coronavirus \(COVID-19\)](#) – All services for diagnosis and treatment of COVID-19 are exempt from [cost sharing](#). This is noted in the Billing subsection and providers do not need to take any action when billing for these services.

April 10, 2020

Individualized Education Program (IEP) Services

- [Covered and Noncovered IEP Health-Related Services](#) – Removed GT as a required modifier for [telemedicine](#).

Individualized Education Program (IEP) Services

- [IEP Billing and Authorization Requirements](#) – Removed modifier GT as a required modifier for telemedicine for the [Procedure Codes, Modifiers and Units](#) tables.

April 9, 2020

Dental Services

[Dental Benefits for Non-Pregnant Adults](#)

- This provider manual page and tables were reorganized for clarity. All eligible billable CDT & CPT codes for limited benefit non-pregnant adults are now listed on this page for providers' reference
- Removed CDT code D0240- not covered; Added additional service limits to [D4355](#)
- Prosthodontics and Oral Surgery subsections: Authorization requirements moved to Authorization page.

April 6, 2020

Dental Services

- [Authorization Requirement Tables for Non Pregnant Adults](#) – Updated tables and improved language for clarification. No content changes made, all previous language is the same.

Immunizations and Vaccinations

- [Immunizations and Vaccinations](#) – This manual section has been reorganized for clarity.
 - The adult and child vaccination tables have had updates to codes and age ranges.
 - These [vaccination tables](#) have been reorganized into separate tables for children and adults and are accessed by links to these tables rather than having the tables embedded within the text of this manual section.

April 2, 2020

Provider Basics

- [Health Care Programs and Services](#) – Clarifying the [Hospital Presumptive Eligibility](#) section to include information

about the HPE approval notice.

April 1, 2020

COVID-19

- [Coronavirus \(COVID-19\)](#) – Added link to eDocs form **Telephonic Telemedicine Provider Assurance Statement (DHS-6806A)** (PDF)
- [Coronavirus \(COVID-19\)](#) – New section with information about changes due to COVID-19.

March 31, 2020

Equipment and Supplies

- [Incontinence Products](#) – Under [Covered Services](#), we extended the transition period for the incontinence policy from Apr. 1 to July 1, 2020, due to the COVID-19 pandemic. Providers will have until that time to begin billing per the new policy instituted Jan. 1, 2020.

March 30, 2020

Individualized Education Program (IEP) Services

- [Speech and Language Pathology and Audiology Services](#) – In the second bullet, under [Qualified Service Providers](#), changed "Minnesota Board of Teaching" to "Minnesota Professional Educator Licensing and Standards Board."

March 27, 2020

Rehabilitation Services

- [Rehabilitation Services](#)
 - Under [Billing telemedicine](#) services under the Telemedicine heading, we clarified that claims submitted for telemedicine must use the place-of-service (POS) 02 to certify that the service meets the telemedicine requirements. We also clarified the GQ modifier is required when billing for services via asynchronous telecommunication systems.

March 26, 2020

Dental Services (Overview)

- [Dental Services \(Overview\)](#)
 - Organized Dental Services [Overview](#) page for clarity.
 - Added Section: [Volunteer Dentist](#).
 - Added links to related maintained areas and removed content for: Locum Tenens Dentist, Teledentistry, Dental Periodicity Schedule
 - Removed Sections: Modifiers under Dental Procedures Reported with CPT Coding, Assistant surgeon, Definitions

March 18, 2020

Substance Use Disorder Services (SUD)

- [Substance Use Disorder Services \(SUD\)](#) – Under [Noncovered Services](#), we clarified Medication assisted therapies (MAT) guest dosing is not covered.

March 9, 2020

Equipment and Supplies

- [Standers](#) – Under [Authorization](#), we added a stander in combination with a gait trainer is typically not covered. If both a stander and gait trainer are requested, prior authorization is required and must include specific documentation of medical necessity which notes why one device alone will not meet the member's needs.

Clinic Services

- [Federally Qualified Health Center and Rural Health Clinics](#)
 - Under [FQHC and RHC MCO carve-out exclusions](#) section:
 - Clarified that Medicare claims follow standard Medicare billing practice. (In the first bullet)
 - Changed fourth bullet to read: "FQHCs will submit their claims for members on Medical Assistance (MA) directly to MHCP for payment." (Changing "MCO enrollees" to "members on Medical Assistance")
 - Under [FQHC full MCO carve-out effective July 1, 2019 dates of service and after](#) section:
 - Clarified that Medicare claims follow standard Medicare billing practice. (In the first bullet)
 - Clarified that the instructions list in the heading FQHC and RHC Medicare crossover claims applies to non-MCO enrollees only.

March 6, 2020

Equipment and Supplies

- [Ambulatory Assist Equipment](#) – Under [Authorization](#), we added that a stander in combination with a gait trainer is typically not covered. If both are requested, prior authorization must include specific documentation of medical necessity which notes why one device alone will not meet the member's needs.

March 3, 2020

Certified Community Behavioral Health Clinic (CCBHC)

- [Certified Community Behavioral Health Clinic \(CCBHC\)](#)
 - The CCBHC Integrated Treatment Plan Update is now required only every 6 months or when a person's needs have changed significantly.
 - Additionally, this section of the MHCP Provider Manual has been significantly streamlined with policy and clinical information moved to the redesigned CCBHC webpage

March 2, 2020

Hospital Services

- [Outpatient Hospital Services](#) – Clarified the following section :
 - [Eligible Providers](#) - Clarified who an eligible provider is for outpatient Hospital Services
 - Deleted out the table of Provider Type Home page links
 - In the [Mental Health Partial Hospital](#) section added sentence "Bill Mental Health Partial Hospitalization, H0035 as a daily session code with a maximum of one session per day."

Renal Dialysis

- [Renal Dialysis Billing](#)
 - Clarified language on the table of Antibiotics that are covered outside the [composite rate](#).
 - Added an appropriate "0" to the revenue codes in the following sections: [Fee-for-Service](#), and [Non-Crossover Claims](#).

Provider Basics

- [Authorization](#)
 - Added text explaining when MHCP will cover a service that has been authorized by a managed care organization under the section [Authorization of Services for Continuity of Care](#).
 - Updated link to American Dental Association Claim Form under [Authorization Forms](#).

February 27, 2020

Mental Health Services

- [Mental Health Diagnostic Code Ranges](#) – Under the [Behavioral Health Homes Diagnostic Codes](#) heading, we updated the diagnostic code information for Behavioral health home (BHH) services to All ICD-10 mental, behavioral and neurological disorder diagnosis codes (F01 – F99) are allowed for BHH services.

February 25, 2020

Dental Services

- [Dental Benefits for Non-Pregnant Adults](#)
 - Moved [Authorization Requirements](#) to the section before Legal References.
 - In the Procedures tables:
 - Clarified to exception 1. to [D0330](#) Panoramic x-rays
 - Removed "Authorization always required" and added "cannot be performed in the office settings" in New Service Limits column for [D4341-D4342](#)
 - Separated existing tables and re-organized into CDT Classifications of Codes
 - [Diagnostic](#): Service Limits improved with CDT codes over procedure code titles (D0120-D0150)
 - [Prosthodontics](#): sub-section re-organized for clarity. Text removed from Service Limits and re-structured into paragraph.
 - Partial dentures authorization requirements moved to Authorization for Non-Pregnant Adult page
 - [Oral and Maxillofacila Surgery](#): sub-section re-organized for clarity.
 - Removal of Impacted teeth authorization requirements moved to Authorization for Non-Pregnant Adult page
 - [Noncovered Services](#), second bullet, added language about obtaining a signed Advance Recipient Notice of Non-covered Service/Item from member before providing noncovered services.

February 19, 2020

Provider Basics

Enroll with MHCP

- [Dietician or Nutritionist Enrollment Criteria and Forms](#) – Added information about enrolling using Minnesota Provider Screening and Enrollment (MPSE) portal.
- [Dentists and Dental Group Enrollment Criteria and Forms](#) – Added information about enrolling via the Minnesota Provider Screening and Enrollment (MPSE) portal.

Dental Services

- [Advanced Dental Therapist \(ADT\)](#) – Removed "Enrollment Criteria" section since that information is explained in the [Enroll with MHCP](#) under the **Provider Basics** section of the Provider Manual.

Dental Services

- [Dental Therapist \(DT\)](#) – Removed "Enrollment Requirements" and "Enrollment Process" sections since that information is explained in the [Enroll with MHCP](#) under the **Provider Basics** section of the Provider Manual.

February 18, 2020

Dental Services

- [Collaborative Practice Dental Hygienists](#) – Removed "Enrollment Criteria" section since that information is explained in the [Enroll with MHCP](#) under the **Provider Basics** section of the Provider Manual.

February 13, 2020

Mental Health Services

- [Diagnostic Assessment](#)
 - Under [Overview](#), we added an exception: The initial DA allows for a person to be eligible to receive up to three sessions of a combination of individual or family psychotherapy or family psychoeducation prior to completing the diagnostic assessment.
 - Under [Extended Diagnostic Assessment](#) we added clarification: For CTSS providers, use the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood DC: 0-5 for children under the age of 5.
 - We revised the [Brief Diagnostic Assessment](#) section adding: Treatment sessions conducted under authorization of a brief assessment may be used to gather additional information necessary to complete a standard DA or an extended DA. Also added: A brief DA includes sufficient information for the professional or clinical trainee to document a provisional clinical hypothesis. The clinical hypothesis may be used to address the recipient's immediate needs or presenting problem.

February 5, 2020

Equipment and Supplies

- [Incontinence Products](#) – Under Authorization, we added that [combinations of incontinence](#) products that do not fit in tables 1-4 of the policy require authorization.

January 30, 2020

Provider Basics

Billing Policy (Overview)

- [Billing the Recipient](#) – Under [Copays and Family Deductible](#), we added the 2020 Fee-for-Service Copays and 2020 Family Deductible charts and removed the 2018 charts.

January 28, 2020

Laboratory/Pathology, Radiology & Diagnostic Services

- [Laboratory and Pathology Services](#)
 - Under [Billing](#), we removed pap smear collection and professional components as they are not separately billable.
 - Under [Genetic Testing for Breast Cancer](#) in the Billing section, we removed HCPCS code S3854. Use the MHCP fee schedule to determine the appropriate testing codes.

Individualized Education Program (IEP) Services

- [Mental Health Services](#) – Under [Evaluations, Reevaluations and Assessments](#) the Diagnostic Assessment was un-bulleted under section [IEP or IFSP mental health evaluations may be provided by:] and made a separate topic within.

Physician and Professional Services

- [Physician and Professional Services](#)
 - Under [Outpatient Physician Administered Drugs](#) we clarified the definitions of "brown bagging" or "white-bagging"
 - Removed "drug purchased through 340B are exempt from NDC reporting" from the provider manual
 - Clarified [gender procedure code](#) conflict. The KX modifier is required on a professional claim (837P) in order to

identify services that are gender specific

- Updated Investigative procedures under the [Authorization Policy](#) section.

January 27, 2020

Mental Health Services

- [Psychotherapy](#)
 - Under [Eligible Recipients](#), we added: The initial diagnostic assessment allows for a member to be eligible to receive up to three sessions of a combination of individual or family psychotherapy or family psychoeducation before completing the diagnostic assessment.
 - Under [Authorization](#), we changed: 26 sessions of family psychotherapy per calendar year, cumulative, to 26 units of family psychotherapy (with patient or family member or both), per calendar year, cumulative.
 - In the Mental health psychotherapy benefits for children under 21 years old and adults chart under [Billing](#), we added: 26 units of family psychotherapy (with patient or family member or both.) cumulative (including biofeedback and E/M with psychotherapy add-on).

January 24, 2020

Rehabilitation Services

- [Rehabilitative Service Codes for Occupational Therapy, Physical Therapy and Speech-Language Pathology](#) – In the [Occupational Therapy, Physical Therapy and Speech-Language](#) chart, we deleted CPT codes 90911, 97127, 95831, 95832, 95833 and 95834. In the [Evaluative, Therapeutic and Rehabilitative](#) chart, we added new CPT codes 97129 and 97130. Changes are effective January 1, 2020.

January 22, 2020

Early Intensive Developmental and Behavioral Intervention (EIDBI)

- [Early Intensive Developmental and Behavioral Intervention \(EIDBI\) Benefit](#) – Under [Additional Resources](#), we added the brochure in multiple languages.

January 21, 2020

Equipment and Supplies

- [Equipment and Supplies](#) – Under [Authorization Requirements](#), added that authorization is required for all supplies with quantities exceeding the allotted quantity in the policy.

January 14, 2020

Anesthesia Services

- [Anesthesia Services](#) – Under [MHCP Anesthesia Payment Formulas in Billing](#), the 2020 Anesthesia Rates fee table was added.

January 10, 2020

Provider Basics

Provider Requirements

- [Provider Screening Requirements](#)
 - In the [Application Fees](#) section we :
 - Added the January 1, 2020, application fee
 - Clarified the language "an institutional provider is not limited to hospitals, nursing facilities, and similar providers" by adding "Nursing Facilities" to the List of MHCP Institutional Providers subject to the application fee.
 - Clarified the Multiple Provider Business location information regarding the requirement of paying an application fee.
 - Under [Denial and Terminations](#), we clarified the text for the PCA exception.

January 7, 2020

Elderly Waiver (EW) and Alternative Care (AC) Program

- [Elderly Waiver \(EW\) and Alternative Care \(AC\) Program](#) – We've deleted policy content for Adult Foster Care Services and Transportation services. Under the [Covered Services](#) chart:
 - We combined Adult corporate foster care and Adult family foster care into Adult Foster Care and linked it to the Community Based Services Manual (CBSM).
 - We changed the service name Non-medical transportation to EW and AC Transportation and linked it to the

CBSM.

Transportation Services

- [Ambulance Transportation Services](#)
 - [Under Eligible Recipients](#)
 - Removed "Medical Assistance (MA), MinnesotaCare members under the age of 21 and pregnant MHCP members." Added "All Minnesota Health Care Programs (MHCP) members EXCEPT Emergency Medical Assistance (EH) with non-emergency transport to get to and from MHCP covered services related to their EH certification condition."
 - [Under Covered Services](#)
 - Added "Includes emergency and non-emergency ambulance transport" to ambulance services between two facilities when member is discharged from one facility because they could not provide the required level of care.
 - [Under Air Ambulance Guidelines](#)
 - Removed:
 - The conditions as indicated by the ICD-10 CM codes are not a justification for payment. This is not all inclusive:
 - Burns requiring treatment in a Burn Center
 - Cardiogenic shock
 - Conditions requiring treatment in a Hyperbaric Oxygen Unit
 - Intracranial bleeding
 - Multiple severe injuries
 - Myocardial Infarction
 - Stroke
 - Added: "and requires ambulance transport that contraindicates use of ground ambulance".
 - [Under Authorization Requirements](#)
 - In the table, next to Nonemergency ambulance trips, added: "Include the appropriate mileage code and total miles when requesting authorization for air on nonemergency transports."
 - [Under Billing](#)
 - Moved the following from Billing to Air Ambulance Guidelines: "If medical necessity is not proven and proper documentation does not exist, air ambulance transportation will be denied and must be billed as ground transportation."
 - Added section explaining Supplemental Payments.

January 6, 2020

Hospital Services

- [Inpatient Hospital Authorization](#) – Under [Admissions Requiring IHA](#), we cited Code of Federal Regulations, title 42, section 441 subpart D for requiring a completion of a Certificate of Need.

Transportation Services

- [Local County or Tribal Agency Nonemergency Medical Transportation \(NEMT\) Services Claim, Service and Rate Information](#) – Updated the IRS Business Deduction Rate mileage rate for 2020. The update was to [transport service](#) codes A0080 (volunteer driver) and A0090 UC (licensed foster parent) mileage reimbursements for dates-of-service (DOS) 1-1-2020 thru 12-31-2020.

Previous Revisions

[2019 Manual Revisions](#)

[2018 Manual Revisions](#)

[2017 Manual Revisions](#)

[2016 Manual Revisions](#)

[2015 Manual Revisions](#)

[2014 Manual Revisions](#)

[2013 Manual Revisions](#)

[2012 Manual Revisions](#)

[2011 Manual Revisions](#)