

# MHCP Provider Manual

## Latest Manual Revisions

Revised: September 30, 2022

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.

### September 30, 2022

#### Equipment and Supplies

- [Airway Clearance Devices](#) – Under [Billing](#), we changed the description for HCPCS code E0483 high-frequency chest wall oscillation system to include full anterior or posterior thoracic region receiving simultaneous external oscillation. This includes all accessories and supplies, do not bill separately.

### September 28, 2022

#### Hospital Services

- [Inpatient Hospital Authorization](#) – A psychiatric residential treatment facility (PRTF) does not require an inpatient hospital authorization (IHA). We removed PRTF from the [Admissions Requiring IHA](#) section.

### September 23, 2022

#### Dental Services

- [Authorization Requirement Tables for Non-Pregnant Adults](#) – In the [Oral Surgery-Removal of Impacted Teeth](#) section, under [Impacted Teeth](#), we added the following language for prior authorizations: X-rays must be mounted (when applicable), and be labelled with patient name and the date of the X-ray. Do not submit original X-rays.

### Moving Home Minnesota (MHM)

- [Moving Home Minnesota \(MHM\)](#)
  - In the [Lead Agency Responsibilities](#) section, we added how long a lead agency has to authorize MHM to a person who had a MnCHOICE or LTCC assessment and DD screening. We also included a link to MHM transition providers.
  - In the [Member Enrollment](#) section, we clarified that MHM service begin date on the intake form cannot be duplicative of TCM service.
  - We added how to submit the Moving Home Minnesota Communication Form (DHS-6759H) when the location is an unqualified residence in the [Transition Coordinator Responsibilities](#) section.
  - In [Covered Services](#), we added a paragraph explaining the process providers will take to review denied claims for MHM transition coordination services through an approved extension.
  - In [Noncovered Services](#), we removed "Development Disabilities (Rule 185)" from the list of TCM services.
  - We clarified the text in the [Billing](#) section.

### September 22, 2022

#### Dental Services

- [Dental Benefits for Children and Pregnant Women](#) – We deleted the CDT code D5992 as a covered service under [Prosthodontics](#) as that was entered in error.
- [Dental Benefits for Non-Pregnant Adults](#) – We deleted the CDT code D5992 as a covered service under [Prosthodontics](#) as that was entered in error.

### September 21, 2022

#### Equipment and Supplies

- [Nutritional Products and Related Supplies](#) – Under [Billing](#), [Pricing for enteral nutrition products](#), we added that when billing B4088 for a kit, not a single tube, use modifier U3. Please attach manufacturer's suggested retail price (MSRP) for product specific pricing.

### September 16, 2022

#### Child and Teen Checkups (C&TC)

- [Child and Teen Checkups \(C&TC\)](#) – Under [Covered Services - Medical Screenings](#), [Postpartum](#)

[Depression Screening](#), we updated the link to the Beck Depression Inventory (BDI) screening tool information page and added updated resources from the Depression or Anxiety During and After Pregnancy Brochure and Postpartum Wellbeing Plan webpage.

## September 15, 2022

### Provider Basics

#### Enroll with MHCP

- [Pharmacy and Pharmacist Enrollment Criteria and Forms](#)
  - We corrected the document needed to upload when enrolling using the Minnesota Provider Screening and Enrollment (MPSE) portal to [Individual Non-Pay-To Provider Agreement \(DHS-4611A\) \(PDF\)](#).
  - In the [Pharmacy](#) section, we removed the DHS-6175 from the required forms.

## September 9, 2022

### Dental Services

- [Dental Benefits for Children and Pregnant Women](#) – In the [Authorization](#) section, we deleted the PDF user guides for submitting dental authorizations through MN-ITS and replaced with these links: [Submit an Authorization Request for Dental Services](#) and [Submit an Authorization Request for Dental Services with Consolidated NPIs](#).
- [Dental Benefits for Non-Pregnant Adults](#) – In the [Authorization Requirements](#) section, we deleted the PDF user guides for submitting dental authorizations through MN-ITS and replaced them with these new links: [Submit an Authorization Request for Dental Services](#) and [Submit an Authorization Request for Dental Services with Consolidated NPIs](#).

## September 1, 2022

### Dental Services

- [Dental Benefits for Children and Pregnant Women](#) – Text clarification for [Endodontics](#): MHCP covers anterior, premolar, and molar endodontics once per tooth per life time.

### Equipment and Supplies

- [Orthotics](#) – Under [Covered Services](#), we added physician assistants to the list of qualified professionals able to prescribe orthotics.
- [Lower Limb Prosthetics](#) – Under [Covered Services](#), we added physician assistants to list of qualified professionals able to prescribe lower limb prosthetics.

## August 31, 2022

### Reproductive Health/OB-GYN

- [Free-Standing Birth Center Services](#) – Under [Billing](#), we clarified that if a member is transferred to the hospital before delivery, bill for all professional services provided to the member in the birth center before transfer. We also clarified the codes for facility fee billing.

## August 29, 2022

### Dental Services

- [Dental Benefits for Non-Pregnant Adults](#)
  - Starting Sept. 1, 2022, nitrous oxide will be a covered service for non-pregnant adults.
  - Under [Noncovered Services](#): Direct (D3110) and Indirect (3120) pulp caps are not a covered service and may not be billed to the member. See the [Noncovered Services](#) section on the Dental Services page for more information.
  - Under [Periodontics](#): we updated language for (D4910) periodontal maintenance service limits.

### COVID-19

- [Coronavirus \(COVID-19\)](#)
  - We added sections for [Hearing Aid Services](#) under [Covered Services](#) and [Billing](#) to notify providers that effective Sept. 1 2022, MHCP will temporarily cover programming and reprogramming for cochlear implants for ages 12 years and older done via telehealth. You must complete and submit a [Telehealth Provider Assurance Statement \(DHS-6806\) \(PDF\)](#) to be eligible for reimbursement for services provided via telehealth. Bill for cochlear implants programming and reprogramming services performed via telehealth using CPT codes 92603 and 92604.

## August 26, 2022

### Dental Services

- [Dental Services](#) – Under [Noncovered Services](#), added language that direct (D3110) and indirect (D3120) pulp caps are not a covered service and are not billable to the member.
- [Dental Benefits for Children and Pregnant Women](#)
  - In the [Restorative](#) section, we clarified that direct (D3110) and indirect (D3120) pulp caps are not a covered service and may not be billed to the member. See the [Noncovered Services](#) section on the Dental Services page for more information.
  - We also updated the language for D4910 periodontal maintenance service limits in the [Periodontics](#) section.

## August 25, 2022

### Rehabilitation Services

- [Augmentative Communication Devices](#) – Under [References](#), we deleted two outdated links.

## August 24, 2022

### Reproductive Health/OB-GYN

- [Minnesota Family Planning Program \(MFPP\) Procedure Codes](#) – We added [code 87563](#) to the Minnesota Family Planning Program (MFPP) Procedure Codes table. Code 87563 is billable for the MFPP as of Aug. 1, 2022. We also removed some older, discontinued codes.

## COVID-19

- [Coronavirus \(COVID-19\)](#) – Under [Billing for Vaccines](#), we added [new CPT and administration codes](#) for COVID-19 vaccines with eligible ages and effective dates.

## August 23, 2022

### Pharmacy Services

- [Compound Drugs](#)
  - In [Compounded Intravenous \(IV\) and Total Parenteral Nutritional \(TPN\) Drugs](#), we corrected the pharmacy dispensing fee to \$10.77 as the fee was incorrect and clarified the content.
  - In [Compound Billing and Rejected Claim Options](#), we clarified the text.

## August 19, 2022

### Child and Teen Checkups (C&TC)

- [Child and Teen Checkups \(C&TC\)](#)
  - Under [Eligible Providers](#), we provided a link to the C&TC Provider Agreement.
  - Under [Covered Services - Medical Screenings](#), we updated the list.
  - Under [Covered Services-Medical Screenings, Foster Care](#), we updated the link to the American Academy of Pediatrics Foster Care website.
  - Under [Covered Services - Medical Screenings, Health History](#), we updated the social determinants of health fact sheet link.
  - Under [Covered Services - Medical Screenings, Postpartum Depression Screening](#), we changed all references to maternal depression to postpartum depression.
  - Under [Covered Services - Medical Screenings, Vaccine Counseling](#), we added a chart with the appropriate HCPCS codes.
  - Under [Covered Services - Medical Screenings, Laboratory Tests or Risk Assessment](#), we added the newly recommended Hepatitis C information.
  - Under [Screening Exceptions](#), we added the text: "If a screening component is refused by a parent or young adult, provide education of the risks and benefits of he refused component."
  - Under [Billing, Separate E&M Service](#), we clarified billing for a separately identifiable E&M service.
  - Under [Referrals](#), we clarified how to include the referral code on the C&TC claim.
  - Under [Legal References](#), we deleted repealed legislative references.

## August 15, 2022

### Physician and Professional Services

- [Physician and Professional Services](#) – In the [Enhanced Asthma Care Services](#) section, we added clarification that the member's record must contain documentation of the ordering provider and the name and credentials of the public health worker who provided the service.

**August 12, 2022**

### **Mental Health Services**

- [Intensive Residential Treatment Services \(IRTS\)](#) – Under [IRTS Admission Criteria](#), we updated the level of care assessment policy.

**August 9, 2022**

### **Equipment and Supplies**

- [Oxygen Equipment](#) – Under [Eligible Providers](#), [Oxygen Contract](#), we explained members with Third Party Liability (TPL) or no Medicare insurance need to use the contract vendor for oxygen unless TPL requires a different vendor.

**August 2, 2022**

### **Mental Health Services**

- [Psychiatric Residential Treatment Facility \(PRTF\)](#) – Under [Leave Days](#), we specified the [Psychiatric Residential Treatment Facility \(PRTF\) Extended Leave Request \(DHS-7695\) \(PDF\)](#) should be emailed to [dhs.prtf@state.mn.us](mailto:dhs.prtf@state.mn.us) for approval.

**July 26, 2022**

### **Equipment and Supplies**

- [Equipment and Supplies](#)
  - Under [Eligible Providers](#), [Third Party Liability \(TPL\) and Medicare](#), we explained providers who receive a contractual obligation denial from a TPL or Medicare and a denial from MHCP should contact the MHCP Provider Resource Center.
  - Under the [Authorization Requirements](#) and the [Billing miscellaneous and manually priced HCPCS codes](#) headings, we explained that a Manufacturer's Suggested Retail Price (MSRP) document is required. We will accept an invoice from the manufacturer if MSRP is not available. These documents should be unaltered; you may circle or star the item however highlighting is not permitted.
- [Orthotics](#) – Under [Covered Services](#), [All Covered Orthotics](#), we explained orthotics must be prescribed by an enrolled MHCP provider that meets at least one of the following criteria:
  - A physician who is knowledgeable in orthopedics, physiatry, or vascular surgery
  - A physician in consultation with an orthopedist, physiatrist, or physical therapist
  - A podiatrist within the scope of their professional practice
  - An advance practice registered nurse

**July 25, 2022**

### **MHCP Member Evidence of Coverage**

- [MHCP Member Evidence of Coverage](#) – As of July 1, 2022, the Minnesota Legislature has amended the Minnesota Statutes, section 256.0625, to allow MHCP to cover medically necessary services that are otherwise not related to an approved clinical trial in federal compliance with investigational treatments.

### **Physician and Professional Services**

- [Physician and Professional Services](#) – In the [Enhanced Asthma Care Services](#) section, we updated the eligible providers who can order enhanced asthma care services and the credentialed local public health workers who can provide these services. Also, in the [Billing](#) section, we clarified how qualified providers who are not enrolled with Minnesota Health Care Programs can bill for enhanced asthma care services.

### **Immunizations and Vaccinations**

- [Immunizations and Vaccinations](#) – In the [Vaccine Counseling](#) section, we added the updated codes for stand-alone vaccine counseling visits.

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

- [Elderly Waiver \(EW\) and Alternative Care \(AC\) Program](#) – In the [Elderly Waiver Customized Living Services Rate Adjustment](#) section, we updated the text based on law changes and application process.

**July 20, 2022**

### **Equipment and Supplies**

- [Lower Limb Prosthetics](#) – Under [Covered Services](#), we added advance practice registered nurses to the list of providers qualified to prescribe lower limb prosthetics.

- [Diabetic Equipment and Supplies](#) – Under **Covered Services, Continuous Blood Glucose Monitoring (CGM)**, [Adjunctive CGM systems](#), we removed documentation criteria that the member must test at least six times per day and have a caregiver who can respond to hypoglycemic episodes. Authorization is still required.

**July 14, 2022**

### **Mental Health Services**

- [Level of Care Assessment](#) – We have updated this section of the MHCP Provider Manual to align with the new level of care assessment policy. You may now use the WHODAS 2.0 to determine a level of care.

### **Equipment and Supplies**

- [Lower Limb Prosthetics](#) – Under [Covered Services](#), we updated the functional levels when evaluating prosthetics to align with Medicare's definitions. A microprocessor-controlled ankle foot system (L5973), a multiaxial ankle with swing phase active dorsiflexion feature (L5968) and a microprocessor control knee (L5856) were changed to be covered for members with functional level 3 and above. A vacuum suspension system (L5781 or L5782) are covered for members with functional level 2 and above.

**July 12, 2022**

### **Acupuncture Services**

- [Acupuncture Services](#)
  - We deleted the Overview and Acupuncture Practice definition.
  - We clarified text under [Covered Services](#).
  - We renamed the Noncovered Services heading [Noncovered Conditions](#) and then created a list of noncovered services under [Noncovered Services](#).

**July 8, 2022**

### **Mental Health Services**

- [Youth Assertive Community Treatment \(Youth ACT\)/Intensive Rehabilitative Mental Health Services \(IRMHS\)](#) – Under [Eligible Members](#), we updated the age for eligible members.

### **Provider Basics**

#### **Enroll with MHCP**

- [Substance Use Disorder \(SUD\) Services Enrollment Criteria and Forms](#)
  - Under [Programs and Organizations Enrollment Requirements](#), [Existing MHCP organizations adding SUD services](#), we added information for hospitals, federally qualified health clinics and rural health clinics.
  - Under [For Individuals providing SUD Services in Private Practice](#), we added information clarifying affiliation.
  - Under [Recovery Community Organizations](#), we made updates to reflect changes for Recovery Community Organizations to enroll as eligible vendors of peer support services.

**July 6, 2022**

### **Mental Health Services**

- [Adult Day Treatment](#)
  - Under [Eligible Members](#), we replaced LOCUS with Level of Care assessment according to new policy guidance.
  - Under [Authorization](#), we added to the list of plans and forms that need to be submitted when requesting authorization to align with other adult mental health rehabilitative services

### **Housing Support Supplemental Services**

- [Housing Support Supplemental Services](#)
  - Under [Eligible Providers](#), we moved enrollment information to [Housing Support Supplemental Services Enrollment Criteria and Forms](#).
  - Under [Eligible Members](#), we clarified eligibility for Medical Assistance is not required for Housing Support Supplemental Services.
  - Under [Covered Services](#), we added supplemental services to include services listed on the Professional Statement of Need.
  - Under [Service Authorization \(SA\) Requirements](#), we added that a Vendor Profile Form specifying availability or authorization to provide supplemental services must be attached to the signed Housing Support

Agreement.

- Under [Billing](#), we added a link to the Housing Support Supplemental Services MN-ITS User Manual now online. We also added language requiring that within six months of enrollment, providers must take a MN-ITS billing lab and we added a link to the training webpage for registration.

## Transportation Services

- [Local County or Tribal Agency Nonemergency Medical Transportation \(NEMT\) Services Claim, Service and Rate Information](#) – The new implementation date for adding the individual drivers Uniform Minnesota Provider Identifier (UMPI) to claims has been delayed until Jan. 1, 2023. We previously communicated that this change would take place on July 1, 2022, and any claims submitted for dates of service after June 30, 2022, without the individual drivers UMPI would deny.

## Provider Basics

### Enroll with MHCP

- [Housing Support Supplemental Services Enrollment Criteria and Forms](#) – We've moved enrollment information from the Housing Support Supplemental Services provider manual section and created this Housing Support Supplemental Services enrollment section.
- [Recovery Community Organizations \(RCOs\)](#) – We corrected the [email address](#) to be used for appeals of RCO status.

## July 5, 2022

### Substance Use Disorder (SUD) Services

- [Substance Use Disorder \(SUD\) Services](#)
  - Under [Overview](#), we removed the following sentence: Effective Oct. 1, 2020, until July 1, 2022, SUD treatment services may be accessed directly by going to a provider (Direct Access) or obtaining a service agreement from a county or tribal placing authority. Beginning July 1, 2022, there will no longer be a service agreement process, Direct Access will be the only way to access SUD services.
  - Under [Eligible Providers](#), we added provider type 52/53 FQHC/RHC and 245G and removed detox programs
  - Under [Eligible Members](#), we removed moved the explanation of the two ways eligible members may access treatment and added incarcerated individuals
  - Under [Covered Services](#), we added link to Telehealth Delivery of SUD Services
  - Under [Noncovered Services](#), we removed Rule 25 chemical use assessments and services delivered before the completion of a Rule 25 assessment because the Rule 25 process ended June 30, 2022.
  - Under [Billing](#), we removed the Service Agreement billing and removed effective date 10/1/2020
  - Under [Legal References](#), we removed Minnesota Rules 95306615

## July 1, 2022

### COVID-19

- [Coronavirus \(COVID-19\)](#)
  - Under [Billing](#), [COVID-19 Testing](#), we explained over-the-counter COVID-19 tests dispensed on or after July 1, 2022, should be billed using HCPCS code K1034.
  - Under [Changes in Requirements](#), [Revalidation](#), we explained we will send out revalidation notices in phases beginning with residential and outpatient Substance Use Disorder treatment providers and Waiver Service providers (provider types 62 and 18) on Aug. 15, 2022.

## June 29, 2022

### Provider Basics

#### Provider Requirements

- [Provider Screening Requirements](#)
  - Revalidation resumes August 15, 2022 for residential and outpatient Substance Use Disorder treatment providers and Home and Community-Based Services providers (provider types 62 and 18).
  - In the [Revalidation Schedule](#) section of this manual page, we added a table identifying the providers who will begin revalidation in this first phase.
  - We also clarified that revalidation can be completed online using the [Minnesota Provider Screening and Enrollment \(MPSE\) portal](#). DHS is currently offering [MPSE revalidation training](#) for providers in phase one of the revalidation schedule.

**June 27, 2022**

### **Substance Use Disorder (SUD) Services**

- [Telehealth Delivery of Substance Use Disorder Services](#)
  - Replaced telemedicine with telehealth throughout the manual section
  - Under [Eligible Providers](#), clarified who is eligible to provide services via telehealth and added a link to the [Telehealth Provider Assurance Statement \(DHS-6806\) \(PDF\)](#)
  - Under [Covered Services](#), updated services that can be provided via telehealth
  - Under [Billing](#), updated place of service codes and modifier
  - Under [Legal References](#), updated statutes
- [Rule 25 Process](#) – We added language explaining Rule 25 ends on June 30, 2022.

### **Transportation Services**

- [State-Administered NEMT](#) – Starting Jan. 1, 2023, all state-administered NEMT claims will require the MHCP-[enrolled](#) individual nonemergency medical transportation (NEMT) driver's Unique Minnesota Provider Identifier (UMPI) be listed on the claim as the rendering provider in order for the claim to be paid.
- [Local County or Tribal Agency Nonemergency Medical Transportation \(NEMT\) Services](#) – Starting Jan. 1, 2023, all NEMT claims will require the MHCP-[enrolled](#) individual nonemergency medical transportation (NEMT) driver's Unique Minnesota Provider Identifier (UMPI) be listed on the claim as the rendering provider in order for the claim to be paid.
- [State Administered Transportation Procedure Codes Modifiers and Payment Rates](#) – The new implementation date for adding Nonemergency medical transportation (NEMT) individual drivers' unique Minnesota provider identifier (UMPI) number to claims has been delayed until **Jan. 1, 2023**. We previously communicated that this change would take place on July 1, 2022, and any claims submitted for dates of service after June 30, 2022, without the NEMT individual driver's UMPI would deny. That date has been extended to Jan. 1, 2023.

**June 24, 2022**

### **Mental Health Services**

- [Telehealth Delivery of Mental Health Services](#)
  - We renamed "telemedicine" as "telehealth" throughout this manual section.
  - Under [Eligible Providers](#), we clarified eligible providers and explained the [Telehealth Provider Assurance Statement \(DHS-6806\) \(PDF\)](#) must be submitted to provide and bill services via telehealth.
  - Under [Noncovered Services](#), we linked to the Telehealth Services section of the MHCP Provider Manual.
  - We added an [Authorization Requirements](#) section.
  - Under [Billing](#), we defined place of service codes 02, 10 and modifier 93.

**June 17, 2022**

### **Equipment and Supplies**

- [Urological and Bowel Supplies](#)
  - Under [Covered Services](#), we added we will cover up to 4 units of A4459 (manual pump-operated enema system including all accessories) per year, if medically necessary due to daily irrigation. We added we will cover up to 2 units per month of A4453 (replacement catheters for manual enema system). 1 unit of A4453 is 1 box of 15 catheters and 1 water bag. All claims requesting quantities exceeding the limits for A4459 and A4453 require prior authorization and documentation supporting the need for daily catheter use.
  - Under [Billing](#), we clarified A4459 and A4453 should be billed with a diagnosis, long description and a pricing attachment.

**June 14, 2022**

### **Transportation Services**

- [Local County or Tribal Agency Nonemergency Medical Transportation \(NEMT\) Services Claim, Service and Rate Information](#) – In the [Personal and Volunteer Driver Mileage table](#), the 2022 IRS mileage reimbursement amount has been increased to \$0.62 per mile for personal mileage codes A0090 Licensed Foster Parent and A0080 Volunteer Driver. This mileage rate change is effective July 1, 2022, to Dec. 31, 2022.

### **Mental Health Services**

- [Adult Mental Health Targeted Case Management \(AMH-TCM\) and Children's Mental Health Targeted Case Management \(CMH-TCM\)](#) – We updated [Billing](#) to explain that [effective July 1, 2022](#), county-contracted vendors that have a DHS-approved rate exception must also include the following modifiers as

appropriate to the vendor's rate exception:

- UA – low intensity (caseload size rate exception for a higher average caseload size)
- TG – high intensity (caseload size rate exception for a lower average caseload size)
- UB – culturally specific rate exception

### **Child Welfare Targeted Case Management (CW-TCM)**

- [Child Welfare Targeted Case Management \(CW-TCM\)](#) – We updated [Billing](#) to explain that effective July 1, 2022, county-contracted vendors that have a DHS-approved rate exception must also include the following modifiers as appropriate to the vendor's rate exception:
  - UA – low intensity (caseload size rate exception for a higher average caseload size)
  - TG – high intensity (caseload size rate exception for a lower average caseload size)
  - UB – culturally specific rate exception

### **Telehealth Services**

- [Telehealth Services](#) – Under [Billing](#), we added definitions for place of service 02 and 10. Added required modifier 93 for services via telehealth effective June 1, 2022.

### **Early Intensive Developmental and Behavioral Intervention (EIDBI)**

- [Early Intensive Developmental and Behavioral Intervention \(EIDBI\) billing grid](#) – Updated billing grid to reflect the recent changes to the telehealth place of service.
- [Early Intensive Developmental and Behavioral Intervention \(EIDBI\) Benefit](#) – Under [Billing](#), we updated and added links to updated manual sections that explain [telehealth](#) services enrollment, billing and service delivery.

### **COVID-19**

- [Coronavirus \(COVID-19\)](#)
  - Under [Providers Using Telehealth](#), we explained that newly enrolled providers and providers who completed the Telephonic Telemedicine Provider Assurance Statement (DHS-6806A) must submit the [Telehealth Provider Assurance Statement \(DHS-6806\) \(PDF\)](#) to be eligible to provide services via telehealth beginning June 1, 2022.
  - Under [Targeted Case Management](#), we revised the last sentence in the second paragraph to read:
    - TCM providers do not need to meet the telehealth standards and do not need to submit a Telehealth Provider Assurance Statement (DHS-6806) (PDF) because telehealth does not apply to TCM.
  - Under [Telehealth](#) in the [Billing](#) section, we referred providers to the [Telehealth Services](#) section of the MHCP Provider Manual under Billing to bill for services provided via telehealth beginning June 1, 2022.
  - Under [Vaccines](#) in the Billing section, in the table for [Dentists Ordering and Administering COVID-19 Vaccines](#), we added procedure codes D1713 and D1714.
  - We also updated the effective dates for CPT vaccine code 91305 and CPT administration code 0051A. And we added CPT vaccine code 91309.
  - We also added a new table for [Monoclonal Antibodies Administration Codes](#) with the HCPCS codes that the Food and Drug Administration approved for providers to bill as of the effective dates listed.

### **June 13, 2022**

#### **Pharmacy Services**

- [Pharmacy Services](#) – Removed all information relating to paper claims. Paper claims are no longer accepted.

### **May 31, 2022**

#### **Provider Basics**

- [Authorization](#) – Under [Review Agents](#), [How to contact Kepro](#), we removed an obsolete phone number for Kepro. All Providers should use the toll-free numbers listed in the manual.

#### **Equipment and Supplies**

[Oximeters](#) – Under [Billing](#), we updated fingertip pulse oximeter billing for members with Medicare coverage.

### **May 25, 2022**

#### **Moving Home Minnesota (MHM)**

- **Moving Home Minnesota (MHM)**

- We clarified the text in the [Eligible Members](#) section and added the paragraph **People age 65 and older**.
- Under [Eligible Members](#), we included the following sections: **Lead Agency Responsibilities, Member Enrollment, Transition Coordinator Responsibilities, Community-Based Participation, Changes and Ending Enrollment with MHM and Re-institutionalization During MHM Participation**.
- We clarified the text in [Covered Services](#) and [Noncovered Services](#) sections, removing MHM Services and MHM State Plan service subsections.
- We renamed the section **Authorization Requirement** to [Service Authorization Letters](#) and added [Pre-Transition](#) and [Transition to the Community - Service Authorization](#).
- In the **Billing** section, we added [Submitting Claims](#).
- We removed the **Managed Care Recipients and Definitions** section.

**May 23, 2022**

### **Reproductive Health/OB-GYN**

- **Minnesota Family Planning Program (MFPP) Procedure Codes** – As of April 1, 2022, [CPT code 83036: Hemoglobin; glycated \(A1c\)](#) will be billable through the Minnesota Family Planning Program.

### **Provider Basics**

#### **Enroll with MHCP**

- **Recovery Community Organizations (RCOs)**
  - We [clarified and added an option](#) for Recovery Community Organizations (RCOs) to be accredited by the Council on Accreditation of Peer Recovery Support Services (CAPRSS) to enroll. We [added RCOs may request](#) reconsideration from the Commissioner if Association of Recovery Community Organizations membership or CAPRSS accreditation is denied, and we explained how to apply for reconsideration. Under [Additional Resources](#), we removed inaccurate statutory links.

**May 20, 2022**

### **Housing Stabilization Services**

- **Housing Stabilization Services** – Under **Billing**, we updated the [documentation requirements](#).

**May 19, 2022**

### **Individualized Education Program (IEP) Services**

- **Covered and Noncovered IEP Health-Related Services**
  - The Minnesota Legislature has changed Telemedicine to Telehealth for Minnesota Health Care Programs. A new [Telehealth Services](#) manual page has been created for general information about telehealth.
  - Under [Telehealth Services for IEP for Originating Site](#): use place of service 10 on claims to indicate child received health-related services via telecommunication technology when the child is in the home.
  - For **Distant Site**: Use place of service 02 on claims to indicate when a child received health-related services via telecommunication technology when child is in a location other than the child's home.
  - Under [Eligible Providers](#), we added "by completing the [Telehealth Provider Assurance Statement \(DHS-6806\) \(PDF\)](#)"
  - We clarified language for [Covered Telehealth Services](#) and [Noncovered Telehealth Services](#).

**May 18, 2022**

### **Individualized Education Program (IEP) Services**

- **IEP Billing and Authorization Requirements** – We revised the [IEP Place of Service, Procedure Codes, Modifiers and Units](#) section to provide information regarding billing for IEP services provided via telehealth. "Telemedicine" has been changed to "Telehealth."

**May 17, 2022**

### **Physician and Professional Services**

- **Physician and Professional Services** – Under [Billing Telehealth Services](#) added new definition for POS 02 and 10. Added required modifier 93 for services via audio-only telehealth.

**May 13, 2022**

### **Provider Basics**

#### **Billing Policy Overview**

- **Medicare and Other Insurance** – Under **Third Party Liability (TPL)**, [Unsuccessful TPL Billing](#), we added information explaining providers should not bill MHCP earlier than 100 days after the initial attempt if the

unsuccessful billing attempt is for a member that has TPL coverage derived from a parent whose obligation to pay child support is being enforced by DHS.

**May 5, 2022**

### **Provider Basics**

#### **Enroll with MHCP**

- [Early Intensive Developmental and Behavioral Intervention \(EIDBI\) Provider Enrollment](#) – We added information about the Minnesota Provider Screening and Enrollment portal and its use for EIDBI providers.

**May 2, 2022**

### **Equipment and Supplies**

- [Mobility Devices](#)
  - Under [Covered Services](#), Power Wheelchairs (K0813-K0898), we clarified power wheelchair coverage criteria. Power wheelchairs may be covered if the member has a specific medical need that cannot be met with a less-costly alternative.
  - Power wheelchairs are covered if the member meets ALL of the following criteria:
    - Meets the criteria for a mobility device; and
    - Does not have sufficient upper extremity function to self-propel an optimally configured manual wheelchair to perform mobility-related activities of daily living; and
    - Is not able to safely operate a power-operated vehicle (POV) or maintain postural stability and position while operating a POV; and
    - Is able to bring the power wheelchair into the home for use and storage or if homeless, has demonstrated a plan to safely charge and store the power wheelchair
  - Power wheelchairs may also be covered if the member has a caregiver who cannot push a manual chair but can propel the power chair using the attendant control.
  - Members under age 4 must be evaluated and found to be developmentally ready to begin to operate a power chair equipped with appropriate attendant control and safeguards.

**April 28, 2022**

### **Equipment and Supplies**

- [External Defibrillators](#) – Under [Covered Services](#), we updated the approval criteria for an Automated External Defibrillator, wearable/garment type.

**April 26, 2022**

### **Immunizations and Vaccinations**

- [Immunization and Vaccine Benefits Codes for Children](#) – We updated the ages for the CPT codes [90685](#) and [90674](#) for influenza vaccinations and added the link to the [Centers for Disease Control 2021-2022 influenza vaccines](#) table.

**April 22, 2022**

### **Substance Use Disorder (SUD) Services**

- [Substance Use Disorder \(SUD\) Services](#) – Under [Covered Services](#), we added smoking cessation.

### **Provider Basics**

#### **Health Care Programs and Services**

- Minnesota Health Care Programs manual section for [Program HH \(HIV/AIDS\) Services](#) was extensively revised in order to clarify content. We made the following revisions:
  - We added an [Overview](#) section.
  - We added an [Eligible Members](#) section.
  - We removed case management from the [Benefit and eligibility type table](#).
  - We added explanatory text for the [Basic Benefit set \(DN\)](#) and [Health Insurance Assistance Benefit Set \(HI\)](#).
  - We added a section for [Dental Authorization Requirements](#).
  - We added a section for [Questions about denied benefit claims](#).
  - We updated the [Mental Health Benefit](#) section for eligibility, covered services, authorizations and billing.
  - We updated the [Nutrition Benefit](#) section for eligibility, covered services, authorizations and billing.
  - We updated the [Drug Benefit](#) section for eligibility, covered services, authorizations and billing.
  - We clarified information for [Drug Benefits Covered Services](#).

- We updated the [Medication Therapy Management Services \(MTMS\)](#) section.
- We updated the [Legal References](#) section.

**April 21, 2022**

### **Housing Stabilization Services**

- [Housing Stabilization Services](#) – Under **Eligible Members**, [Enrolling Eligible Members](#), we changed assessments (MNChoices, Professional Statement of Need, or coordinated entry) submitted through Housing Stabilization Services Eligibility Request (DHS-7948) to be not older than 12 months at the time of Housing Stabilization Services eligibility review.

### **Telehealth Services**

- [Telehealth Services](#) – Under [Noncovered Services](#), we removed Day Treatment, Partial Hospitalization Programs and Residential Treatment Services. Those three services are allowed to be administered via telehealth per current legislation.

### **COVID-19**

- [Coronavirus \(COVID-19\)](#)
  - In the [Overview](#), we clarified the state peacetime emergency and the federal public health emergency necessitated the modifications listed in this manual section.
  - In the [Home Care and PCA Services](#) section, we added a link to the PCA Manual - PCA worker criteria where providers can find the updated policy on the increase to the maximum billable hours for individuals PCA workers to 310 per month.
  - We clarified the fourth paragraph in the [Family Members Providing Services for MHCP-Enrolled Members](#) section.

**April 20, 2022**

### **Equipment and Supplies**

- [Allergen-Reducing Products for Children](#) – Under [Eligible Providers](#), we explained which providers can prescribe allergen-reducing products and which health care professionals can make recommendations to providers about allergen-reducing products for the child.

**April 7, 2022**

### **Provider Basics**

#### **Enroll with MHCP**

- [Medical Supplier Enrollment Criteria and Forms](#)
  - Under [Enrollment Criteria](#), we added information for submitting via the Minnesota Provider Screening and Enrollment portal or via fax.
  - Under [Additional Resources](#), we replaced the repealed Minnesota Statutes 148.235, subdivision 2 with 148.171, subdivision 16.

**April 5, 2022**

### **Equipment and Supplies**

- [Hospital Beds](#) – Under [Noncovered Services](#), we clarified Enclosed beds for members with one-on-one caregiver supervision 24 hours per day are not covered.

### **Provider Basics**

#### **Enroll with MHCP**

- [Home and Community-Based Services \(HCBS\) Programs Provider Enrollment](#)
  - In the [Online MPSE Portal](#) and [Submit Forms via Fax](#) sections, we added the Remote Support Provider Assurance Statement (DHS-8059) (PDF).
  - Under the **Exceptions for Lead Agencies** section, we added a [Remote Support](#) section that lists the waiver services allowed for remote delivery.

**April 4, 2022**

### **Physician and Professional Services**

- [Physician and Professional Services](#) – We revised the list of [eligible providers](#) outlined in the Enhanced Asthma Care Services section for clarity.

### **Laboratory/Pathology, Radiology & Diagnostic Services**

- **Laboratory and Pathology Services**
  - We added an [Eligible Members](#) section.
  - Under **Billing**, [Genetic Testing](#), we added a Rapid Whole Genome Sequencing section.
  - Under **Billing**, [Minnesota Department of Health \(MDH\) Newborn Screening Program](#), we explained we will cover the cost of the newborn screening metabolic disorder card when screening cannot be completed at the inpatient hospital or birthing center setting and we explained how to bill if MDH requests a repeat newborn screening card.

## April 1, 2022

### Equipment and Supplies

- **Mobility Devices**
  - Under [Eligible Members](#), Criteria For All Covered Mobility Devices, we updated the wording for back-up manual chairs.
  - Under [Covered Services](#), Other covered services, we updated to state that standard wheelchairs (K0001) are covered in the per diem of long-term care facility. All other wheelchairs, including tilt-in-space chairs, are covered outside of the per diem if they are necessary for the continuous care and exclusive use by a member. The member must meet the medical necessity requirement listed in this policy for the type of chair requested.
  - [Under Noncovered Services](#), we added that unbundling chairs for titanium, carbon fiber, and other like types is not covered.

### COVID-19

- [Coronavirus \(COVID-19\)](#) – In the [Home Care and PCA Services](#) section, we added: The Minnesota Legislature reinstated remote delivery for Qualified Professional visits, effective retroactively beginning Sept. 1, 2021, and going through June 30, 2022.

### Equipment and Supplies

- [Diabetic Equipment and Supplies](#) – Under Covered Services, we updated information under [Continuous Blood Glucose Monitoring \(CGM\)](#). Beginning April 1, 2022, the coding for covered adjunctive continuous glucose monitors will be changing. HCPCS codes A9276 - A9278 will be set to noncovered and codes E2102 and A4238 will replace them as covered codes. Code A4238 includes all supplies and accessories, 1 month supply = 1 unit.

## March 22, 2022

### Hospital Services

- [Inpatient Hospital Services](#) – We revised the bulleted list in the [MHCP Coverage Ended During Inpatient Stay](#) in the Billing section to clarify our billing procedure when a member's coverage ends during his or her inpatient stay.

## March 18, 2022

### COVID-19

- [Coronavirus \(COVID-19\)](#) – For over-the-counter COVID tests under [Covered Services](#) and [Billing](#), we changed the word packages to tests.

## March 16, 2022

### Provider Basics

- [Billing Policy Overview](#) – We added a [Billing as a Consolidated Provider](#) section that explains we will consolidate records for MHCP-enrolled providers with multiple locations or provide more than one type of service and that consolidated providers need to take additional steps when billing.

### Physician and Professional Services

- [Physician and Professional Services](#) – We added a bookmark link for [Professional Services for Incarcerated Members](#) to make it easier to find that section on this page.

## March 15, 2022

### Physician and Professional Services

- [Physician and Professional Services](#)
  - We added a section for the new MHCP coverage policy for [Enhanced Asthma Care Services](#).
  - In the [Telehealth](#) section, we changed "telemedicine" to "telehealth" in response to legislative changes.

- We removed store-and-forward, originating site, and two-way interactive video consultation in an Emergency Room (ER).
- We updated the [Billing for Telehealth](#) section.
- We added a section for the new MHCP coverage policy for [Transitional Care Management Services](#).
- We added links to the statutes for Telehealth Services and Enhanced Asthma Care Services under [Legal References](#).

**March 14, 2022**

### **Dental Services**

- [Dental Services](#)
  - In the [Overview](#), we change "Provider Call Center" to the new name: "Provider Resource Center."
  - In the [Teledentistry Services](#) section, we added the link to the new [Telehealth Services](#) manual page for more information. We changed "telemedicine" to "telehealth" throughout per legislative change.
  - We revised the section for COVID-19 Testing and Vaccination to refer to the COVID-19 section of the provider manual. Refer to [COVID-19 Testing](#) and [Enrolled Dentists Ordering and Administering COVID-19 Testing](#). See [Dentists Ordering and Administering COVID-19 Vaccines](#).

**March 11, 2022**

### **Telehealth Services**

- [Telehealth Services](#) – We have created a new manual section for **Telehealth**. Legislative changes allow providers to continue to provide and bill for services via telemedicine, now renamed telehealth, beyond the public health emergency.

### **Dental Services**

- [Authorization Requirement Tables for Non-Pregnant Adults](#)
  - In the [Prophylaxis](#) section, we clarified the authorization requirements for the adult D1110 multiple prophylaxis. The D1110 multiple prophylaxis authorization can be requested for one member for three additional prophylaxis services in a calendar year and the request can be made for a two-year interval.
  - In order to request additional services, mail an [Authorization Request D1110 Multiple Prophylaxis \(DHS-7979\) \(PDF\)](#) along with an appropriate individualized treatment plan that meets the criteria for covering the additional prophylaxis service(s) or upload the authorization online via the [Kepro Atrezzo Portal](#).

**March 8, 2022**

### **Rehabilitation Services**

- [Rehabilitative Service Codes for Occupational Therapy, Physical Therapy and Speech-Language Pathology](#) – We added [five new therapy codes](#) 98975, 98976, 98977, 98980 and 98981 for physical, occupational and speech therapies, effective Jan. 1, 2022.

**March 4, 2022**

### **Provider Basics**

- [Health Care Programs and Services](#) – Under [Member ID Cards and Verification](#), we added an image of the back of the current member ID card.

### **Moving Home Minnesota (MHM)**

- [Moving Home Minnesota Supported Employment Services \(MHM SES\)](#) – This page was removed on 1/22/2022 as Supported Employment Services have been replaced by Employment Services in 2018.

**March 3, 2022**

### **Equipment and Supplies**

- [Equipment and Supplies](#) – Added Allergen-Reducing Products for Children under Covered Services

### **Chiropractic Services**

- [Chiropractic Services](#) – Under the [Eligible Providers](#) section, we revised the text in the second sentence to read: To enroll with MHCP and be eligible to provide, bill and be paid by Minnesota Health Care Programs (MHCP) for Chiropractic Services, providers must meet the requirements and submit the forms listed on the Chiropractor Enrollment Criteria and Forms webpage.

**March 2, 2022**

### **Equipment and Supplies**

- [Allergen-Reducing Products for Children](#) – Allergen-reducing products for children is a new MHCP benefit effective Jan. 1, 2022. Certain allergen-reducing products are available to children who have uncontrolled asthma (as defined in statute and within this policy).

### **Child and Teen Checkups (C&TC)**

- [Child and Teen Checkups \(C&TC\)](#) – Under Covered Services - Medical Screenings, we made the following changes under the [Screening for Autism Spectrum Disorder \(ASD\) in Toddlers](#) heading:
  - Updated recommendations in [referrals](#) section so it's clear that clinicians should not wait to recommend additional evaluation or early intervention.
  - Updated provider and resource paragraph to include CMDE providers.
  - Added additional translated resources and referral tool.

### **March 1, 2022**

#### **Essential Community Supports (ECS)**

- [Essential Community Supports \(ECS\)](#) – We revised the Essential Community Supports provider manual section to reflect current policy. We linked to the Community-Based Services Manual for information about [Eligible Members](#) and [Covered Services](#). We also deleted the Noncovered Services section as that is related to outdated transition group policy.

### **February 28, 2022**

#### **COVID-19**

- [Coronavirus \(COVID-19\)](#) – Under **Covered Services Changes and Modifications**, [COVID-19 Testing](#), we clarified the medical assistance coverage group for uninsured program name is TT.

### **February 25, 2022**

#### **Substance Use Disorder (SUD) Services**

- [Substance Use Disorder \(SUD\) Services](#)
  - Under [Eligible Members](#), we clarified the Direct Access and Rule 25 processes.
  - Under **Billing**, [Billable Units and Time Requirements](#), we updated residential program per diem codes and information.
  - Under **Billing**, [Third-Party Liability \(TPL\)](#), we clarified information about verifying and submitting TPL information.

### **February 23, 2022**

#### **Behavioral Health Home Services**

- [Behavioral Health Home Services](#) – Under [Noncovered Services](#), we added Moving Home Minnesota to the list of duplicative services.

### **February 22, 2022**

#### **COVID-19**

- [Coronavirus \(COVID-19\)](#)
  - Under **Eligible Provider**, [Providers Using Telehealth](#), we explained providers who want to provide and bill for services via telehealth audio-only beyond the public health emergency must submit Telehealth Provider Assurance Statement (DHS-6806) before June 1, 2022.
  - Under the **Covered Services Changes and Modifications** for [Telehealth](#), we removed the Temporary coverage of telemedicine visits for substance use disorder (SUD) and mental health providers webpage.
  - Under **Billing**, [Telehealth](#), we explained you bill for telehealth services under the Telephonic Telemedicine Provider Assurance Statement (DHS-6806A) through May 31, 2022.
  - Under [COVID-19 Testing](#) in the **Billing** section, we added service codes for enrolled dentists ordering and administering COVID-19 Testing.

### **February 15, 2022**

#### **Rehabilitation Services**

- [Audiology Services Procedure Codes](#) – We updated the CPT code descriptions for audiology services, effective Jan.1, 2022.

### **February 14, 2022**

#### **Immunizations and Vaccinations**

- [Immunization and Vaccine Benefits Codes for Children](#) – We updated influenza vaccinations for children

for 2021-2022.

## February 11, 2022

### COVID-19

- [Coronavirus \(COVID-19\)](#) – Under the Covered Services and Modifications heading for COVID-19 Testing, [Over-the-counter \(OTC\) COVID tests](#), we explained we will not reimburse members who purchase OTC tests.

## February 10, 2022

### Anesthesia Services

- [Anesthesia Services](#) – Under Billing, MHCP Anesthesia Payment Formulas, we increased rates for QY, QK, QK GC and QX to 20.73 in [2022 Anesthesia Rates](#) chart. Rate changes were effective January 1, 2022.

### HCBS Waiver Services

- [Billing for Waiver and Alternative Care \(AC\) Program](#)
  - We clarified the text in the [Submitting Claims](#) subsection.
  - In the [Billing Procedure Codes](#) section, we updated the text to bill for monthly procedure codes.
  - In [Waiver Services for an Individual in an Institutional Setting](#), we removed the 23-hour threshold.
  - We clarified the text in the [Waiver Services for an Individual in a Residential Setting](#) section, removing child foster care and supported living services.
  - We deleted the sections Absences from a Residential Setting for Elderly Waiver AC and (EW) and People enrolled in prepaid health plans (PPHPs).

## February 4, 2022

### Mental Health Services

- [Psychiatric Residential Treatment Facility \(PRTF\)](#) – Under [Services outside the Per Diem \(Arranged and Concurrent Services\)](#), we changed Certified Peer Services to Certified Family Peer Specialist as a PRTF covered concurrent service.

## February 3, 2022

### COVID-19

- [Coronavirus \(COVID-19\)](#)
  - Under [Covered Services Changes and Modifications](#), [COVID-19 Testing](#), we explained the TT program change is retroactive to 3/18/21 and may also receive access to vaccines and treatment related to COVID-19.
  - Under [Billing](#), [Vaccines](#), we changed the effective date for COVID-19 vaccine [CPT 91305](#) to 11/1/21 and the effective date for COVID-19 CPT administration codes [0051A-0054A](#) to 11/1/21.

### Child and Teen Checkups (C&TC)

- [Child and Teen Checkups \(C&TC\)](#) – Under Covered Services - Medical screenings, we added a [Vaccine Counseling](#) section to explain vaccine-only visits for children and youth under age 21 are covered.

## February 2, 2022

### Acupuncture Services

- [Acupuncture Services](#) – In the [Acupuncture Codes](#) table, we updated the acupuncture code descriptions, effective Jan. 1, 2022.

### Immunizations and Vaccinations

- [Immunizations and Vaccinations](#) – We updated information for [vaccine counseling](#): Effective Jan. 1, 2022, MHCP will cover vaccine counseling-only visits for COVID-19 and routine vaccines. Providers are encouraged to counsel for administration of vaccines, and any provider who is eligible to administer a vaccination may bill for the vaccine counseling session.

## February 1, 2022

### Chiropractic Services

[Chiropractic Services](#) – In the [Diagnosis Codes](#) tables, we updated code descriptions for Chiropractic Services, Evaluation and Management Services, and X-ray Codes, effective Jan. 1, 2022.

## January 28, 2022

### COVID-19

- [Coronavirus \(COVID-19\)](#)

- Under **COVID-19 Testing** under the **Covered Services Changes and Modifications** heading, we updated policy to allow 8 packages of [over-the-counter tests](#) to be dispensed per month and at one time. Additional tests require authorization.
- Under **COVID-19 Testing** under the **Billing** heading, we explained how to bill for [over-the-counter tests](#).
- Under **Vaccines** under the **Billing** heading, we added CPT vaccine code [91305](#) and CPT administration codes [0051A - 0054A](#) for children 12 years and older to the COVID-19 Vaccine and Administration Codes chart.

**January 27, 2022**

### **Anesthesia Services**

- [Anesthesia Services](#) – Under Billing, MHCP Anesthesia Payment Formulas, we added the [2022 Anesthesia Rates](#) chart.

**January 26, 2022**

### **Moving Home Minnesota (MHM)**

- [Home Minnesota Demonstration and Supplemental Services Table](#) – Removed the Supported Employment Benchmark service from table.

### **Immunizations and Vaccinations**

- [Immunization and Vaccine Benefits Codes for Adults](#) – We updated the seasonal influenza vaccine list for the 2021-2022 season. We removed code 90653 from the 2021-2022 Seasonal Flu Vaccines table and added it to the Vaccines and Toxoids for Adults table.

**January 25, 2022**

### **Rehabilitation Services**

- [Rehabilitation Services](#) – We changed "telemedicine" to "telehealth" wherever appropriate due to legislative changes.

**January 24, 2022**

### **Early Intensive Developmental and Behavioral Intervention (EIDBI)**

- [Early Intensive Developmental and Behavioral Intervention \(EIDBI\) Benefit](#) – Under [Service Authorization](#), Services that Do Not Require Authorization, we explained the Comprehensive Multi-Disciplinary Evaluation (CMDE) can be performed once per year without authorization, but the CMDE is only required once every three years.

**January 19, 2022**

### **Early Intensive Developmental and Behavioral Intervention (EIDBI)**

- [Early Intensive Developmental and Behavioral Intervention \(EIDBI\) Managed Care Organization \(MCO\) Contact Information Grid](#) – We added contact information for United Healthcare as a managed care organization contracted with Minnesota Department of Human Services.

**January 14, 2022**

### **Dental Services**

- [Dental Benefits for Children and Pregnant Women](#)
  - We added the following procedure codes to the [Periodontics](#) table:
    - D4322
    - D4323
    - D4910
  - In [CDT Codes D4341 and 4342](#), under **Service Limits**, we added the effective date of July 1, 2021, for children and clarified that pregnant women are always eligible for this benefit.
  - In **Service Limits** for [CDT Code D4910](#), we clarified the text to read: "Once every 91 days for 730 days following the completion of D4341 or D4342."
  - We deleted the procedure codes D8050 and D8060. These codes are obsolete for 2022.
- [Dental Benefits for Non-Pregnant Adults](#)
  - In the [Endodontics](#) table, we added CDT Code D3911.
  - In the [Periodontics](#) table, we added CDT codes D4910, D4322 and D4323.
  - For [CDT Codes D4341 and D4342](#) under **Service Limits**, We added the effective July 1, 2021.
  - We updated the name for the MHCP Provider Call Center to the **MHCP Provider Resource Center**.

### **Transportation Services**

- **State-Administered NEMT**
  - Starting on July 1, 2021, all state-administered nonemergency medical transportation (NEMT) drivers must now be enrolled with Minnesota Health Care Programs (MHCP) and be affiliated with the transportation provider organization.
  - Publicly operated transit systems, volunteers, not-for-hire vehicles and ambulance services are exempt from this enrollment requirements and do not need to enroll.
  - See [Transportation Enrollment Criteria and Forms](#) in the [Enroll with MHCP](#) section of the MHCP Provider Manual for how to enroll with MHCP.

## January 13, 2022 COVID-19

- **Coronavirus (COVID-19)**
  - Under [COVID-19 testing](#), MHCP-enrolled dentists can now order and administer COVID-19 testing and be reimbursed. MHCP will only reimburse dentists enrolled with CLIA for administering COVID-19 tests. The CDT code is listed for billing.
  - Under [COVID-19 Vaccines](#), we added "Members in most MHCP major programs, including the MN Family Planning Program (MFPP), are eligible for COVID-19 vaccines.
  - Under [COVID-19 Vaccine Billing Instructions](#), The American Dental Association has approved the CDT codes for dentists to use for claims for administering COVID-19 vaccines. CDT codes are listed for billing.
  - In the [Legal References](#) section, we added a citation for the Public Readiness and Emergency Preparedness (PREP) Act.

## January 11, 2022 Provider Basics

- **Authorization**
  - We added information about review timelines throughout.
  - We also added information about requesting a medical review when Third Party Liability (TPL) is present and there is concern that TPL will end before treatment is completed.
  - We updated [Kepto's new mailing address](#).

## January 10, 2022 Clinic Services

- **Federally Qualified Health Center and Rural Health Clinics** – We corrected the link under [Electronic Claim Attachments](#) for "Managed Care Organization (MCO) contracts - FQHC/RHC Carve out Process."

## January 7, 2022 Provider Basics

### Billing Policy (Overview)

- **Billing the Member (Recipient)** – We updated member copay for 2022.

## January 6, 2022

### Early Intensive Developmental and Behavioral Intervention (EIDBI)

- **Early Intensive Developmental and Behavioral Intervention (EIDBI) Managed Care Organization (MCO) Contact Information Grid** – We have updated contact information throughout this grid.

### Equipment and Supplies

- **Incontinence Products** – Under [Billing and Documentation](#), we updated billing policy for T4535. Bill T4535 using modifiers NU and U1 for products designed for light incontinence, modifiers NU and U2 for products designed for moderate incontinence, and NU and U3 for products designed for heavy incontinence. U modifiers are shown on the [MHCP Incontinence Products List](#). NU was added to the U modifiers to pay correctly off of our rate file.

### Transportation Services

- **Local County or Tribal Agency Nonemergency Medical Transportation (NEMT) Services Claim, Service and Rate Information** – In the [Personal and Volunteer Driver Mileage](#) table, we updated 2022 IRS Mileage reimbursement rates. Rates have been increased to \$0.58 per mile for codes A0090 UC Modifier for Licensed Foster Parent and A0080 Volunteer Driver.

## January 5, 2022

### Mental Health Services

- **Partial Hospitalization Program** – Under [Covered Services](#) and [Noncovered Services](#), we updated

Medicare standard information.

- [Psychotherapy](#) – We added a [Noncovered Services](#) section to explain conversion therapy is not a covered service under MHCP.

### January 4, 2022

#### Provider Basics

#### Provider Requirements

#### Enroll with MHCP

- [Transportation Enrollment Criteria and Forms](#) was edited to make the enrollment process clearer for both transportation organizations and individual drivers. Under [How to Enroll](#), we created enrollment process sections for transportation organizations and NEMT drivers.

### January 3, 2022

#### Reproductive Health/OB-GYN

- [Minnesota Family Planning Program \(MFPP\) Procedure Codes](#) – We added the [code J7295](#) and description (Ethinyl estradiol and etonogestrel) to the list of approved codes for the Minnesota Family Planning Program.

### January 1, 2021

#### Equipment and Supplies

- [Equipment and Supplies](#)
  - Under [Authorization Requirements](#), we added authorization criteria for requesting any DME or supply that is not on an approved list.
  - Updated wording and clarified policy that is in statue but was not always in policy.
- [Diabetic Equipment & Supplies](#) – We removed therapeutic continuous glucose monitors (K0553 and K0554) from under the Continuous Blood Glucose Monitoring heading under [Covered Services](#). Beginning Jan. 1, 2022, K0553 and K0554 will no longer be billable as a durable medical equipment benefit and must be billed to pharmacy.
- [Nutritional Products and Related Supplies](#) – Under [Enteral Nutrition Coverage Criteria](#): We updated coverage criteria and added new examples. We also removed the requirement for evidence that WIC will not cover for members under age 1. Other wording throughout was revised for clarity.
- [Urological and Bowel Supplies](#) – We updated this manual section to reflect that code A9900 will no longer be covered beginning Jan. 1, 2022. Please use code A4453 to bill accessory units instead.

## Previous Revisions

[2021 Manual Revisions](#)

[2020 Manual 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](#)