

# Official Notices

Pursuant to *Minnesota Statutes* §§ 14.101, an agency must first solicit comments from the public on the subject matter of a possible rulemaking proposal under active consideration within the agency by publishing a notice in the *State Register* at least 60 days before publication of a notice to adopt or a notice of hearing, and within 60 days of the effective date of any new statutory grant of required rulemaking.

The *State Register* also publishes other official notices of state agencies and non-state agencies, including notices of meetings and matters of public interest.

## Minnesota Department of Health (MDH)

### Division of Health Policy

#### **Notice of Adoption of Revised Rules: Minnesota Uniform Companion Guide for the Implementation of the ASC X12N/005010X222A1 Health Care Claim: Professional (837), version 16.0; and, Minnesota Uniform Companion Guide for the Implementation of the ASC X12N/005010X223A2 Health Care Claim: Institutional (837), version 16.0**

**NOTICE IS HEREBY GIVEN** that the Minnesota Department of Health (MDH) has adopted into rule version 16.0 of the Minnesota Uniform Companion Guides (MUCGs) for the implementation of the following ASC X12N transactions:

ASC X12N/005010X222A1 Health Care Claim: Professional (837); and  
ASC X12N/005010X223A2 Health Care Claim: Institutional (837).

For brevity and ease of reference, the MUCGs for the two transactions above are hereinafter referred to as:

837 Professional MUCG (or 837P); and  
837 Institutional MUCG (or 837I).

**Description of the Rules.** Minnesota Statutes, section 62J.536, requires the Minnesota Commissioner of Health, in consultation with the Minnesota Administrative Uniformity Committee (AUC), to promulgate rules pursuant to section 62J.61 establishing and requiring group purchasers, clearinghouses, and health care providers to exchange specified health care administrative transactions electronically, using the applicable single, uniform companion guide adopted by the Commissioner of Health. Under section 62J.61, the Commissioner of Health is exempt from Minnesota Statutes, chapter 14, in implementing sections 62J.50 to 62J.54, subdivision 3, and 62J.56 to 62J.59.

Because the Commissioner of Health has determined that it is unduly cumbersome to publish the entire text of the rules, the Commissioner is publishing this notice adopting version 16.0 (v16.0) of the above referenced MUCGs. The v16.0 rules:

- describe the data, content, and other transaction-specific characteristics of the transactions listed above for use by entities subject to section 62J.536;
- supersede all previous versions and are effective 30 days after the publication of this notice of adoption in the *State Register*;
- are known as Minnesota Uniform Companion Guides (MUCGs) because they are to be used in conjunction with and as companions to all applicable Minnesota and federal regulations, including 45 CFR Parts 160, 162, and 164 (HIPAA Administrative Simplification, including adopted federal operating rules) and related ASC X12 and retail pharmacy specifications (X12 and NCPDP implementation specifications);
- supplement, but do not otherwise modify, the X12 and NCPDP implementation specifications in a manner that will make their implementation by users to be out of compliance; and
- must be appropriately incorporated by reference and/or the relevant transaction information must be displayed in any

# Official Notices

---

companion guides provided by entities subject to section 62J.536.

**Changes and Updates to Previously Adopted Rules.** MDH periodically reviews and revises the rules described above as needed with the assistance of the AUC, to ensure that the rules remain up-to-date, correct, and as clear and useful as possible. The versions of the above-referenced MUCGs most recently adopted into rule were published as version 14.0 (v14.0) and were posted at <https://www.health.state.mn.us/facilities/ehealth/auc/guides/index.html>. The Commissioner of Health, in consultation with the AUC and its Technical Advisory Groups (TAGs), determined that it was necessary to make revisions to the v14.0 rules to streamline, simplify, and reorganize them for easier use, as well as to ensure that the rules remained current, accurate, and clear.

Proposed revised versions of the rules were published as version 15.0 (v15.0) and were announced in the *State Register*, Volume 45, Number 4, published July 27, 2020. The *State Register* notice also announced the start of a 30-day public comment period regarding the proposed revisions that concluded on August 26, 2020.

## Public comments

MDH received over 100 nearly identical comments during the formal comment period regarding only one topic in one of the proposed revised MUCGs, the v15 837I. The topic addressed by the comments was narrowly focused on an entry in the v15 837I with information and instructions for coding to be used in billing for “licensed birth centers” described in *MS §144.615*.

In particular, the commenters expressed concerns regarding inclusion of the sentence “*There is no room and board charge for the mother and/or the baby.*” The sentence, which had not been modified from previous versions of the MUCG, was originally intended to help clarify that birth centers were outpatient rather than inpatient sites of care. However, commenters expressed concerns that the sentence had been, and was or would be, used for birth center coverage and reimbursement decisions, which was not the intent of the MUCG.

Note: The intent of the MUCG is to provide clarification regarding “technical” data content and format specifications, to facilitate the electronic exchange of health care billing and other routine health care business transactions. The MUCG are not intended for coverage, reimbursement, and payment decisions. As stated in the v16 837I MUCG, section 1.2, “*Compliance with a companion guide rule adopted pursuant to MS §62J.536 does not mean that a health care claim will be paid, nor does it imply payment policies of payers, or the benefits that have been purchased by the employer or subscriber.*”

MDH consulted with the AUC for any relevant perspectives and recommendations regarding the comments. After receiving and reviewing the AUC’s recommendations, MDH is adopting revisions to the Birth Center entry in the v16 837I MUCG that were not proposed in v15. In particular, MDH is deleting the sentence “*There is no room and board charge for the mother and/or the baby.*” as unclear and no longer serving its original intended purpose. It is replacing the sentence with a prominently-placed, simpler, more direct statement that “*Birth centers provide outpatient services.*” In addition, following consultation with the AUC, MDH is adopting additional changes to the Birth Center entry to further simplify, streamline, and clarify it. In particular, MDH is adopting changes to:

- clarify that the Type of Bill to be used when billing for Birth Center services (084x) is designated as “outpatient” by the National Uniform Billing Committee;
- delete a reference to “ancillary services” because it was confusing and unclear; and
- make other minor wording and formatting changes to streamline the entry and make it consistent with others in the MUCG.

After reviewing all relevant information, comments, and recommendations, MDH is adopting the v16.0 MUCGs referenced above with all the revisions proposed in the v15.0 MUCG, as summarized below, as well as additional revisions to the v15 837I entry for Birth Centers briefly summarized immediately above. In addition, MDH is updating footers, adopting minor formatting and grammatical changes, and correcting broken website links in both v16.0 MUCGs that were not proposed in v15.0. These additional revisions are adopted to improve the readability and usability of both

MUCG.

Per Minnesota Statutes, section 62J.61, the v16.0 MUCG referenced above becomes effective 30 days following the publication of this announcement in the *State Register*. At that time, the v16.0 MUCG referenced above will supersede previous versions and will become the versions in effect.

### **Modifications.**

The primary goals of the revisions proposed in the v15 837P and 837I MUCG included:

- streamlining, simplifying, and modernizing the MUCG for current and future audiences and end-users;
- assuring greater consistency across all MUCGs required pursuant to Minnesota Statutes, section 62J.536, with similar organization and uniform information and instructions where applicable throughout;
- assuring that the MUCG met MDH requirements that material published on MDH websites is accessible to those with visual, cognitive, and other impairments; and
- assuring that the MUCGs were as accurate and useful for end-users as possible.

The changes above were required at least in part because some sections of the v14 837P and 837I MUCG included content, references, organization, and formatting that had been unchanged for nearly a decade. It was important to delete, replace, revise, supplement, and/or reorganize information and instructions that had become extraneous or out of date to make the documents more relevant, clear, and useful.

At the same time, it was important to update the look and usability of the 837P and 837I MUCGs to match the expectations of users who were increasingly accessing information via websites and links to webpages. These changes also make the MUCG easier to maintain and to revise in the future, while also contributing to greater consistency across all MUCG and in meeting accessibility requirements for information posted on MDH webpages. As described below, the most substantive revisions are in the significant reduction and reorganization of the opening “front matter” introductory material at the start of the MUCG, as well as a major reorganization and streamlining of a part of the v14 837P and 837I MUCG known as “*Appendix A: Medical Code Set -- Supplemental Information for Minnesota Uniform Companion Guides.*”

**The following changes are adopted in both of the above referenced version 16.0 MUCGs as proposed in version 15.0:**

The title page and introductory front matter of the 837P and 837I MUCG have been shortened and simplified as noted below. This ensures greater consistency with other MUCG, most notably with similar revisions in the most recent version of the MUCG for the *Implementation of the X12/005010X221A1 Health Care Claim Payment Advice (835)* that was adopted into rule in August 2019 (posted at <https://www.health.state.mn.us/facilities/ehealth/auc/guides/docs/cg835.pdf>).

The front matter in the v14 837P and 837I MUCGs included 20 sections/sub-sections. In the v16 being adopted, the front matter has been reorganized and condensed to 11 sections, with the following key changes:

The first three sections in v14 (“1. Overview,” “2. Purpose of this document and its relationship with other applicable regulations,” and “3. How to use this document”) have been reorganized and shortened into 2 sections in v16 (“1. Introduction and Overview” and “2. Transactions specific instructions and information to be used with the 005010X223A2”).

As part of this reorganization of the introductory front matter:

- Summary information in the title page in v14 was moved to a new section 1.3 in v16.
- Sections 1-1.2.1 in v14 contained lengthy verbatim excerpts of relevant statutes. We replaced them with a single, much shorter section 1.2 in v16, and replaced the statutory excerpts with links to the

# Official Notices

---

statutes.

- For brevity, we removed a lengthy document revision history in v14 (section 1.6.2) from v16. The revision history will now be available as a separate stand-alone document on the AUC website.
- For brevity and because the information is now generally familiar, we removed sections “1.4 About the Minnesota Administrative Uniformity Committee,” “1.3 About the Minnesota Department of Health,” and “3.1 Classification and display of Minnesota-specific requirements” from v16.

As a result of the actions above, section 4 in v14 regarding “Transaction Specific Information” is now section 3 in v16. In addition, we edited the entries in the table in v16, section 3 to take into account the reorganizations described above.

We made significant revisions, and a major shift in purpose, to the v14 “*Appendix A: Medical Code Set -- Supplemental Information for Minnesota Uniform Companion Guides*” in the v16 873P and 837I MUCGs. This new direction is due to the fact that Appendix A was originally developed to help end users identify and become better informed regarding certain medical coding instructions and requirements specific to the federal Medicare program, as well as alternative coding that might be required or preferred in situations where Medicare did not apply.

However, in recent years, the purpose of Appendix A has shifted to what is now described in v16 as addressing “needs, priorities, and improvement opportunities identified by the AUC and the broader health care community.” This shift in approach has also resulted in changes in the selection, description, organization, and presentation of Appendix A content. Given these significant changes, we renamed the v16 Appendix A to “*Appendix A: Code Set Supplemental Information for Minnesota Uniform Companion Guides*.”

While the specific medical coding content at Appendix A to the v16 837P and 837I MUCGs is not the same, we created a similar, common organization and presentation of the content in both MUCGs. In particular, in the Appendix A to both the v16 MUCGs we:

- Updated, edited, reorganized, and condensed the introductory front matter (Appendix A, sections A.1 – A.5.1 in v14) to make it simpler and easier to follow, as well as to highlight the revised purpose of the Appendix as described above in new sections A.1 – A.4 in v16.
- Organized the coding instructions into new key categories to make finding and using the instructions easier and more logical. In addition, we added, deleted, and/or edited coding instructions to ensure that the contents of the appendix are relevant and/or correct.
  - In particular, v14 included many coding notations to “Follow Medicare coding guidelines” or indicating that some information was “not applicable” to the MUCG. In v16, we largely deleted these notations as now being generally self-evident and no longer relevant to the current purpose of Appendix A.
  - We revised the approach used for providing coding instructions for services or programs related to or administered by the state’s Medicaid agency, the Minnesota Department of Human Services (DHS), in Appendix A. In the v14 MUCG, medical coding instructions specific to DHS programs and services were often provided in a narrative form in the MUCG document. However, DHS must sometimes rapidly revise its coding instructions or requirements due to recent state legislative action, federal requirements, or other factors. If this should occur, the narrative summary information published in the MUCGs may quickly become outdated, no longer accurate, and out of conformance with the DHS requirements.
  - In order to ensure that the coding instructions for DHS-related services and programs remains accurate and up to date, in v16 we replaced the narrative descriptions of the coding requirements with links to the relevant information on the DHS website. This change streamlines the presentation of information in the MUCGs, and also helps assure that the MUCGs remain current and in step with changes in DHS medical coding requirements as they occur.

Overall then, the effect of the revisions adopted for Appendix A summarized above is to substantially reduce the

number of entries that appeared in the v14 837P and 837I “*Table A.5.1 Minnesota Coding Specifications: When to use codes different from Medicare*” as well as to reorganize them into key categories. In addition, in some cases, the entries were edited or new entries were added to provide medical coding information of particular relevance to the AUC and the broader health care community.

Finally, we adopt several minor wording, formatting, and grammar-related changes in both the v16.0 837P and 837I MUCGs.

**The following changes were proposed for only the v15 837P MUCG and are adopted specific to the v16 837P MUCG:**

As described above, the coding instruction entries that appeared in v14 Appendix A “*Table A.5.1 Minnesota Coding Specifications: When to use codes different from Medicare*” have been replaced in v16 by a more limited set of entries in a greatly modified Appendix A, organized according to the following sections and categories/topics:

- A.4.1., Claim type;
- A.4.2., Modifier 50 and bilateral procedures;
- A.4.3., Services referencing Minnesota Department of Human Services (Medicaid) statutes and/or codes;
- 
- A.4.4., Miscellaneous;
- A.4.5, Substance Abuse Services; and
- A.4.6 Maternal and Child Health Billing Guide for Public Health Agencies.

We removed the coding instruction entries below that appeared in the v14 837P “*Table A.5.1 Minnesota Coding Specifications: When to use codes different from Medicare*” for the reasons briefly cited above, and did not include them in v16 837P Appendix sections A.4.1 – A.4.6 referenced immediately above.

We deleted the following v14 coding instruction entries from the v16 837P Appendix A:

Entries on Page 27 of v14 that were deleted:

- General Billing Requirements
- Admission and Registration Requirements
- Inpatient Hospital Billing
- Inpatient Part A Billing and SNF Consolidated Billing
- SNF Part B (Including Inpatient Part B and Outpatient Fee Schedule)
- Outpatient ESRD Hospital, Independent Facility and Physician/Supplier Claims

Entries on Page 28 of v14 that were deleted:

- Processing Hospice Claims
- Physicians/Nonphysician Practitioners (Allergy, clinical immunology)

Entries on Page 31 of v14 that were deleted:

- Physicians/Nonphysician Practitioners (Patient not in exam room)

Entries on Page 35 of v14 that were deleted:

- Drugs and Biologicals
- Preventive and screening services

# Official Notices

---

Entries on Page 38 of v14 that were deleted:

- Medicare Summary Notices
- Remittance Advice
- Fee Schedule Administration and Coding Requirements
- General EDI and EDI Support Requirements, Electronic Claims and Coordination of Benefits Requirements, Mandatory Electronic Filing of Medicare Claims
- Completing and Processing the Form CMS-1450 Data Set
- Completing and Processing Form CMS-1500 Data Set
- Contractor Instructions for CWF
- Coordination with Medigap, Medicaid, and other Complementary Insurers
- Appeals of Claims Decisions
- Financial Liability Protections
- ANSI X12N Formats Other than Claims or Remittance

Entries on Page 39 of v14 that were deleted:

- Billing Requirements for Special Services
- Miscellaneous Hold Harmless Provisions
- Reopening and Revision of Claim Determinations and Decisions
- Independent Diagnostic Testing Facility (IDTF)
- Competitive Bidding
- Department of Veteran Affairs (VA) Claims Adjudication Services Project
- Emergency Preparedness Fee for Service Guidelines

We added a new entry for “*Community Emergency Medical Technician (CEMT) Services*” in Appendix A, Section “*A.4.3 Services referencing Minnesota Department of Human Services (Medicaid) statutes and/or codes.*”

We replaced the word “should” with “must” in several entries in sections A.4.1 – A.4.4.

We also created a lengthier, modified set of coding instructions for the “*Vaccine Administration*” entry that now appears in Section “*A.4.4 Miscellaneous*” in the v16 837P for greater clarity and relevance.

**The following changes were proposed for only the v15 837I MUCG and are adopted specific to the v16 837I MUCG:**

As described above, the coding instruction entries that appeared in v14 Appendix A “*Table A.5.1 Minnesota Coding Specifications: When to use codes different from Medicare*” have been replaced in v16 by a more limited set of entries in a greatly modified Appendix A, organized according to the following sections and categories/topics:

- A.4.1., Claim type;
- A.4.2., Services referencing Minnesota Department of Human Services (Medicaid) statutes and/or codes;
- A.4.3., Miscellaneous; and
- A.4.4 Substance Abuse Services.

We removed the coding instruction entries below that appeared in the v14 837I “*Table A.5.1 Minnesota Coding Specifications: When to use codes different from Medicare*” for the reasons briefly cited above, and did not include them in the v16 837I Appendix sections A.4.1 – A.4.4 referenced immediately above.

In summary, we deleted the following v14 coding instruction entries from the v15 837I Appendix A:

Entries on Page 25 of v14 that were deleted:

- General Billing Requirements
- Admission and Registration Requirements
- Inpatient Hospital Billing

Entries on Page 28 of v14 that were deleted:

- Inpatient Part A Billing and SNF Consolidated Billing
- SNF Part B (Including Inpatient Part B and Outpatient Fee Schedule)
- Outpatient ESRD Hospital, Independent Facility and Physician/Supplier Claims

Entries on Page 30 of v14 that were deleted:

- Processing Hospice Claims
- Physicians/Nonphysician Practitioners
- Ambulance

Entries on Page 31 of v14 that were deleted:

- Drugs and Biologicals
- Preventive and screening services (Preventive services and coding as defined by Medicare)
- Preventive and screening services (Colonoscopy)

Entries on Page 32 of v14 that were deleted:

- Indian Health Services
- Medicare Summary Notices
- Remittance Advice
- Fee Schedule Administration and Coding Requirements
- General EDI and EDI Support Requirements, Electronic Claims and Coordination of Benefits Requirements, Mandatory Electronic Filing of Medicare Claims

Entries on Page 33 of v14 that were deleted:

- Completing and Processing the Form CMS-1450 Data Set
- Completing and Processing Form CMS-1500 Data Set
- Contractor Instructions for CWF
- Coordination with Medigap, Medicaid, and other Complementary Insurers
- Appeals of Claims Decisions
- Financial Liability Protections
- ANSI X12N Formats Other than Claims or Remittance
- Billing Requirements for Special Services
- Miscellaneous Hold Harmless Provisions

Entries on Page 34 of v14 that were deleted:

- Reopening and Revision of Claim Determinations and Decisions
- Independent Diagnostic Testing Facility (IDTF)
- Competitive Bidding
- Department of Veteran Affairs (VA) Claims Adjudication Services Project
- Emergency Preparedness Fee for Service Guidelines

We replaced the word “should” with “must” in several entries in sections A.4.1 – A.4.3.

We also included a lengthier, modified set of coding instructions for the “*Vaccine Administration*” entry that now

# Official Notices

---

appears in Section “A.4.3 Miscellaneous” in the v16 837I for greater clarity and relevance.

The v14 837I MUCG “Appendix D: Required Reporting of National Drug Codes (NDC)” was a copy of the same appendix from the v14 837P MUCG. We revised the v15 837I Appendix D, “Section D.1.2.1 Data Requirements” and “D.1.2.2 Example 1” with changes to the example so that it pertains to reporting NDC for outpatient claims, which is more germane to the 837I Appendix D.

**The following changes were not proposed in the v15 837I MUCG and are adopted specific to the v16 837I MUCG:**

As noted briefly above, the following revisions were made to the Licensed Birth Centers entry in the v16 837I MUCG that were not proposed in v15:

- The first sentence, “Medicare publishes limited billing information for free-standing birthing centers.” was removed as no longer useful or relevant to the v16 Appendix A.
- The definition of “birth centers” was edited slightly to emphasize that the definition used was from state law.
- The sentence “Birth centers provide outpatient services.” was added for clarity and emphasis.
- The following statements were deleted as unclear, confusing, and no longer useful:
  - Ancillary services and/or items relating to delivery or labor 0724 are included under this revenue code and should not be reported separately.
  - There is no room and board charge for the mother and/or the baby.

Other minor wording and formatting changes, including several changes of the word “birthing” to “birth,” were made throughout the entry for greater clarity and readability.

**The following changes were not proposed in either the v15 837I or the 837P MUCGs and are adopted in both the v16 837I and 837P MUCGs:**

Both the v16 837I and 837P MUCGs were reviewed by X12 prior to granting MDH permission to reproduce X12 copyrighted materials in the v16 documents. At X12’s request, minor modifications were made to language in section 1.4 of the v15 837I and 837P MUCGs to update instructions for obtaining information regarding licensing of X12 work. In addition, a placeholder notation and brackets around a statement that appeared in v15, section 1.4, that MDH had received permission to reproduce X12 copyright material were removed, and the language slightly modified, to clarify that the permission had been received.

Other minor grammatical and formatting changes were also made throughout in readying the v16 MUCGs for publication and adoption.

Dated: March 17, 2021

Jan K. Malcolm  
Commissioner  
P.O. Box 64975  
St. Paul, MN 55164-0975