

# 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.

## **Emergency Medical Services Regulatory Board (EMSRB) Notice of Completed Application In the Matter of the License Application of Gaylord Ambulance Service**

**PLEASE TAKE NOTICE** that the Emergency Medical Services Regulatory Board (hereinafter EMSRB) has received a completed application from **Gaylord Ambulance Service, Gaylord, Minnesota**, for a new license to provide Part-Time Advanced Life Support.

**NOTICE IS HEREBY GIVEN** that, pursuant to Minn. Stat 144E.11, subd. 3, each municipality, county, community health board, governing body of a regional emergency medical services system, ambulance service and other person wishing to make recommendations concerning the disposition of the application, shall make written recommendations or comments opposing the application to the EMSRB **within 30 days or by August 27, 2020, 4:30 p.m.**

Written recommendations or comments opposing the application should be sent to: Tony Spector, Executive Director, EMSRB, 2829 University Avenue S.E., Suite 310, Minneapolis, Minnesota 55414-3222. If no more than five comments opposing the application are received during the comment period, and the EMSRB approves the application, the applicant will be exempt from a contested case hearing, pursuant to Minn. Stat. 144E.11, subd 4(a). If more than five comments in opposition to the application are received during the comment period, or the EMSRB denies the application, the applicant may immediately request a contested case hearing, or may try to resolve the objections of the public and/or the EMSRB within 30 days, pursuant to Minn. Stat. 144E.11, subd. 5(a)(b). If the applicant is unable to resolve the objections within 30 days, or if the applicant initially requests a contested case hearing, one will be scheduled and notice of the hearing given pursuant to Minn. Stat. 144E.11, subd. 5(c)-(e).

Date: July 20, 2020

Tony Spector, Executive Director

## **Minnesota Department of Health (MDH)**

### **Division of Health Policy**

### **Notice of Proposed Revised Rules: Minnesota Uniform Companion Guide for the Implementation of the ASC X12/005010X222A1 Health Care Claim: Professional (837), version 15.0; and Minnesota Uniform Companion Guide for the Implementation of the ASC X12/005010X223A2 Health Care Claim: Institutional (837) Version, version 15.0**

**NOTICE IS HEREBY GIVEN** that the Minnesota Department of Health (MDH) is seeking information or opinions from outside sources regarding proposed revised versions (version 15.0) of the Minnesota Uniform Companion Guides (MUCG) for the implementation of the following ASC X12N transactions:

ASC X12/005010X222A1 Health Care Claim: Professional (837); and  
ASC X12/005010X223A2 Health Care Claim: Institutional (837).

For brevity, the proposed revised MUCG for the implementation of the ASC X12/005010X222A1 Health Care

# Official Notices

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Claim: Professional (837) transaction is hereinafter referred to as “v15 837P” or “v15 837P MUCG.” Similarly, the MUCG for the implementation of the ASC X12/005010X223A2 Health Care Claim: Institutional (837) transaction is hereinafter referred to as the “v15 837I” or “v15 837I MUCG.”

**Contact Person.** MDH requests that information and opinions concerning the applicability and functionality of proposed revisions be submitted to Susie Blake as described below. Interested persons or groups may submit data or views in writing, to be received no later than 4:00 p.m. August 26, 2020. Electronic submissions should be sent in Word format. Written statements should be addressed to Susie Blake, Minnesota Department of Health, P.O. Box 64882, St. Paul, MN 55164-0822, or submitted via e-mail at: [health.asaguides@state.mn.us](mailto:health.asaguides@state.mn.us) or faxed to: (651) 201-3830. E-mail is preferred.

**Public Review Process.** MDH will provide free copies of the proposed v15 837P and 837I MUCG in paper or electronic PDF format, to persons and organizations interested in reviewing them. The proposed v15 MUCG will be available for viewing and downloading at the MDH Health Care Administrative Simplification webpage at <https://www.health.state.mn.us/facilities/ehealth/asa/index.html>. Comments and suggestions for improvements of the proposed rule will be accepted at the above address until 4:00 p.m. August 26, 2020.

After the Commissioner of Health has considered all comments received, the Commissioner will publish a notice of adoption of the above referenced MUCG, as well as any possible additional revisions, as rules in the State Register. The adopted versions will be known as version 16.0 and will supersede any previous versions. The version 16.0 rules will take effect 30 days subsequent to the notice of adoption.

**How to Obtain the Proposed Changes to Minnesota Uniform Companion Guides.** Free copies of the proposed version 15.0 rules as described above are available for viewing or downloading on the World Wide Web at: <https://www.health.state.mn.us/facilities/ehealth/asa/index.html>.

**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 Minnesota Statutes, section 62J.61, the Commissioner of Health is exempt from chapter 14, including section 14.386, in implementing sections 62J.50 to 62J.54, subdivision 3, and 62J.56 to 62J.59.

The v15 MUCG referenced above are proposed by the Commissioner of Health and were developed in consultation with the Minnesota Administrative Uniformity Committee (AUC) and its Claims DD and Medical Code Technical Advisory Groups (TAGs).

**Changes and Updates to Previously Adopted Rules.** The Commissioner of Health, in consultation with the AUC and its Technical Advisory Groups (TAGs), determined that it is necessary to make revisions to the previous versions of the 837P and 837I MUCG that were most recently adopted into rule and that remain in force as of the publication date of this notice. The previously adopted MUCG that are currently in force were published as “version 14.0” and are available at: <https://www.health.state.mn.us/facilities/ehealth/asa/rules.html>. The proposed new versions of the rules are “version 15.0” and will be available at: <https://www.health.state.mn.us/facilities/ehealth/asa/index.html>.

Pursuant to Minnesota Statutes, section 62J.61, because the Commissioner of Health has determined that it is unduly cumbersome to publish the entire text of the proposed rule revisions, the Commissioner is publishing this notice of the proposed revisions to the adopted rules now in force.

The proposed version 15.0 rules describe the standard data content and other characteristics of the 837P and 837I transactions noted above, for use by entities subject to Minnesota Statutes, section 62J.536.

When the proposed rules are adopted, they:

Are to be used in conjunction with all applicable Minnesota and federal regulations, including 45 CFR Parts

160, 162, and 164 (HIPAA Administrative Simplification, including adopted federal operating rules) and related X12N and retail pharmacy specifications (X12N and National Council of Prescription Drug Plans (NCPDP) implementation specifications);

Supplement, but do not otherwise modify, the ASC X12N 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 companion guides provided by entities subject to Minnesota Statutes, section 62J.536. In particular, the applicable information in the adopted rules must be appropriately incorporated by reference and/or displayed so as to satisfy requirements of the *Code of Federal Regulations* 45 § 162.1203 and § 162.1603 for companion guide compliance with the “CORE v5010 Master Companion Guide Template.”

## **Modifications.**

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

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

The changes above were required at least in part because some of the v14 837P and 837I MUCG documents currently in force 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 MUCG 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 proposed in both of the above referenced version 15.0 MUCG:**

We are proposing that the title page and introductory front matter of both the current 837P and 837I MUCG be reduced and simplified to be consistent 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>).

In the v14 837P and 837I MUCG currently in force, the front matter included 20 sections/sub-sections. In v15, we propose editing and condensing this material to 11 sections, with the following key changes:

We propose editing, reorganizing, and condensing 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”) into 2 sections in v15 (“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:

# Official Notices

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We propose moving summary information in the title page in v14 to a new section 1.3 in v15.

Sections 1-1.2.1 in v14 contained lengthy verbatim excerpts of relevant statutes. We propose replacing them with a single, much shorter section 1.2 in v15, and replacing the verbatim statutory excerpts with links to the statutes.

For brevity, we propose removing a lengthy document revision history now in v14 (section 1.6.2) from v15, and instead making it available as a separate stand-alone document to be posted on the AUC website when the final version (v16) is adopted into rule.

For brevity and because the information is now generally familiar, we propose removing 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 v15.

As a result of the proposed actions above, the current v14, section 4 regarding “Transaction Specific Information” is now section 3 in v15. In addition, we have proposed edits to the entries in the table in v15, section 3 to take into account the reorganizations described above.

We are also proposing 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 v15 873P and 877I. 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 v15 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 are also proposing to rename the v15 Appendix A to “*Appendix A: Code Set Supplemental Information for Minnesota Uniform Companion Guides*.”

While the specific medical coding content of the revised v15 873P and 877I MUCG Appendix A is not the same, we do propose a similar, common organization and presentation of the content. In particular, in both the v15 MUCG revised Appendix A we propose:

Updating, editing, reorganizing, and condensing 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 v15.

Organizing the coding instructions into new key categories to make finding and using the instructions easier and more logical. In addition, we propose adding, deleting, or editing 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 v15, we propose largely deleting these notations as now being generally self-evident and no longer relevant to the current purpose of Appendix A.

We further propose revising 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 are 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 MUCG 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, we propose in v15 to replace the current 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 MUCG, and also helps assure that the MUCG remain current and in step with changes in DHS medical coding requirements as they occur.

Overall then, the effect of the proposed revisions to Appendix A summarized above is to substantially reduce the number of entries 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 propose several minor wording, formatting, and grammar-related changes in both the v15.0 837P and 837I MUCG.

**The following proposed changes are specific to the v15 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 v15 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 propose removing the coding instruction entries below that appear 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 not including them in the new v15 837P Appendix sections A.4.1 – A.4.6 referenced immediately above.

We propose deleting the following v14 coding instruction entries from the v15 837P Appendix A.

Entries now on Page 27 of v14:

- 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 now on Page 28 of v14:

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

Entries now on Page 31 of v14:

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

Entries now on Page 35 of v14:

- Drugs and Biologicals
- Preventive and screening services

# Official Notices

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Entries now on Page 38 of v14:

- 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 now on Page 39 of v14:

- 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 propose adding 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 propose replacing the word “should” with “must” in several entries in sections A.4.1 – A.4.4 in v15. We also propose a lengthier, modified set of coding instructions for the “*Vaccine Administration*” entry that now appears in Section “*A.4.4 Miscellaneous*” in the v15 837P.

**The following changes are specific to the proposed v15 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 v15 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 propose removing the coding instruction entries below that appear 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 not including them in the new v15 837I Appendix sections A.4.1 – A.4.4 referenced immediately above.

We propose deleting the following v14 coding instruction entries from the v15 837P Appendix A.

Entries now on Page 25 of v14:

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

Entries now on Page 28 of v14:

- 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 now on Page 30 of v14:

- Processing Hospice Claims
- Physicians/Nonphysician Practitioners
- Ambulance

Entries now on Page 31 of v14:

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

Entries now on Page 32 of v14:

- 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 now on Page 33 of v14:

- 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 now on Page 34 of v14:

- 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 propose replacing the word “should” with “must” in several entries in sections A.4.1 – A.4.3 in the v15 837I. We also propose a lengthier, modified set of coding instructions for the “*Vaccine Administration*” entry that now appears in Section “*A.4.3 Miscellaneous*” in the v15

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 propose revising 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.

Jan K. Malcolm  
Commissioner  
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St. Paul, MN 55164-0975