

**Coding Minutes**  
Public Act 101-0461 Working Group  
Development of a Coding Solution  
August 19, 2020  
2:00 PM- 3:00 PM

**Locations:**  
CALL-IN ONLY

**Call-in Information**  
Phone Number: 1-312-535-8110  
Access Code: 133 488 2341

**Welcome**

1. Kate Morthland welcomed members and guests to the Coding Working Group.
2. Morthland went over guidelines while moving forward on a technological platform.

**Introductions**

Morthland asked members and guests to introduce themselves.

**Members in Attendance:**

Aaron Winters  
Daniel Klopfenstein/ Kevin Smith  
Heather O'Donnell  
Patrick Phelan

**Guests in Attendance:**

Patrick Besler/ HCSC  
Laura Minzer/ Illinois Life and Health  
John Moody/ Quartz  
Kathy Steps/ Quartz  
Melissa/ Quartz  
Kristy Issac/ Health Alliance  
Linda Laugges/ Aetna  
Health Alliance  
Mark Fagan/ Thresholds  
Jay Shattuck

**Minutes**

Morthland referred to the minutes from the past meeting that was attached to the agenda.

Patrick Phelan motioned to approve the minutes.  
Arron Winters seconded to approve the minutes.  
The minutes were approved.

### **Discussion of Possible Solutions**

Morthland reminded the members of the next steps established from the previous meeting.

- Winters plans to continue looking at plan data to report back to the Working Group at the next meeting with possible codes.
- Heather is going to take Winter's suggested codes and take them back to the Meadows Institute for further interpretation.
- Morthland gave Winters the floor to present his findings/ recommendations.
- Winters presented his findings document to members and guests. Winters expressed that he was working with plans to see if there are potential codes to utilize. There isn't a current code that exists for this process.
- Carriers that don't have Medicaid product lines use AMA and CPT data sets with Modifiers. This adds to the complexity of finding the correct codes. It will be a significant challenge to find one code that meets the unique billing systems of many different carriers. However, industry can list codes that can operate within the framework, but there are always additional outliers. Meaning, there might be some plans who cannot bill within the codes suggested. Winters cannot survey each plan in operation in Illinois.
- Coding might also create contract issues between carriers and providers. The long-term goal is to get a new code as a standardized code. This is a less than ideal situation for both carriers and providers. There are a lot of unresolved issues that will come up in the contracting. It is hard to establish a one size fits all plan for coding.
- O'Donnell stated that the team is trying to find the best coding solution and this will be challenging. O'Donnell had some questions on the 99 codes. It sounds like some plans will want to use collaborative care codes, but these can only be billed once a month, and what can be billed for is very specific. How would we deal with that? Will that be left up to contracting? Are there descriptors?
- Winters explained that there are multiple ways to look at this. The three codes could be utilized as the amount of care. A modifier would distinguish each service to help with time. Winters will have to go back and get more information. It is hard to have a 100% accurate utilization of service. In contracting, we would have to address the flexibility.
- O'Donnell understood. O'Donnell shared Winter's suggestions with the internal team. If the intent is to recognize that the service does not fit under this code but to make it work until we can have a long game plan, that seems like a workable solution for now. There are concerns on how the codes will fit into definitions. O'Donnell explained that O'Donnell does not know about pricing, and asked if

pricing is what's based on collaborative care? O'Donnell wants to make sure these codes are recognized in practice. The carriers outside of the State operating in Illinois need to know this.

- Winters explained that his team has not really talked about reimbursement. A lot of the feedback has been mostly a practical standpoint. The age range of utilization services do not fit the descriptor. We need to have something that logistically works. Winters suggested another meeting in order to get the questions answered for O'Donnell.
- O'Donnell would like to take Winter's suggestions back and think about it. Another meeting would be helpful. It sounds like we must deal with this on a plan by plan basis. It would be nice to have a touch base further down the road to see how this is working in practice.
- Winters agreed. Winters was more than happy to have a touch base call.
- Patrick Phelan had the same questions for O'Donnell. With the unique modifier, different rates and billing can work out, but there are details that make this at times not the case. We will have to make agreements because we cannot have one size fits all. It would be nice to have a primary and secondary option for providers to use.
- Winters stated that they are recommending essentially two options with some random modifiers. Many carriers can operate within those two sets. However, he cannot speak for all carriers.
- Mark Fagan thanked Winters for the report. We are trying to get as close as possible, even if it is not exact. There is a good amount of language in the 99 codes by psychiatrists, knowing that these codes will be run by APNs, do you see potential flexibility in those as well?
- Winters agreed and explained these codes were recommendations under the bundled services, which we would infer that there are other services provided by others that this would meet the framework. It is Winter's intent that the recommendations/options for compliance are vehicles that work for many carriers, but not every option works for every carrier.
- Kathy representing Quartz asked if there is any work being done with the AMA on a national scale to assist in our work regarding coding solutions. Heather explained that the Working Group is currently looking for a temporary fix. As soon as we have a path forward for a temporary solution, we will work with the AMA to get a one size fits all coding solution.
- Kathy representing Quartz also asked where the code will be utilized; where the member resides or where the provider is based?
- Sara Stanberry from the Department of Insurance explained that if the plan is located in Illinois, they must follow Illinois codes.

## **Next Steps**

Morthland covered next steps:

- O'Donnell and Winters both agreed that one more meeting would be sufficient to finalize the codes. Both parties agreed that two to three weeks would be sufficient time to complete this work.

- Morthland explained that she will send out an availability poll to obtain dates/times that work for the members. The supplemental meeting will then be posted to the DOI Webpage.

**The Meeting adjourned at 2:40 P.M.**