**MALPH Billers Teleconference**

**Minutes for 4/10/2018**

**Follow Up**

**PCG Billing Issues**

* Admin forum is aware of this issue
* LHDs should continue reaching out to them with issues
* More incorrect bills and collection letters are being sent
* We should think about reaching out to the state lab to get a copy of the contract they have with PCG

**Aetna Better Health Denying 36416 and 83655 Denying as Not Covered**

* If you have examples please send them in Latina so they can look at specific claims

**MSA 17-21 Billing for Free or Reduced Price Care**

* We are waiting for clarification from Craig. The intention of this is not to prevent H&V billing for LHDs

**Meridian Lead Incentive**

* The incentive will remain on the 83655
* If you don’t do the labs in house you will not be able to get the incentive

**Meningococcal B (90620) – Denied by Meridian when other vaccines given on same date**

* Please send examples to Latina
* Northwest HD has been resolved

**Q3014 – Telehealth denied by MA and MA MC Plans – POS 71 not allowed**

**Blue Cross Complete & UPHP requiring prior auths for services that are supposed to be exempt**

* Latina needs specific examples to bring to the contract managers

**Proposed Policy 1802-NEMT: Does this apply to MIHP?**

* We will wait for clarification from policy

**MSA 18-05 MI Marketplace Option**

* We are waiting to see a list of plans
* Will CHAMPS have all of the information about their marketplace plan?
* Latina will reach out to Heather and answer some of the questions we have on this

**Volunteers for Facilitator and Minutes Taker**

* Please contact Katie (minutes) or Erin (facilitator) if you are interested in taking over

**Discussion/New Items**

**Accounting Seminar**

* Think about this, speak with your supervisors, and see if there is someone who would like to be the point person/organizer to get speakers and topics
* You can email the listserve or Erin to give your ideas

**Proposed Policy 1804-Lab**

* There will be some new lab reimbursement rates, but they have not been posted yet
* Erin contacted someone about that and was told they will be posted once they are finalized

**J1050 BCN Rejection**

* This was an issue with an NDC code and was fixed
* There was also an issue with units vs mls and is being worked on
* 00009062601 is the NDC that someone is being paid on and is using 150 ML
* Others just started getting rejected in March for NDCs that have worked in the past

**Biller Certification Poll**

* Erin attached the spreadsheet of responses to her email

**Immune Gloubulin Billing**

* 90281 CPT
* CMS showed units as 2 ML
* Dose goes by client’s weight
* You will put the actual amount of MLs that the client got
  + Put in the NDC/misc tab on the claim
  + The cost is based on how many MLs a client gets

**H1000 MIHP Being Denied by Meridian**

* Nobody spoke up about the H1000 denials
* If a client has a visit and imm on the same day use a 25 modifier on the visit
* Some getting denials for missing date of last period. Send a spreadsheet to the plan to get them fixed

**BCC – Blood Lead Denials**

* BCC denied blood leads because it is “not on the Medicaid fee schedule”
* You can try billing directly to the state for this if the managed care plans deny it

**Announcements**

**Next Meeting is Tuesday May 8th at 9am**