

**MALPH Billers Teleconference
Minutes for 1/9/2018**

Follow Up

PCG Billing Issues

- What is the contract between the state and PCG?
- This will be added to the admin forum this month
 - What is PCG's responsibility for this?
 - Chippewa was told that PCG does not participate with BCBS
- We will wait to see what happens at admin forum before we compile and send claims to the state

MIHP Billing to Health Plans

- Latina would like examples of this to be able to work with her health plan contacts
- Send an excel sheet with Erin so she can combine everything into 1 sheet and send to Latina (beneficiary, DOS, CPT, health plan)

Aetna Better Health Denying 36416 and 83655 Denying as Not Covered

- Lynn from Calhoun confirmed that this is still happening
 - She emailed a manager at Aetna yesterday and said the claims will be reprocessed
- What code is everyone using for lead?
 - An LDH was using Z13.88 but an auditor suggested Z77.011 as Z13.88 implies exposure
- Are others using a 59 modifier for blood leads done on the same day?
 - Nobody spoke up about using this modifier

Meridian Overpaying for 340B Drugs

- This is still happening for multiple LHDs
- Send this info Mary from Northwest in a spreadsheet with details (beneficiary ID, DOS, CPT, payor, your health department) (m.william@nwhealth.org)
- mcauseyl@michigan.gov – Latina's email

MSA 17-21 Billing for Free or Reduced Price Care

- This is still with admin forum and they are working with policy to get clarification on what this bulletin means

Volunteers for Facilitator and Minutes Taker

- Reach out to Katie or Erin if you are interested and/or if you have any questions

Discussion/New Items

Meridian Lead Incentive Payment

- They are only paying the incentive now for 0-24 mos and now the blood lead is being denied for over 24 mos as well
- The incentive changed the incentive from 36416 to 83655
- Erin will compile some information about this and will send it to Latina

Hearing Screen Denials

94250 – Smokerlyzer Billing

Announcements

Next Meeting is Tuesday January 9th at 9am

**MALPH Billers Teleconference
Minutes for 1/10/17**

Follow-Up

Invoice Issue for State Lab

- LHDs are putting the Medicaid information on the paperwork and are still getting invoiced from the state lab
- Send specific examples to Erin who will forward them to Nicole at the state

90472 Maximum

- Heather followed up and Molina is fixing their system to allow for a higher maximum to comply with FFS guidelines
- BCC, UNH, THC are also not paying the FFS max number

Vaccines for children w/ Private Insurance and a Health Plan

- slawinskih@michigan.gov
- Per Heather, health plans are required to pay for vaccine even if other insurance is primary
 - Send any denials to Heather
 - Heather sent out this policy on 12/21
 - Also check VFC manual for this information

MIHP Billing to Health Plans

- Heather sent out something to all the health plans to get answers
- MIHP providers are not required to
- BCC, UHC, UP, McLaren, Molina (working on their claims edit)
- Aetna will not reject the claim but wants to see it
- Priority says you have to report it
- Total “we are using standard billing codes”

Discussion/Presentation

Online Billing Training Courses

- There were no suggestions at the time of the meeting
- If you come across something that would be helpful, please send to the list

FP Clients w/ Medicare Primary and Medicaid Secondary

- If you are not contracted with Medicare you will not get payment from Medicaid

Immunization & 99211 on the Same Day

- Lori has an email out to the HMO who she is having an issue with
- Meridian is denying some even with the modifier

Vaccines for Child w/ Private and Medicaid – Can you bypass billing private?

- If you use VFC vaccine you need to bill the admin fee to Medicaid
- People get their claims kicked back when they bill to the health plans
 - Heather will research this to see why they are denying

Announcements

- The billing group will be looking for a new facilitator in 1 year

- Looking for a new day of the week for 2017 calls

**MALPH Billers Teleconference
Minutes for 1/20/2016**

***PLEASE REMEMBER MUTE YOUR PHONE DURING THE CALL UNLESS YOUR ARE SPEAKING TO
THE GROUP***

Follow Up

Craig/Medicaid – MIChild Fee for Service

- Immunizations – Craig got resolution regarding how this should be done
 - ~~When there is a primary carrier you can still use VFC as they are Medicaid eligible. You can then bill the primary carrier for the admin fee. You still need to bill it to Medicaid (if primary paid, you bill Medicaid \$0) so they know the service took place~~
- Note: MDHHS sent out a clarifying email on 1/28/16 and this email was shared with the billing group. The take away from the email is **“Providers cannot use VFC (free) vaccine and bill the administration fee to the primary insurance. CDC has clearly stated this is not acceptable.”**
- There is State run and Managed Care run MI Child

Special Billing – H/V

- MI Child is Medicaid, so you can bill Hearing & Vision claims for MI Child members

CHAMPS Shows HMO Coverage/Denials for not enrolled

- Please send examples of this to Craig
- There was one person with an issue of CHAMPS not showing coverage if you searched by name and DOB but it was showing if you searched by number
 - If you have examples of this send this to Craig or Micki
- It can take up to 90 days for a client’s coverage to show as active once they’ve applied
- Healthy Kids Expansion is medical coverage

Discussion

Pregnancy Test Dx Codes

- Z3202 and Z3201 (negative and positive pregnancy test)
- If you are billing for FP you need to use Z30 codes

Lactation Counseling/Breastfeeding Procedure Codes

- A higher level provider (MD or NP) needs to provide these services
- It can be billed by a nurse or social worker through MIHP, but they need to also be an IBCLC

Medicare & Family Planning

- Medicare doesn't pay condoms or depo, so it gets billed to Medicaid
 - Office visits and labs can get billed to Medicare
 - You can't bill for those if you are only a roster biller

Specific Billing Rejection Issues

- Client had to get all childhood vaccines after a transplant, all vaccines finally paid except 90698
 - The HMO is saying the 90698 fee is payable at \$0
 - Craig says this one will not pay as it is only payable up to 5 years old
 - Craig asked for the information to be sent to him, including documentation on cost, and Craig will see what he can do. It would be a manual adjustment.
- Billing Molina for test and draw for lead in Flint, Molina is not paying 36416
 - Craig will look in to 36416 to see if it is on the fee schedule or if it should be billed to straight Medicaid
- Issues with the O series of codes (high risk pregnancy) paying for MIHP
 - Craig believes there may be an issue with having other insurance
 - Send him an example if you are having this issue
- "Cap amount remaining" showing on CHAMPS eligibility, what does that mean?
 - That is the cost sharing amount. This is an amount that the member has to pay.

Are people finding value in the Sept conference now that we have the billing call?
Email Alicia your thoughts on the annual conference

Announcements

Next Meeting is February 17th at 9am

**MALPH Billers Teleconference
Minutes for 2/14/17**

Follow-Up

Invoice Issue for State Lab

- If you are still having issues, please send examples to Erin
- There is a health department that is getting an invoice for clients' copays/coinsurance
- 2 HD's are getting billed for clients' deductibles

90472 Maximum

- The maximum should be 9
- Heather is working with Molina
- BCC, Total, and United Health are also having issues
- Margie from Monroe sent Heather an issue with Aetna, Deb will touch base with Heather to follow up
- Send issues to Heather

Vaccines for children w/ Private Insurance and a Health Plan

- The health plans are required to pay for the admin fee for VFC vaccine even if they have private insurance
- Examples have been sent to Heather
- BCC, Meridian, and Total are not paying

MIHP Billing to Health Plans

- United Health has paid
- Denials from Meridian & McLaren, Erin just got these yesterday though, so has not had a chance to call about
- Box 31 – LHD or Medical Director?
 - Type 2 (LHD)
- Health Plans are denying saying it is not a covered benefit
 - It seems like plans are aware and are fixing the issue

Discussion/Presentation

2017 MALHP Accounting & Billing Seminar – 9/14 & 9/15

- Admin forum is looking for someone from the billing group to help coordinate ideas/presentations for the seminar
- If you have ideas, send them to the listserv
- Erin will start off an email in the listserv. Also, let her know if you are interested in coordinating with the admin forum's education committee to help set this up

Billing Lactation Classes Provided by RN

- RNs can provide lactation consulting only for MIHP clients

Correcting Information in CHAMPS

- If we see incorrect info (like DOB or name misspelled) is there an easy way to get it fixed?
 - MDHHS needs proof to change this type of thing (like a birth certificate) so it is probably best that the family contacts them to get it changed. Also, if they have social security they will need to contact the SSA

Denials for S4993

- For BCC, it needs to be billed with POS 71 and not 11
- Western UP still having denials
 - Mostly UPHP is the payer denying
 - They have tried to contact them to figure it out

Confidential Services Billed to MHPs

- Anything with confidential information is supposed to be suppressed from the EOB's
 - According to email from Heather
- Molina will send a courtesy notice regarding behavioral health when they get close to their max, and it gets sent to LHD, PCP, and client's home

BCN & Nuvaring

- Quantity rejection for nuvaring?

Proposed Policy

- 340b pricing & Modifier
- 4/1/17

Announcements

- Next meeting is Tuesday 3/14 at 9am

**MALPH Billers Teleconference
Minutes for 2/17/16**

Follow Up

Craig/Medicaid – MIChild Fee for Service

- Can you do special billing (H&V) for FFS MI Child
 - Any child that has MI Child has all the benefits of Medicaid, so you can bill H&V

Claims denied even when CHAMPS shows HMO coverage

- Craig did not get any examples of this to look into this issue

36416 & Fee Schedule

- In the LHD chapter of the Medicaid Manual part 2.2.A, you can bill 36416 to straight Medicaid for both health plans and FFS beneficiaries
 - Email Craig if you are having an issue with a health plan paying that procedure code
- Z13.88 and 36416 not paying for TPL clients, is there a pay and chase code for this dx?
 - Craig not sure this will have a pay and chase code, he will look into it

Discussion/Presentation

Spirometry Coding

- Erin – we have an adolescent clinic where they perform this, they need a code for the review & interpretation – is this included in the code for performing the spirometry?
 - The NP is the one performing & reviewing/interpreting it
 - 94010 or 94060 are the two possible codes, 94016 is the review

90645 – Invalid Code?

- This code has an end date of 12/31/15
- Policy Bulletin MSA 1564 12/30/15 has a list of codes that were discontinued
- Alicia will see if she can find the replacement code
- 90698 – look at this as a possible replacement, new effective 1/1/16

Tracking & Reporting Medicaid Revenue by Program

- Many health departments set up separate payors (ex Molina, Healthy Michigan Molina, Molina MI Child, etc)
- Some use spreadsheets for tracking by payor and program
- To clarify, this information came down

Cost Sharing Limits

- MSA 1549 beneficiaries under 21 are exempt
 - Correct, you do not need to worry about copay, deductible, etc
- Is anyone collecting copays from Medicaid clients?
 - Nobody said they were

DX Codes for Birth Control

- Z3041 is an accurate code for birth control pills

Prevnar Rejections Through Medicare

- The issue one health department had was the clients had already had the vaccine elsewhere
- Most other providers aren't uploading immunizations into MCIR
- Medicare will let you know if the client had already had the shot
- Check the C Snap website
- Also make sure to have them sign ABN – this is required by Medicare, this lets them know they are responsible if it is denied. You cannot bill them if they have not signed
 - Alicia will send this form out to the billing list
- Use a GA modifier on the claim to let Medicare know you have the ABN signed

VFC Vaccine & Billing Admin Fee to Private Insurance

- You cannot use VFC vaccine and bill the admin fee to private insurance
- If you use VFC vaccine you need to bill the admin fee to Medicaid, if you want to bill the admin fee to private insurance you need to use private vaccine
- The email that clarified this was sent out again at the time of the phone call

Pregnancy Test dx

- Z30.09 for office visit and then the positive or negative test as the secondary dx
 - Positive – Z32.01
 - Negative – Z32.02

Medicare Admin Fee for PPV23

- G0009
- G0008 is for flu

MIHP Billing

- Trouble getting paid for high risk pregnancy and post partum visits
 - Send email to provider support attn: Micki with the codes, she will check O codes to see if they are pay and chase
 - Others are getting paid for O codes with primary insurance
 - Micki checked an O code and it was a pay and chase

Specific Billing Rejection Issues

- http://www.michigan.gov/documents/mdhhs/Cost-Sharing_Document_508808_7.pdf
 - Use this link to review cost sharing information

Announcements

- Contact Megan Swain **517.485.0660** or mswain@malph.org if you have suggestions for the Michigan Premier Public Health Conference
- If you have suggestions for the September finance conference/billing sessions contact Alicia
 - We will still have phone call as not everyone can attend this conference

Next Meeting is March 16th at 9am

MALPH Billers Teleconference Minutes for 2/18/2015

Welcome

- Jennifer Brassow of Washtenaw County and admin forum president welcomed all participants to the call.
- Alicia Baxter from Kalamazoo County will be facilitating the meetings and Katie Hensley from Washtenaw County will be taking the meeting minutes
- Please note that this teleconference is not intended to be used to discuss specific software issues. If your county uses Insight there is a separate teleconference for Insight users. You can contact Heather Law of Monroe County for more information.
- The teleconference will take place on the 3rd Wednesday of every month from 9-10am. Alicia sent out a calendar for 2015 to the group.

Tracking Billed, Paid, and Unpaid Claims

- The majority of the participants on the call used the AR 24 report from Insight. One participant used a program called Crystal Reports.
- Participants discussed that they ran the report monthly and two months behind (ex: would run report to look at December claims in February)
- You can make notes in Insight on a client ledger (the \$ icon) to keep notes on what you have been doing on a claim
- When you rebill a claim it will show up on the AR 24 under current claims column
- Craig Boyce from MDCH mentioned that there is a way to run a query on pending claims in CHAMPS. This would be for FFS claims. Craig will set up a virtual training for the participants of the call. This will tentatively take place at the next billing teleconference.

Billing Programs

- When asked what programs they used for billing, participants mentioned the following:
 - E Clinical
 - Mitchell & McCormick
 - Meditrack
 - Netwerkes
 - Allscripts
- Alicia asked if any of those programs contained a collections module. None of these did.

Specific Insurance Company Issues

McLaren Health Plan

- Many participants on the call were having issues with McLaren Health Plan. The following are examples of the issues being had:

- 85018 as well as some birth control and condom charges are being denied. Billers are being told that it is a “software issue” rather than an actual denial, however those claims still aren’t being paid. The software changeover happened in late summer and LHDs are still getting this response.
 - One participant mentioned adding QW modifier to get 85018 codes paid
- When using Netwerkes to send claims Netwerkes show that the claims were sent/filed but McLaren states that they did not receive them. LHD staff are having to send claims by fax and/or protected email.
- One county stated that they were paid incorrectly for claims (overpaid) and McLaren deducted money to make up for it. However they deducted too much and now the LHD is attempting to recoup the money they are owed.
- Another county stated they have claims from July of 2014 that have a status of “reprocess”. Though they have been told 45-60 days, McLaren still has not settled these issues. Many counties agreed that when they get told 45-60 days to fix an issue the time frame is actually much longer. The biller said they want to set up a meeting at McLaren with a supervisor to get to the bottom of the problem.
- MIChild vaccines are getting rejected
 - Some health plans require a separate MI Child number instead of the 10 digit Medicaid ID. One LHD was told to call each time to get the separate number.
 - Craig stated that they are making gains in getting all health plans to use the MA ID rather than a separate number. However not all health plans are up to date on that yet.
- Katie Hensley will email these McLaren issues to Craig

TPL Issues

- Some participants expressed having an issue with claims being denied because CHAMPS shows they have TPL when they really don’t.
- You can fill out an electronic version of form DCH-0078 by going to Michigan.gov/Medicaidproviders and clicking on the red box that says “Update Other Insurance NOW!”. Use this form to update, cancel, or add TPL
 - Some participants were not able to get the page to load
 - If you cannot get the page to load, check with your IT department to make sure that you have the most recent version of your web browser
- If you submitted the form and are still getting denials, call or email provider support

Other Issues

- BCBS and BCN denying TB tests
 - One suggestion was to put medical director's name in box 17a and b (billing in Networkes)
- Many LHDs are getting birth control rejections due to NDC numbers
 - Craig suggested going to CHAMPS, clicking "external links", and using the Medicaid Code and Rate reference to find the correct NDC number.
 - One participant said that some health plans will pay if you go back to the claim, remove the NDC, and resubmitted.
 - Craig asked to have examples of denials due to NDC emailed to him at boycec@michigan.gov you can also cc Micki on the message at smithm1@michigan.gov
- Some Medicaid rates may have changed. They are updated quarterly. You can check the Code and Rate Reference for current rates. While they can pay more, all health plans must pay a minimum of the Medicaid approved rate

Wrap-Up

- Alicia will compile a list of meeting participants' email addresses
- If you have anything you would like to see addressed at the next meeting send Alicia an email at asbaxt@kalcounty.com
- The next meeting is Wednesday 3/18 9-10am.

**MALPH Billers Teleconference
Minutes for 3/13/2018**

Follow Up

PCG Billing Issues

- Admin forum is aware of this issue
- LHDs should continue reaching out to them with issues

MIHP Billing to Health Plans

- No examples were sent to Erin

Aetna Better Health Denying 36416 and 83655 Denying as Not Covered

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

Meridian Overpaying for 340B Drugs

- Meridian was aware of this and working on the problem
- The problem seems to be resolved for new claims, they are still working on paybacks, etc for settling the incorrect payments

MSA 17-21 Billing for Free or Reduced Price Care

- Has been passed on to the Admin Forum and policy has been asked for clarification
- Craig Boyce said the intention of this bulletin was not to prevent health department from billing for hearing & vision services. Clarification will come out in April

Meridian Lead Incentive

- Audrey French – they will not be reverting back to incentivizing 36416
- They are exploring other options for incentives for LHDs that can't bill 83655
- If you bill 83655 you will get the incentivized payment
- Some claims for >2 y/o are being denied

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

- Latina was going to follow up with Daryl from Meridian on this
- This is still happening to LHDs on the call today

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

- This was sent to Nicole last month
 - She has not received anything from policy yet
 - Will send a follow up to policy asking for clarification

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

- Latina is working on this. Erin will follow up with her on this issue
- UPHP is also doing this. Nicole will follow up with this as they are not supposed to require any kind of PA

Volunteers for Facilitator and Minutes Taker

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

Discussion/New Items

Proposed MA Policy 1802-NEMT

- Does the bulletin apply to MIHP?
 - Craig Boyce said he doesn't think it does and will clarify with policy. He will try to get the MIHP wording in the final bulletin

MSA 18-05 – MI Marketplace Option & Health MI Plan Updates

- Effective 4/1/18
- There are a total of 7 products available throughout the state
 - Almost everything will be covered through the marketplace plan
 - NEMT and Family Planning will be covered by Medicaid – these are wraparound services
 - For FP they can see a provider in their marketplace network or they can see an out of network provider who can bill FFS MA
 - Heather will double check about immunizations
 - Heather will send out a list of plans by county
- Participants will be moved to a marketplace plan if they have been on a healthy Michigan plan for over 12 months and have not done a health risk assessment/chosen a healthy behavior
 - There will be exemptions for medically frail, under 18, 100% or lower poverty, in hospice, pregnant, and some others
- Heather will double check about how to do BC pills – script or give pills at the LHD
- MKPL-MC and MA-MKPL is how it will be displayed in CHAMPS

New Shingles Vaccine (90750)

- Mary from NW found it on some commercial fee schedules (BCBS and Priority) and on the Medicaid schedule as well
- HAP listed it at \$164.64
- If you've had the shingles vaccine already can you get this new one?
 - MMWR states that you can get the new vaccine even if you've had the old one
- Keep the list serve posted as you start billing this new vaccine

Vivitrol Injections

- No LHDs spoke up about billing for this

Hep A for Medicare Clients

- Medicare doesn't pay for Hep A
 - Multiple LHDs are using VRP and charging the admin fee

- Other counties are billing through TransactRX on their prescription plan
 - They did not have to get a PA to do this
 - TransactRX has everything set up in the background to bill for vaccine (dx code, etc)

Dental Varnish (D0190) – Payment Issue w/ Aetna Better Health

- The LHD that had an issue with this made contact with Aetna last week and is giving them a chance to work on this

Typhoid Vaccine – Is anyone being paid by MA or MA MC Plans?

- Lenawee County asked about this – however she recently billed this and was paid

STI Testing/Billing

- In Grand Traverse – everyone comes in through Family Planning
 - If they don't have anything about contraceptive care in their visit she direct data entry into CHAMPS
 - Uses FP NPI but leaves off the FP taxonomy

Announcements

Next Meeting is Tuesday April 10th at 9am

**MALPH Billers Teleconference
Minutes for 3/14/17**

Follow-Up

Invoice Issue for State Lab

- Send specific examples to Erin, she is compiling these to send to the states
- Chart #, Billing #, and Beneficiary ID, DOS, Denial Code, County
- Erin will email us a fax number for the state

Maximums for Immunizations

- If you are still having problems with Molina, you should contact Molina directly

MIHP Billing to Health Plans

- A few LHDs are now being paid for MIHP and no other services from McLaren
 - They have not given a time frame for when this will be fixed
- Meridian is not paying H1000 and H2000
 - They are also working on it, there is a glitch requiring last menstrual cycle to be reported
- Meridian is requiring proof of other insurance, why?
 - Heather states they shouldn't be requiring this since no other insurance will require it. She recommends contacting Meridian and then her if they push back on this issue.
- United Health is requiring 71 for MIHP office visits. Does this work with MIHP program?
- 3/20 MIHP Program & plan meeting is happening in Lansing

MALPH Accounting & Billing Seminar

- Cecilia Simmons has volunteered to coordinate the billing portion of the MALPH seminar
 - If you have any ideas send to her at is csimmons@hd.stclaircounty.org

Discussion/Presentation

MSA 17-07 Enhanced 340B Reporting Requirements

- We need to add the modifier U6 to any procedure where we use medication that was bought under the 340B discount
- This is for tracking purposes for the manufacturer/distributors
- This is for FFS or Medicaid Health Plans only

Billing for Weight Management Services

- Generally that would fall under 99212-99214 for E/M
- Many payers don't pay for the counseling codes

Medicaid Denials – Stating Codes Are Not on the Fee Schedule When They Are

- This is an issue with Priority Health for Chest X Rays
- Priority Health is saying that they do not have to follow the MA fee schedule
- Nicole from the state will work on this to clarify
- BCC is not paying BCP saying it is not a benefit
 - Make sure the claim is getting processed as a FP claim
- Aetna has also said they can “pick & choose”

Outside Companies for Contracts & Credentialing

- Washtenaw County uses UPP Technology

Billing for the HIV 1/2 Combo Rapid Blood Test

- Erin will ask her FP staff and get back with Bev who had the question. Nobody on the call bills for this test

New Medicare Beneficiary Identifiers

- <https://www.cms.gov/Medicare/SSNRI/Providers/Providers.html>
- This will replace using SSN

Does Anyone Bill Q0091?

- Nobody else is billing for this code
- This is Medicare specific

Announcements

- Next meeting is Tuesday 4/11 at 9am

**MALPH Billers Teleconference
Minutes for 3/16/16**

Discussion/Presentation

Electronic Posting of Remittances

- You can get remittances from Netwerkes and CHAMPS
 - Will automatically roll over to the next payor based on your report parameters
 - For example, if it is a Medicaid product you can have the report write off the balance over the allowed Medicaid rate

IUD Insertion/Removal Codes

- 99213 58301 bundled service
- If there is more happening at the visit, you can document and bill an office visit with a 25 modifier
 - Payors will usually request documentation for this situation

Telehealth

- 98968, 99441, 99442, 99443,
- Was curious if anyone is billing for telehealth (phone, online, etc)
- 98966 in the travel clinic in Midland County, but has never been a payable code
- You usually have a special contract with the insurance companies to get these codes paid
- In this case there is a possible telehealth grant

Specific Billing Rejection Issues

- Birth control NDCs and Molina
 - June and August 2015, now coming back and doing a pullback because of an invalid NDC
 - Will e-mail the group with dx/procedure codes and seek help for NDC codes for August of last year. Has double checked and they are right, but Molina says it doesn't match what Molina has in their "red book". Someone in the group may have another NDC code
- Total Health Care rejecting adult vaccines and admin fees
 - Not giving a reason

- Rejecting over 5 90472, Medicaid has gotten rid of that maximum, so health plans should be following
- Medicaid now allows up to 8
- Someone said they have to add additional line (a 90472 with a quantity of 5 and then another with a quantity of 3)
- Another health department discussed this issue with Priority Health and it was resolved this week
- Is there a listing of contract liaisons for the health plans?
 - Craig had mentioned that they do not publish this list anymore, but you can contact Medicaid with problems and they will pass it on

Announcements

Next Meeting is April 20th at 9am

MALPH Billers Teleconference Minutes for 3/18/15

Attendance

Julie Baker
Alicia Baxter
Ashley Blodgett
Craig Boyce
Erin Carlson
Bobbie Colpean
Sarah Dahlem
Jody Dantzer
Diane Dubord
Amy Glass
Nancy Gomulinski

Katie Hensley
Heather Law
Chris Meadow
Jessica Montney
Tami O'Leary
Melanie Tanner
Bonnie Waterman
Diane Weiland
Mary Williams

Follow Up

Mclaren Issues BC/NDC

- Wendy said that it was a software issue, claims are still getting rejected
- Director/BI Director meeting today to resolve this issue
- Wendy offered to participate on a call, may take her up on that if there are still issues

Accounting Conference

- The conference will be held 9/10-9/11
- Contact Jennifer Brassow at Washtenaw County would like billing topics for this year's accounting conference

Claims Tracking Process

- Ashley @ Saginaw uses the AR 24 report on Insight. Uses the report to research claims that are more than 90 days and goes through the claims one by one. The claims are separated by payor so you can work one payor at a time. You can insert a note on the procedure line on the ledger to keep track of what you have done with a claim.
- Erin from GT works rejections as soon as she gets them. Also uses the AR report, but that is to catch the ones that were missed.
- Alicia keeps a folder of rejects and works rejections as they come in
 - In Insight, if you go into Batch Payments you can see the outstanding claims and print that report
- Others also reported using the AR 24 report
- How often do you mail self pay invoices?

- Some health departments mail them weekly
- Some send Family planning statements once every 3 months, other programs send the statements one by one as they get rejections, those get sent monthly.
- Return on these?
 - Some counties said no.
 - Some counties have done the math, and they get more back than they spend in postage
 - Confidential (STD) do not get mailed statements
 - If the testing is court ordered the charges get sent to the court system and not the client's insurance. There is no patient name on the invoice.
- How do you track if client is confidential?
 - A few counties mentioned they use Insight. It says "Confidential" in red. You can run the self pay report and it shows the confidential patients. Other software can run a report for this as well.
 - Mark specific encounters confidential, as they may come in for other services. You would have to check when they come in for STD if they are confidential.
- How do you track commercial insurance (coverage, copays, deductibles, etc)?
 - Alicia says that the front desk staff calls each insurance company to confirm
 - Not all counties verify the coverage before the appointment as they will provide the service whether or not the client has coverage
 - Once the service is performed and billed, if they don't get paid then the client gets a bill

Proper CAS Code Usage

- Craig-it has to be entered if they have Medicare, many get denied as they can be paid through the pharmacy coverage (Part D)
- Also the same for family planning since they can get services through a participating provider
- Some counties put dual enrolled as cash payment, since they are not following the guidelines of their primary insurance and we can't bill their Medicare
- 172 code "you didn't follow Medicare's rules so you're not getting paid"
- Some counties use Transact RX. You can submit claims directly to that company, real time with Medicare, and it is like billing as a pharmacy. This program is free.
- BC and Medicaid – have an option to enter CAS code, then the CAS codes get uploaded into CHAMPS

Specific Billing Rejection

- Bonnie having issues getting STIs paid from commercial insurances
- BC is picky, wants medical not preventative

- Want the physician NPI, not the facility NPI

Other Information

- How to become a participating provider w/ Cofinity?
 - You need to contact Aetna to get a contract. Alicia will send out contact information.
- If you are not on the billing listserv you can sign up at malph.org

Craig Boyce Presentation

- Craig gave a presentation on how to build an inquiry in CHAMPS. You can filter by claim status to work denied claims

Under the claims tab, select “Inquire Claims”

Select the filters that you want. He gave the following example

From/To: Date range of claims

Beneficiary Name: % (will show all names)

Reason Code: %

Remark Code: %

With Status: Leave this drop down as-is to see all. Or you can select a specific status such as rejected, paid, adjusted, etc.

Time (the last drop down): All

- Once you run this query you can export it to Excel and play around with the sorting and work the claims off of this report.

Next Meeting: Wednesday 4/15 at 9am

**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 listserv 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 Globulin 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

**MALPH Billers Teleconference
Minutes for 4/11/17**

Follow Up

PCG Billing Issues

- Please send any examples of this to Erin

Max # of Imms

- The maximum should be 9
- DHD #4 was having an issue, but was getting denied for 3 shots. Will send info to Erin to research

MIHP Billing to Health Plans

- McLaren has been paying for MIHP but not other LHD services
 - DHD #4 hasn't gotten payment yet, but someone from McLaren said it should be resolved soon
- Meridian not paying H1000 & H2000
 - Northwest is still having problems with this
 - Have been told that the claims will be reprocessed
- Rejections due to other insurance not on the claim
 - According to Heather, health plans should not be requiring this
 - If you are getting rejections because of this send that information to Erin
- Place of service 71
 - Molina & BCC are denying for using POS 11 instead of 71
 - Someone at Molina is aware of it and working on the claims
 - If you are having issues, reach out to the people on the MIHP contact grid. A new one will be sent out soon, including billing contacts if different from the contract contact
 - Molina – mhmproviderservices@molinahealthcare.com
 - Sharon Foley (MIHP contracts) 248-729-0900
 - MIHP Provider Services – Bess Donner 248-729-0905
- Meridian rejections NCCI, MIHPP have been reprocessed
- If someone gets imms on the same day, use modifier 25 on the MIHP claim

Health Plans & Medicaid Fee Schedule

- The health plans need to cover everything that is on the FFS fee schedule
 - Let Heather know when you are having issues with this. Provide the CPT code and the health plan
 - Aetna will not pay 36416
- BCC & Molina are not paying for labs as they require using a specific lab
 - Try Patricia Embry @ BCC
- BCC is not paying Macomb for BCP

340B Reporting Requirements

- You need to put modifier U6 on anything purchased with 340B pricing
- Someone wrote a validation rule for Netwerkes, will send through the email group

Discussion/New Items

Working w/ Health Plans for Rejections & Appeals

- What is the best way to handle rejections & appeals for each managed care plan? Email, phone, website?
- McLaren has a form on their website you can fill out and fax for appeal requests
- Erin will email Cecilia to see about getting contract managers to participate either at the conference or in a future billing call

Medicaid/Medicare Dual Enrolled – Modifier for non part B Imms?

- For example, if a dual enrollee comes in for a TDap is there a modifier?
- TDap is covered under part D but NOT part B. You need to check carefully for what is covered

Meridian & VFC Admin Fees

- Meridian is not paying admin fees for clients with other insurance
- Send examples of this to Erin

Blood Lead for Clients w/ Private Insurance & Medicaid

- The primary is billed first

Meridian Not Accepting Claims Through Netwerkes After 5/1/17

- 2 people have talked to Netwerkes and they are working on it and trying to resolve it
- Netwerkes may be able to forward the claims to another clearinghouse that Meridian will accept

Announcements

Next Meeting is May 9th at 9am

**MALPH Billers Teleconference
Minutes for 4/15/2015**

Attendance

Allegan: Lori Galbreath,
Julia Diaz
Berrien: Shirley Polk-Miller
Calhoun: Lynn Corrigan
Delta/Menominee: Diane
Dubord
District 2: Jody Danzer
District 4: Amy, Ann
Grand Traverse: Erin
Carlson
Huron: Amy Glass
Ionia: Brenda Ingersoll

Jackson: Tammy Brown,
Terri Curtis
Kalamazoo: Alicia Baxter
Kent: Kevin Bakos
Lenawee: Melanie Tanner
Livingston: Sherri Joliet
LMAS: Lori Shaulis
Macomb: Nancy
Gomulinski
MDCH: Micki Smith
Mid Michigan: Bonnie
Waterman

Midland: Julie Baker
Monroe: Margie Pope,
Michelle Ashcroft, Heather
Law
Ottawa: Jennifer Allen
Saginaw: Ashley Blodgett
Sanilac: Heather Lohn
St. Clair: Cecilia Simmons,
Sheila
Tuscola: Chris Meadow
Washtenaw: Katie Hensley

Follow-Up: McLaren Call

- Has anyone talked to Wendy? She has offered to participate on the call.
- Alicia will call her

Writing Rules for Netwerkes Claims

- Netwerkes offers an online class on how to write validation rules for claims. You can sign up through their website

Carc codes

- Alicia sent out a link with information about the resubmission codes

Converting from ICD9 to ICD10 – MDCH Crosswalk for Public Health

- Alicia sent out the crosswalk information to the group

Lead Denials

- Bonnie – What do you put on the paperwork that goes to the lab if they have commercial? She's sending her claims straight to Medicaid. Craig said to reference the insurance.
- Procedure code is 36416, some health departments are getting denied because it is not bundled

- Priority Health = “Procedure code may be incidental” CCI edit? A modifier would bypass that edit
- District HD #4 Denials from Meridian w/ modifier, saying that modifier is not allowed. Only use that modifier if they are under 2 y/o
- Lori in Allegan bills all to straight Medicaid, gets paid, sends out samples for testing
 - Haven’t had any issues with lead or hearing & vision. They do get some rejections for immunizations if they happened to have commercial
- If client has commercial insurance, bill FFS with the appropriate CARC code.
- Reason 24, charges under a capitation agreement, Heather Law getting that rejection sometimes when billing FFS
- Make sure that you are billing POS 71, some rejections for POS 11 and 12.
- You can check claim inquiry on CHAMPS to research rejections
- What dx code is everyone using? V15.86, 984.9, V825

Depo 104 Procedure Code – Julie Baker

- Depo 104 has never had a CPT code assigned to it. Some counties collect reimbursement from quarterly report, but it won’t be paying from the quarterly report anymore. Use the code J1050 with 104 for units instead of 150.
- Julia from Allegan, M114 missing NDC even though NDC is there. Getting rejects from HMOs.
 - Shirley from Berrien getting those, sometimes gets paid by deleting NDCs

Other Issues

- Next meeting, Craig will go over the rate and reference tool
- Alicia provided link for Navinet
- If you get dropped from the call, try calling back from a cell phone
- Next meeting is May 20

**MALPH Billers Teleconference
Minutes for 4/20/16**

Discussion/Presentation

CPT D0190 & 99188

- Z00.129 – This will not pend for manual review and it is also a pay & chase code
- If you use Z41.8, will set your claim for manual review, you'd need to send in documentation if you use this code

Do ERAs also post as a batch payment?

- AR 835_5010 report will show clients on the check, AR 21 will break it out by subprogram

MIHP Lactation Visits/S9443

- Rate is now in Medicaid code & rate reference
- Pays \$49.92 in the home and \$38.23 in the office
- Start date for this code was 4/1/16

Can 36416 & 85018 be billed together?

- If you only do the collection and send the sample out to a lab, you should only bill the 36416
- If you do the collection & the lab results you should only be billing 85018 as that code includes the collection
- There was discussion about this as 85018 only pays \$2.50 – how does cost include all the work?
- FFS Medicaid and most health plans has been paying both on the same claim. Micki will look into this.
 - Health plans can pay more than what Medicaid pays, they just have to pay at least what Medicaid pays

HIV Rapid tests – Kit name & billing code

- Katie sent out the HIV billing guidance to the group
- Alicia sent an email saying the rapid kits they use are called Alere Determine, but they get them free from the state so they do not bill for them

HGB for Adults with Third Party Insurance

- You can bill the TPL to get the denial and then bill Medicaid
- Some health departments do not bill for adults with private insurance

Contraceptive Tri-Sprintec NDC Code

- Site to look up NDC numbers <https://michigan.fhsc.com/providers/providers.asp>
- Micki will send out the pharmacy services email address so you can ask questions about NDCs
- Micki will do a demo of the Medicaid Code & Rate Reference tool during the 5/18 meeting

Specific Billing Rejection Issues/Questions

- MIHP & commercial insurance
 - It is a good idea to have some sort of documentation from their insurance that it is not a covered service
 - Billing with a pay & chase bypasses the private insurance, but you should still have documentation from the private insurance

Announcements

- 2017 Governmental Finance & Administration Seminar
 - There will not be a billing portion for the seminar this year (2016)
 - They are looking for volunteers to help think of ideas and get presenters for the 2017 meeting
- Craig Boyce has taken another position effective April 8th and Micki Smith will be leaving at the end of May
 - Julie & Nicole will be on calls now
 - Send email to provider support and put either Attn: Nicole or Julie in the subject line to get the message to them

Next Meeting is May 18th at 9am

MALPH Billers Teleconference Minutes for 5/9/17

Follow Up

PCG Billing Issues

- Nicole has reached out to PCG with no response. She will attempt to contact Diana Bernier, billing specialist, or ask for a supervisor if Diana is unable to help. Some of the concerns are having to send the Medicaid info numerous times. And, the fact that PCG is requiring that the Hlth Depts do all the leg work. If the claim denies because it was not billed properly, are the HDs responsible for payment? Seems like HDs should only be responsible for pmt if it is a non covered svc or we haven't supplied the Medicaid info. Send examples to Erin via an excel spreadsheet in the following format chart#, billing #, DOS, denial code, your county. If you are unable to email, fax this to Nicole at 517-241-8968, attention Nicole.

MIHP Billing to Health Plans

- Karen, Oakland County, is getting denials from Meridian d/t OI primary. She thinks she has sent examples to Heather.
- Be firm with the health plans and let them know that MIHP requires POS 11,12, and 15. They are tied to payment rates.
- Erin has her program automatically put a 96 remark code on her MIHP claims when showing the other insurance
- Lori is getting inconsistent reimbursement from Meridian
 - Was told that they have an issue in their system for MIHP codes and payments. Meridian said they will reprocess those claims
 - PH is telling her that she is sending in claims with POS 15, but she is sending the claims in with 11 or 12. Possible Netwerkes issue?
 - Open a case in Netwerkes to check on this
 - Try contacting Courtney at Meridian

Health Plans Not Paying All CPT Codes from FFS Fee Schedule

- Nobody has spoken with Heather about this since the last meeting. We will revisit next month.

340B Reporting Requirements

- Macomb is still getting rejections for the U6 modifiers on J1050.

- Someone from pharmacy unit will be working with Heather to get this resolved.
- Priority Health is rejecting all claims with this modifier

Meridian Not Paying VFC Admin Fees w/o Other Insurance Being Billed First

- Meridian has responded saying they were recently educated on VFC having to be paid regardless of other insurance. Meridian states they have updated their system.

Any Issues with Meridian Claims Going through Networkes?

- Claims seem to be going through just fine

What do we want to hear from the HP reps at the Accounting Conference?

- Make sure that the representative is knowledgeable in the claims process
- Contracts – Do they require contracts? What do different plans require for contracting?
- Please continue to think about this and email Cecilia – she needs ideas for the conference

Discussion/New Items

CSHCS Billing

- CSHCS Clients can have MHPs – For example, they can have United Health for CSHCS and the rest of their Medicaid services

Lead – Incentives for Clients Under 2

- LSC Incentive – it is still valid for Meridian, \$25 rate for the capillary draw
- Use modifier 22 for those under 2 to get the incentive
- If you are having a hard time, call and ask for a claims specialist and mention the LSC incentive

835 File – How to get it from Medicaid

- Heather will talk to the automated billing people at the state to move it along

Announcements

Next Meeting is Tuesday June 13th at 9am

**MALPH Billers Teleconference
Minutes for 5/18/16**

Follow-Up

HIV Rapid Tests

- Alere Determine is the brand name Alicia gave. It is provided free by the state so they do not bill
 - If you have more questions, Alicia can send it on to her nursing department

Discussion/Presentation

Micki – Medicaid Code & Rate Reference (CHAMPS)

- This link in CHAMPS allows you to type in a code and get information about it
- You can see Medicaid rates, age limits, frequency limits, and get NDC codes

Hemoglobin Billing

- For hemoglobin blood tests, you are getting reimbursed for both the poke and the test right now as there is not an edit to deny the poke
 - The state could possibly do a pullback for these. They can go back up to 5 years
 - It has not been confirmed that the state will do a pull back for these, but just know it is a possibility
 - There is no discussion about putting an edit in place
 - msapolicy@michigan.gov This is the email you can contact with questions and comments about policy and billing

BCN Denied Codes

- They want units of service rather than ml/mg
 - Ex .5 ml = 1 unit
 - Vaccines that need to be reconstituted should be listed this way
 - Talk to your nurses to see what imms these are
 - BCBS fee schedule will show which vaccines to use this on
 - Zoster, Varciella, MMR, diluent, Pentacel

Dental Flouride Varnish

- Can we bill Medicaid directly or do we need to bill the health plans?
 - Julie will look into policy and will get back to us regarding
 - Some are doing the varnish through WIC and are billing it as a medical rather than a dental benefit

MIHP & Commercial Payers

- Pay & chase codes
 - If you are using a “pay and chase” code and include the commercial information, the state will pay you and they will go after the private insurance for payment
 -

Specific Billing Rejection Issues/Questions

- Needs a contact with United Health Care
 - Ask for Medicaid Contract Manager
 - Take medical provider out of box 31 and put in the health department for denied claims
- MSS office visit being denied w/ vaccine visit
 - Use a 25 modifier

Announcements

Next Meeting is June 15th at 9am

**MALPH Billers Teleconference
Minutes for 05/20/2015**

Follow-Up

- Saginaw and Genesee mentioned they are still having issues with McLaren. Saginaw said that when they talked to Wendy they claimed they had not been made aware of billing issues or the teleconference. However Katie Hensley had called and talked to Wendy after the first teleconference and discussed the issues that had been sent to Craig. Someone asked if there were maybe two Wendys at McLaren.
- 810-733-9662 is the number for Wendy

Vaccine Billing

- There was a limit on vaccines. It was 5 but got approved to move to 8, back to 6 and 8, in March there was a change going back to 8. The current limit now is 8. You can potentially get paid for 1 90471 and 7 90472s, anything more than that will get denied.
- Health Plans have been denying for being over the limit, but they should be following the limit of 8 set my Medicaid.
- Nancy will email Craig the list of HMOs who are denying and Craig will contact the contract managers of those HMOs
- LHDs should contact the contract manager on the HMO side and the State will work with the contract manager on the State's side

Changes in Patient Eligibility

- For the same date the coverage changes from when they are seen in the office to when claims are billed
- Many counties experience this
- Craig states if you have a copy of the eligibility Medicaid will honor the claim. For example if they get retro'd to ESO or if coverage is terminated they will pay the claim if you have printed proof that they had active coverage when they came in for services. If they get an HMO you need to send the claim to that HMO, same if they get commercial.

Place of Service

- Genesee having an issue with POS 11 for their labs. Craig said they put through POS edits and any labs that are billed need to be POS 81. You can use 2 POS codes on a claim, claim header would be 11 but labs in the claim line would be 81.
- We will send Alicia a list of our frequently used codes and Craig will let us know if there is a POS restriction

FP DX Codes

- V25 rejection from commercial and then bill Medicaid, now those are getting rejected saying they won't pay because
- ACA says that every insurance carrier must cover contraceptives; Medicaid will not pay if you say it is not covered because it's supposed to be the law. You need to follow the rules of the primary insurance.
- The office visits are also getting rejected. Need a medically necessary dx for BCBS to pay for an office visit, for example V7321 routine gynecological visit

Medicaid Code & Rate Reference/Document Portal Training: Craig Boyce from MDCH

- Will give a useable NDC code
- The tool is found in CHAMPS under the Provider drop down and also under External Links
- Choose your provider type and type in a code to see details. The tool will show you Medicaid reimbursement rates, any restrictions on the code, and useable NDC numbers.
- Craig also discussed the document portal which is found under external links
- You can directly upload or fax to upload documents related to a client's claim(s)

Announcements

- Email Jennifer Brassow brassowj@ewashtenaw.org if you are interested in participating the billers roundtable at the accounting conference
- Web address for NDC codes will be emailed out on the billing list serve

Next Meeting is June 17 at 9am

**MALPH Billers Teleconference
Minutes for 6/13/17**

Follow Up

PCG Billing Issues

- Nicole has been working with PCG supervisor. They are looking for additional training on their end to make sure these types of problems do not continue to happen.

MIHP Billing to Health Plans

- Plans were rejection due to other insurance not being on the claim
- Heather has been sending these examples on to the plans to be researched
 - Send specific examples securely to Heather slawinskih@michigan.gov or 517-241-8231 for fax. Send her an email to let her know you sent the fax
 - Talk to the health plans first to let them know they should not require information and contact Heather if the plans continue to push back on the issue
- Nobody spoke up about having issues with plans requiring POS 71

Health Plans Not Paying All CPT Codes from FFS Fee Schedule

- Heather sent on examples to the plans and hopes that this should be resolved now
- BCC are still having issues with H1000 and H2000 but are aware of it and working on it
- BCC is not paying 36416 even after being told it is on the LHD fee schedule
 - Send the example to Heather

340B Reporting Requirements

- UNH & PH rejecting with the U6 modifier
 - Seems like it is now resolved

Meridian Not Paying VFC Admin Fees w/o Other Insurance Being Billed First

- Heather will bring this to Meridian to see if there is anything they need to fix as it keeps getting denied and only paid when Heather gets involved

835 Files from Medicaid

- Nicole contacted automated billing and told them to look out for an email from an LHD regarding this

Ideas for the 2017 MALPH Accounting and Billing Seminar

- Please email the forum/Cecilia with ideas
- The health plans are open to coming but want an idea of what they want us to discuss with them at the forum

Discussion/New Items

Lead – Costs & Benefits of LeadCare II Machine

- Katie will send out a communication from Magellan about lead level issues

Impact Concussion Testing

- School based clinics are thinking about doing this for their student athletes
- Chippewa School based health center does do this, contact their billers for information

90471 vs 90460

- Guidelines require 90460 to be provided by a physician or other qualified health professional
- You cannot bill 90460 for services rendered by an RN
- According to the Medicaid Code & Rate reference 90460 can only be billed for clients up to age 19 and pays the same as 90471

Meridian – Lead Incentive?

- Monroe said they bill 22 modifier for ages 0-2 and they get paid the \$25 rate
- You need to bill under the LHD's NPI in Box 31 and 24J

Announcements

Next Meeting is Tuesday July 11th at 9am

**MALPH Billers Teleconference
Minutes for 6/15/16**

Follow-Up

Dental Flouride Varnish

- We will follow up with this next month when we have someone from Medicaid

Discussion/Presentation

SSO Replacement

- You will log in through MI Login rather than SSO starting on 6/26
- There are videos available on how to set up the extra security

Pay and Chase Codes for Hearing & Vision

- Do we need permission to bill for the kids?
 - There was a follow up message from the state that said this was a private insurance issue and not a Medicaid/program issue

Social Worker Billing – MIHP

- Social workers do not need to enroll in Medicaid and bill under their name for MIHP services
 - Continue to bill like we have in the past, using the medical director as the rendering provider

Proposed Policy for Blood Lead Environmental Investigations

- You can bill for both whether it is a nurse or a sanitarian

Specific Billing Rejection Issues/Questions

- Several LHDs got rejections for immunizations
 - Issues like # of admin fees should now be fixed and follow FFS guidelines

Announcements

- We don't have a permanent replacement for Craig or Micki yet, we have Kristy Garcia to help us out right now

Next Meeting is July 20th at 9am

**MALPH Billers Teleconference
Minutes for 06/17/2015**

Follow-Up

Wendy from McLaren

- Alicia has called and left 3 message with Wendy to get Wendy on the conference call. Others have been trying to call Wendy and not getting called back either.
- Ingham County is getting inappropriate denials for immunizations
- McLaren is denying labs for Genesee County
- Macomb County is getting TB tests denied from McLaren
- Saginaw 85018 is getting denied
- **It is inappropriate to bill admin fee with TB**

Lab Codes from Craig Boyce

- Alicia emailed a list of lab codes and their POS restrictions, if any

Last month's CHAMPS presentation

- Alicia attached the documentation for the document portal and Medicaid code & rate reference presentations

ICD 10 Troubleshooting

- This will stay on the agenda until after ICD 10 is implemented
- Kalamazoo has been meeting with staff to see what codes they need so there are not excessive codes put in their system
- Alicia attached the MDCH crosswalk document
- Craig mentioned that MDCH has resources available for help converting codes, can do a virtual training at next month's meeting
- GEM viewer is available through CHAMPS

CAS Codes & Proper Usage

- Craig—want to see CAS code that was reported by the primary carrier EOB
- The only time you should be converting CAS codes is if the primary carrier uses a proprietary code and not HIPPA compliant codes
- Find the one that's closest, you can use Washington publishing company
- If you use 96 you need to include remarks/notes as to why it is not covered
- Alicia is getting denied by TPL for using 167, TPL can review
- For dual enrolled Medicare/Medicaid (dental, MIHP, 99385)
 - For MIHP is you are using the correct codes, other coverage doesn't come in to play and Medicaid will pay
 - 99385—there is an indicator in the system saying that it is not a covered service, you do need to show Medicare coverage but do not need to have the formal denial. The system has certain codes hardcoded into the system as not covered by Medicare
 - Craig will see if he can pull a list of those codes, but that may not be possible
 - If you bill Medicare once and a code gets denied for 96, you can continue to bill Medicaid for that code for the rest of the year indicating Medicare but not needing to bill it again
 - This is only for locations who are enrolled as a provider, not just roster billing
 - Someone will send out Transact RX information, Part D is free

Resubmission Codes on Medicaid Claims

- If the claim is denied do not use a resubmission code, you send in a new clean claim
- You use a resubmission code line 7 if the claim paid incorrectly. Use the original TCN, this needs to be the header TCN
 - In CHAMPS you can very easily adjust or void the claim
 - You can't adjust a denied claim, only a paid claim

Blood Lead & Immunizations

- Rejections for blood lead (the blood draw) when immunization are done on the same DOS
- Craig says he doesn't see an edit making that denial happen
- Some health plans are incorrectly denying and are working on a fix for that. Meridian for example will fix this over the phone
- Grand Traverse is having issues getting 36415 paid
- If you get this kind of denial for FFS Medicaid send the TCN to Craig or Micki so they can look into it

- Craig will look into reason codes for denials for a service being inclusive, though that may be an issue with the private insurance
- 99211 for Medicaid Priority Health, denying saying they are not contracted (for STD)
 - Family planning, immunizations, and adolescent clinics are exempt from needing a contract
 - Sparrow health is denying, saying they need to be seen in Ingham Co.

Announcements

- Nancy will be chairing the next teleconference as Alicia will be on vacation

Next Meeting is July 15 at 9am

**MALPH Billers Teleconference
Minutes for 7/11/17**

Follow Up

PCG Billing Issues

- Nicole is still waiting for a reply from her contact

MIHP Billing to Health Plans

- The claims that had been sent as examples have been fixed, but it seems like the problem is not getting fixed. The biller will have to contact BCC each time even for the same beneficiary.
- The state will also look into H1000 and H2000 getting rejected from BCC

Health Plans Not Paying All CPT Codes from FFS Fee Schedule

- Heather stated to her colleague that this issue should be resolved
- 83655 (Lead) – Meridian is not paying for 2 per day but the Medicaid Code & Rate reference tool says that beneficiaries can get 2 per day
 - The state will look in to this

Meridian Not Paying VFC Admin Fees w/o Other Insurance Being Billed First

- There is no update on this yet

2017 MALPH Accounting and Billing Seminar

- BCC, UNH, McLaren, and Meridian have confirmed to come to the conference (for the morning session)
- For the second round table bring a list of all the CPT codes that you bill
 - We can compare what we bill and possible come up with a uniform way of doing things

Discussion/New Items

TB Testing & Billing

- Does anyone bill a 99211 with the read?
 - DHD 10 does
 - You need to be an established client to be able to bill for the nurse visit code

Proposed Policy 1714 – Behavioral Health Visit Limits

- This policy proposes removing the 20 visit max for outpatient behavioral health visits
 - This includes the health plans

MSA 17-21 Billing for Free or Reduced Price Care

- There is confusion regarding this (for H&V, lead, and hemoglobin)
 - This question has been brought to policy for clarification
 - If Nicole gets information about this she will pass it along

Can you bill for off site clinics?

- Erin just uses the HD's address

Lead

- Health plans are pulling money back for 36416
- Health Management Systems (a 3rd party working for BCC) is sending letters about this, saying that they are overpaying
 - BCC originally paid the claims
 - Katie spoke with a supervisor named Stormy last year about the lead issue. Her number is 215-863-6627
- Katie at Washtenaw uses Z13.88 for the diagnosis

Announcements

Next Meeting is Tuesday August 8th at 9am

**MALPH Billers Teleconference
Minutes for 07/15/2015**

Follow-Up

Wendy from McLaren

- Wendy is still not contacting health departments
- Wendy has been responding to email and forwarding them to the appropriate people at McLaren and claims have been getting paid
- Wendy's email will go out through the list serve

Craig Boyce: GEMS

- You can get to the GEMS viewer through the MDHHS website
- You can go from ICD 9 to ICD 10 and also ICD 10 to ICD 9 to make sure your codes are mapping correctly
- Craig recommends checking with a site like ICD10data.com as the GEM viewer does not always provide a 1:1 conversion. Craig gave the example of V221 expanding based on trimester

Where to Find NDC Codes

- In CHAMPS under External Links, go to Medicaid Code and Rate Reference and type in the code. You will find the NDC code there.
- Micki said the state tends to be about 6 months behind on uploading the new NDC codes.
- If the NDC you have on your meds is different than what is online, you can call or email pharmacy services to ask to get it updated
- Anything that has an NDC should be showing. However, Craig said there may not be one for vaccines. It is required that there is an NDC on the claim

ICD 10 Troubleshooting

- Some health departments have been converting their codes, some participants offered to send a draft list out to the group

Specific Billing Rejection Issues

- Craig said some people are getting paid above the MA rate for blood lead from Meridian Health Plan, wants to know who is getting paid the extra amount and how they are getting paid
- Reduction in payment for MMRV from Blue Cross
 - Blue Cross has reformatted/reformulated the way they figure out payment
 - Blue Cross is basing their pricing on average wholesale price
- Has anyone had a client who gets a claim denied from an HMO saying they are not a member but CHAMPS shows they are enrolled?
 - You can work with provider services and have them work with the HMOs
- Bill H&V to straight MA to get paid. Health plans won't pay.
- Does anyone bill home visits for pregnant women/moms with private insurance who do not have Medicaid
 - Erin is having a hard time finding a billable code to try

Next Meeting is August 19th at 9am

**MALPH Billers Teleconference
Minutes for 8/8/17**

Follow Up

PCG Billing Issues

- Nicole has still not heard back from PCG
 - She emailed again and included her supervisors

MIHP Billing to Health Plans

- Other insurance is still an issue with Meridian
 - Meridian is also requesting last menstrual cycle
 - Cecilia has requested a meeting with her rep about this
- Meridian is not keeping their TPL up to date, Nicole will touch base with Heather about this
- Meridian is not paying H1000 and H2000 – either because of menstrual cycle date or that it is not on the feel screen
- McLaren not paying POS 15
 - Billers are being told to just call the help line
 - Isabella Co's rep had this POS added and rebilled the affected claims
- UHC denying all claims that are not MIHP
 - They were being processed under the wong NPI

Meridian Not Paying for 2 Lead (83655) per Day

- Meridian says they are working on it
- Heather & Latina were not on the call to provide an update

Meridian Not Paying VFC Admin Fees w/o Other Insurance Being Billed First

- No update on this issue yet

MSA 17-21 Billing for Free or Reduced Price Care

- Nicole will review and send it to Erin to send to the group

2017 MALPH Accounting and Billing Seminar

- BCC, UHC, McLaren, Meridian
- Aetna was contacted requesting them to come
- MIHP is an issue we would like to have discussed at the meeting
- Bring what codes and procedures you are billing for so we can make sure we are all billing uniformly
 - Please try to get this to Cecilia ahead of time

Discussion/New Items

Newborn Recoveries from MIHP

- Has anyone gotten newborn recovery takebacks yet? How do you track them?
 - Nobody spoke up with experience with this
 - These happen quarterly, so you may see an influx of these in a certain month

Immunizations in the Community

- Nicole will look into this and reach out to Brad before admin forum

Meridian – “Clients Cannot Be Identified as Insured”

- This was touched on in the MIHP discussion
- Kurstan has contacted Meridian’s help line

Behavioral Health Services – Denials d/t max benefit

- This is happening even though there is a new policy getting rid of the max
- Meridian is the HMO giving the most problems
- Nicole will look into this issue

90460/90461

- A state rep with LARA said that in this instance an RN is a qualified provider in this instance
 - The definition of the code says otherwise
 - An email from Terri Adams will be forwarded with this

Who to Contact @ Medicaid Health Plans - #s Disconnected

- You can email providersupport@michigan.gov and they can forward the emails to the contract managers
- 517-284-1162 is a general number for the managed care plans
 - Email provider support if they don't help with what you need

H&V

- Do you reference the MHP on the claim?
 - No, you can just bill FFS Medicaid

Aetna Better Health – Lead

- They say it is not a covered service and deny it
- Nicole will loop Heather and Latina in on this
 - The response will be sent to Erin
 - The code is 83655

Announcements

Next Meeting is Tuesday September 12th at 9am

**MALPH Billers Teleconference
Minutes for 8/17/2016**

Follow-Up

Travel Vaccine

- Alicia called Medicaid – All vaccines that are in the fee schedule are covered, regardless what is on the CDC list

90471 – Lifetime Limit Per Member

- Alicia has not gotten an answer on this yet

Medicaid Retroactive Billing

- Alicia could not find whether or not it is a requirement, she found that you can

Discussion/Presentation

Medicare Revalidation

- In process for LHDs right now
- There is a \$554 fee associated with this
- Does Medicare contact you?
 - Alicia said she received a letter
 - There is a website where you can check if you need to revalidate, it will be sent to the group, it explains who does and does not have to complete this

MIHP Mileage Rate

- The rate is decreasing to 19 cents per mile
- This has not been implemented yet

Contact from MDHHS Provider Relations

- The contact is supposed Kristi Garcia
- Amy at District 4 has sent multiple emails since June to Kristi Garcia with no answer

Blood Lead

- Alicia does not enter primary insurance information and she does get paid for it

Z13.0 – Pay & Chase?

- Julie from provider support said this is not a pay & chase code

36416 Denials

- McLaren and Blue Cross Complete have been denying even after being faxed the information that it is on the LHD fee schedule

Flouride Varnish

- For billing dental you can bill the screening and the application
- They will only pay for 2 screening per year

Takebacks and Reconciling Accounts

- Shirley is having an issue with Meridian doing takebacks
- You can fax CHAMPS information to attach with the claim
- This is a Meridian issue and not a CHAMPS issue
- Check Meridian's site to see what it shows for coverage
 - One health department will send a letter to the client to have them contact their DHS worker to get other insurance, etc removed
 - Meridian follows their site over CHAMPS
- We do not have a list contract managers at the state but someone has an older list that they will share with the group
- You can try emailing provider support and having them forward the message

Mobile Clinics

- The address in box #30 should be where the actual service took place

McLaren Health Plan Direct Deposit

- They contract with Fee Plus which is why they have a fee associated with the direct deposit
- The fee is 1.9%

Blue Cross Denials – UN vs ML

- You may get paid if you still use the ML, but might be a lesser fee
- This is fairly recent
- You can create a validation rule in Netwerkes to change this
- Will send an example of what that looks like

MIHP dx for S0215 (Travel)

- Was having an issue with people with other insurance
- Z00.129 for infants and the trimester based codes for women

Specific Billing Rejection Issues or Questions

- Nancy from Macomb – Still working on takeback issues she discussed last month

Announcements

Next Meeting is September 21st at 9am

MALPH Billers Teleconference Minutes for 9/21/2016

Follow-Up

Medicare Link for re-enrollment

- <http://www.wpsmedicare.com/j8macpartb/departments/enrollment/revalidation-med-enrollment.shtml>
- Use this link if you need to revalidate your Medicare contract

Networkes Validation Rule for BCBS/BCN for ML to Units

293518	<input type="checkbox"/>	BCBS & BLUE PLUG UNIT WITH 1 FOR 90698, 90707, 90716,90736, 90710 PROCCODES FOR every Professional Claim IF any Charge Line Procedure Code is Equal To ('90698', '90707', '90716', '90736', or '90710'). THEN Set the value of field Charge Line NDC Quantity to '1' Set the value of field Charge Line NDC Unit Type to 'UN'	Active
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Medicaid Retroactive Billing

- If you have any Medicaid Health Plan issues, call the Managed Care Plan Division at 517-335-5500

Discussion/Presentation

New Medicaid Rep – Nicole Salava

- Julie & Kristi on call as well today
- Send out an email if there is a demonstration on CHAMPS you would like to see them do

State Lab Billing Issues

- Nicole and Julie will look into the issue of PCG sending invoices and not billing insurance
- PCG is sending accounts receivable list and will have different invoice numbers for the same client and date of service, thus some are getting paid twice
-

Trumenba – Is anyone billing this and getting paid?

- BCN is still calling it “experimental” so it is not getting paid

Medicare Retroactive & Medicaid paid as primary takebacks

- In June or July, TPL has updated that
- 8/29 there was a biller B aware sent out regarding this issue
- The bulletin has instructions on how to mark the claim so it will bypass timely filing limits
- 120 days after you get the Medicare adjudication

Specific Billing Rejection Issues or Questions

Molina rejecting 36416

- Letter for each claim
- Dispute for each claim
- Molina is looking in to this

Molina Rejecting over 5 90472

- United, Total Health, BCC are also giving people problems
- Molina is looking into it but asked for documentation
 - Nicole will take this back to Medicaid and look into it

BCN & Authorization

- There is a list of codes that a BCN rep gave that will not trigger the need for an authorization
- There was also an issue using 71 as a POS and was ok using 11

Immunizations in School

- Multiple counties use 71 as a POS to give imms in schools

Announcements

Next Meeting is October 19th at 9am

**MALPH Billers Teleconference
Minutes for 10/19/2016**

Follow-Up

FQHC/RHC Voids with Medicare Retro

- Oakland has received some requests and a some take backs
- Some of those go back to 2009/2010
 - Medicare is supposed to be able to be rebilled for those as they are exempt from the timely filing
 - If Alicia gets any she will attach the letter from Medicaid and report back if they get paid

Maximum Vaccines given in one visit?

- Julie from Medicaid will look into the maximum and report back to the group
- The health plans do not have to follow the Medicaid rule for this, sometimes their “parent company” policies overrides Medicaid

State Lab

- Send any issues to Rachel @ Oakland

UHC Denials – Precert/auth/notification absent

- United says it has been resolved but LHDs are still getting denials
 - Each person they talk to gives a different answer
 - Says it is because they do not have a contract, but they do have one
- Box 31 on claims form – put the health department instead of medical director
 - One LHD tried that and still got denied
- Julie will verify who to talk to

Discussion/Presentation

Procedure Codes/DX Codes for STI Services: Heather Kohn

	9921	Z11.
Encounter for screening for infections with a predominantly sexual mode of transmission	1	3

Encounter for screening for HIV	Z11. 4
Encounter for HPV	Z11. 51
Encounter for Screening for other VIRAL diseases	Z11. 59
Encounter for Other BACTERIAL diseases	Z11. 2
Encounter for screening for other infectious and parasitic diseases (chlamydia, rickettsia spirochetal mycoses)	Z11. 8
Contact with and (SUSPECTED) EXPOSURE to HIV	Z20. 6
Contact with and (SUSPECTED) exposure to infections with A PREDOMINATLY sexual mode of transmission	Z20. 2
STD EXAM - Clinic only	Z20. 2

MIHP Mileage Rate

- A LHD will send out the bulletin that it has been changed to .19

Billing MIHP to MHPs – Effective 1/1/17

- You need to have contracts with the health plans
- If you already have contracts see if you need to get an amendment/addendum
- Julie – if the client has MA FFS and MOMS you still bill FFS direct
- DOS prior to 1/1/17 will still go to FFS

Billing for Nutritional Education – Lori Shaulis

- The NP has to be the one to provide the services
- Lori will send out the codes and the BCBS fee schedule

- Use the 25 modifier when billing the office visit and nutritional ed
- Does Medicaid have a list of types of providers and what they can bill?
 - Nicole will verify, but she is pretty sure that it is just MD, NP, and PA. She will also verify the status of being able to bill for RD
 - You can also find this information in the CPT book
 - If it says physician or other qualified health professional then it means mid-level or higher (like NPs and PAs)

ICD 10 Troubleshooting

Z23 Dx BCBS system error cleared as of 9/23/2016

Specific Billing Rejection Issues or Questions

Who has the most up to date eligibility info?

- CHAMPS will have the most up-to-date information regarding eligibility
- If you there is conflicting information between what CHAMPS has and what an MHP has, contact the contract manager to get that information updated
- The MHPs should also be notifying the state if clients get primary insurance

Home Lead Assessment

- Nicole will verify the fee screen and the
- The admin listserv got information about the lead visits increasing for those who have elevated lead levels
 - This is not a separately billable service, but a lump sum that was given to specific LHDs

Place of Service

- A BCBS rep said not to bill POS 11
- Alicia bills her TB to BCBS and BCN with 11 and gets paid

Molina Denials for Blood Lead

- 36416 being denied for being bundled
 - Nicole or Julie will check in and get back to us
- Molina is also denying for a medical director's taxonomy code/provider specialty

Announcements

**MALPH Billers Teleconference
Minutes for 10/21/2015**

Follow-Up

Craig Boyce: Check in on Z00.10 and Z00.129

- There is nobody at MDHHS that is going to define “abnormal findings” for us
- If you are going to use that code, you just need to make sure that you have documentation in your notes that shows something that is out of the norm
- Just a reminder: The list of codes that Craig sent out are a list of the most commonly used codes. It is not meant to include all possibilities for codes.
- There are not specific codes set up for MIHP
- With family planning, you need to use the range that MDHHS provided

Amy from Molina

- Amy was not on the call

ICD10 Billing

- Craig said that he is not seeing any problems with any ICD10 claims thus far

Flu Claims

- No concerns regarding flu claims at this time

Family Planning: Commercial Insurance and NDC Codes

- Berrien County is having an issue with taxonomy code and being told they need to be a pharmacy to give out pills
 - If the client has private insurance and Medicaid, it is very rare that Medicaid will pay for contraception as it is the law that private insurance is supposed to cover contraception. You may need to contact the private insurance to see how contraception will be covered
 - Even if you get a denial from BCBS, Medicaid will deny because the federal government says contraceptives need to be covered.
- Ingham County—want to be able to a postpartum visit and then get them on contraception as they do a physical during that visit. Do not want to have to have them come back in a few days to do another physical
 - Craig will look into that and will get back with them
 - Micki stated that postpartum visit cannot be unbundled

- Certified Nurse Midwife—pharmacies are rejecting BC prescriptions. Need to have the supervising physician's information on the rx

Specific Billing Rejection Issues

- Rejection for VFC vaccine—Rejected for having other insurance. Checked the policy manual, said that you can bill VFC for the vaccine regardless of insurance status. Wanted to know if you should bill admin fee to private insurance or Medicaid
 - Chris from immunizations smithc63@michigan.gov 517-335-8333 asked for that person to email them to investigate the rejection
- Routinely get denied from health plans for those that have MI Child
 - Chris stated that immunizations is still working on that
 - There was an email that went out, Craig will compile that and get it sent to the list serve
- A Medicaid HMO is denying childhood vaccines for an older gentleman who had a complete blood transfusion
 - Someone recommended putting on the medical diagnosis as a secondary to explain why he is getting the vaccines
 - Chris suggested speaking with the HMO
 - If after taking these steps it is still being denied, Craig said to contact him and he will get her in contact with the Medicaid contract manager for the HMO

Announcements

- If you know anyone who wants to sign up for the list serve, have them email Shelly Wittaniemi at Ottawa County swittaniemi@miottawa.org
- Email Alicia with suggestion for agenda items asbaxt@kalcounty.com

Next Meeting is November 18th at 9am

**MALPH Billers Teleconference
Minutes for 11/14/17**

Follow Up

PCG Billing Issues

- St. Clair County said their situation with PCG is staying the same, they recently got another statement
- Continue to contact and have Nicole advocate for us
- Nicole has continued to email and has not gotten a response
 - She suggests to have providers continue to call as LHDs are getting more response than they are

MIHP Billing to Health Plans

- Meridian & Molina are still rejecting for other insurance
 - Latina from the state is still working on this
 - McLaren may also be an issue now. Send examples if this is the case.

Meridian Not Paying for 2 Lead (83655) per Day

- Per Latina's email from Meridian this should be resolved

Aetna Better Health Denying 36416 and 83655 Denying as Not Covered

- Aetna is not returning phone call
- Follow up with Latina as she is working on this

Meridian Not Paying VFC Admin Fees w/o Other Insurance Being Billed First

- Latina forwarded an email from Meridian that said that the denials aren't happening for TPL for VFC clients

MSA 17-21 Billing for Free or Reduced Price Care

- Nicole spoke with policy
- Nicole will forward the response that she got

Immunizations in the Community

- Physical address will be the LHD address and the POS will be where they are actually being done
 - Nicole is waiting for an answer from Steve

Meridian TPL Not Up to Date

- This will be moved to the admin forum meeting

Meridian Overpaying for 340B Drugs

- Claims will get adjusted when the biller contacts the rep
 - They don't know why it is happening in the first place

Proposed Policy 1714-MH (Removing limit for behavioral health)

Discussion/New Items

Otrho-tricyclen and ortho tri-lo taken off MHP formulary

- Will it also be taken off of the formulary for the LHDs?
 - We can look at it again next month after more billing revenue has come in

Hearing & Vision DDE Claims Denying (16, MA30)

- They think they figured this out – was an issue with the transition to Sigma

MIHP – Billing for babies not in CHAMPS or enrolled in a health plan yet

- Hold them until they show in CHAMPS
- If they show Medicaid & not a health plan they bill MA

Fluoride Varnish Services

- You can bill medical or dental
 - Erin is contracted with a dentist so they bill it as dental
 - If you are going to go that route, you can contact Erin with questions about it

New Facilitator & Minute Taker for 2018

- Send Erin an email if you're interested in facilitating or Katie if you're interested in taking the minutes

Telehealth (Q3014) Denials from straight Medicaid

- GT modifier, POS 2, bill under Medical director

Adolescent Health – Behavioral Health

- Don't bill as HD, bill POS 11
- Provider should be on contract as a behavioral health provider
- Erin – all social workers are individually enrolled in CHAMPS and with Blue Cross
 - She gets paid with POS 71

Do you have to list CAS codes at line level or claim level?

- You have to list them at the line level
- Does anyone know where you can find documentation for this? It is needed for a provider's new software so they can make that change for them

270/271 Eligibility File

- No LHDs spoke up about using this

Standard Fee

- Is there documentation that you can't charge private ins one thing and Medicaid another?
- Erin will try to find documentation as she has had this come up before

Announcements

Next Meeting is Tuesday December 12th at 9am

**MALPH Billers Teleconference
Minutes for 11/16/2016**

Follow-Up

Medicaid Mileage

- 10/1/16 the new rate is 19 cents
- Health departments can keep 6% as a fee

State Lab Invoicing Issues

- Kristi from the State has been put in contact with individuals with PCG to work on the issues
- They are looking for specific example for PCG to look at so they can look deeper into the issue
- There are significant delays and work is being duplicated multiple times
- Kristi will follow up with the individual at PCG to see if there is something health departments can do to make this process smoother

Maximum Vaccines in One Visit

- Julie – 90471 for 1st immunization, you are then allowed 8 additional (90472) in a day for a total of 9
- What if the health plans are not following this guideline?
 - The health plan has to follow their parent company's rules
 - They do not have to follow Medicaid
- Heather from the State will double check on this for the health plans
 - Heather – slawinskih@michigan.gov
 - Heather will send out a list of contract managers for the health plans

UHC Denials – Precert/auth/notification absent

- Send examples of this to Erin so they can be forwarded to the correct person to research this problem
 - Include TCN, DOS, beneficiary ID
 - 231-995-6109 is Erin's fax if you cannot email it

Molina Denying 36416 for Lead – Bundled Service?

- If this is still an issue send examples Erin and Erin will forward them to the State
- You can bill FFS even if a client has a health plan
- The state will look in to why the health plans are not paying since it is on the LHD fee schedule in the Medicaid manual

Nutritional Education Billing

- Lori sent out the codes they use for billing nutritional ed
 - CPT code 97802, DX code V71.3, Modifier on E&M code, BCBS fee \$51.21

Discussion/Presentation

Online Billing Training Courses

- There were no suggestions at the time of the meeting
- If you come across something that would be helpful, please send to the list

FP Clients w/ Medicare Primary and Medicaid Secondary

- If you are not contracted with Medicare you will not get payment from Medicaid
- There are issues getting a BCN contract, but

Immunization & 99211 on the Same Day

- Lori has an email out to the HMO who she is having an issue with
- Meridian is denying some even with the modifier

Vaccines for Child w/ Private and Medicaid – Can you bypass billing private?

- If you use VFC vaccine you need to bill the admin fee to Medicaid
- People get their claims kicked back when they bill to the health plans
 - Heather will research this to see why they are denying

Announcements

- The billing group will be looking for a new facilitator in 1 year
- Looking for a new day of the week for 2017 calls

**MALPH Billers Teleconference
Minutes for 11/18/2015**

MICHILD and VFC Vaccine – Transition to Medicaid FFS

- How is it going to look in CHAMPS? Will it show MICHILD or a health plan?
 - Craig believes it will still show MICHild, but he has not gotten that information yet. Any day now there should be a bulletin explaining
 - Educate clerks that MICHild is now treated like Medicaid
- The start date for the change is 1/1/16
- This makes MICHild beneficiaries eligible for VFC
- If the client has primary insurance and Medicaid, you can bill either/or.
 - Craig says Z23 is a “pay and chase” diagnosis code
- Erin from Grand Traverse County says that for immunization clients who have private insurance and Medicaid, they use VFC vaccine and then bill the admin fee to private insurance
- Craig will follow up with policy to get clarification

Hearing & Vision Claims

- In the LHD chapter in the Medicaid Manual, it is stated that you can bill hearing and vision claims directly to Medicaid regardless if they have a health plan
- Someone stated that claims are denying for having commercial insurance with the Z13.5 code
- If you know it is not covered, you can use 96 or 204 for a CAS code
- You can try using Z00.129 for hearing & vision claims as it is a “pay and chase” code

Specific Billing Rejection Issues

- Is Z1388 (lead) a pay and chase code?
 - Craig will investigate
- Do you bill for STD test or do you provide the lab the client’s insurance information?
 - For those who do not have labs on site they provide the labs with the insurance information
- Send Alicia a list what ICD 10 codes you are using so we can have a list of what health departments are using

Announcements

Next Meeting is December 16th at 9am

**MALPH Billers Teleconference
Minutes for 12/16/2015**

Follow Up

VFC Policy: Private insurance as primary to Medicaid

- You can always use VFC if someone is Medicaid eligible, even if they have primary insurance. You can then bill the primary insurance for the admin fee.
- You have the choice to bill private insurance, however if private insurance puts it to deductible, etc. you will lose the opportunity to be reimbursed
- Z23 is a pay and chase diagnosis code for 0-18 years old, so Medicaid will pay even with the private insurance. You don't need to show the private insurance since Medicaid will bypass it and pay.
 - This is why some claims with other insurance pays and others don't—it is based on the diagnosis code and how the system is set up to process "pay and chase" codes
 - This is strictly for FFS Medicaid, HMOs may have their own policy
- Title 42 spells out what the State Medicaid must pay for
- Craig will forward an email with that information

Z1388-Is it "Pay and Chase"?

- This is not a pay and chase code
- We can dig around and find a pay and chase code for lead billing

Discussion

CHAMPS Shows HMO coverage yet rejected as not enrolled

- State sends HMO a file every month
- HMOs should be following what is on CHAMPS, even if they have differing information on the files or there were errors in the file they were sent
- Participants on the call stated that the HMOs are not honoring what is on CHAMPS
 - They track claims for months and neither the HMOs or the State won't budge
 - Alicia says that when she gets these denials she calls the health plans, gets a fax number, and sends a copy from CHAMPS to show insurance.
 - Others were told that regardless of what is on CHAMPS, even if you send a copy, they won't budge and pay the claim
 - Some are using an appeal form to get claims paid and resolve this issue

- Craig is asking for examples of this so he can bring them to contract managers to research them
- McLaren and Meridian health plan were mentioned as being plans that were having lots of issue with this

Contract Managers not returning calls

- There is a number in the directory involving the managed care area, try calling that to make a complaint

Different fees for different payers

- Craig does not believe there is Medicaid policy about this
- Title 10 regs state you have to charge all payers the same
- Look over your contracts with insurances to see if there is anything stating whether this is allowed or not

NDC Codes: Needed or not

- Medicaid says you need to have NDCs on the claim
- Molina is denying a claim, said it will pay without an NDC—there may be some “behind the scenes” procedures at work here. The general rule and policy is you must put an NDC

Taxonomy Codes

- Medicaid only requires a taxonomy code for Family Planning
- Washington Publishing site has a list of taxonomy codes
- 261QF0050X is the FP code
- There is a list of FP CPT codes on the MDHHS website
- STD services need to process under your local health taxonomy

ICD 19 Troubleshooting

- Alicia would like a list of what ICD 10 codes you are using so she can have a compiled list of what health departments
 - Most commonly used
 - Shoot for getting this to Alicia by sometime in January

Specific Billing Rejection Issues

- Blue Cross paid a claim higher than the Medicaid fee screen
 - You still need to bill Medicaid for cost settlement purposes (to get credit for the encounter)
- When MiChild becomes Medicaid, can we now bill hearing and vision?
 - Craig will see if he can find that out
 - You can also try it out and see if the claims will pay

Announcements

Next Meeting is January 20th at 9am

**MALPH Billers Teleconference
Minutes for 12/12/17**

Follow Up

PCG Billing Issues

- Grand Traverse is copying their lab reqs so they have proof they've provided the insurance information to PCG

MIHP Billing to Health Plans

- Meridian, Molina, McLaren have been issues. UHC has also just become an issue for some
 - UHC did a pullback for an LHD recently
- One LHD will resend the claims by paper and attach the bulletin and it seems to resolve it
- Erin will follow up with Latina about this

Aetna Better Health Denying 36416 and 83655 Denying as Not Covered

- Meridian was not paying for 2/day
 - This is possibly resolved
- Aetna is still denying as non-covered
 - Calhoun and Berrien
 - Erin will follow up with Latina on this

Meridian Overpaying for 340B Drugs

- Monroe – also now overpaying for Hep A & B
- Other LHDs are having the same issue
- Monroe said their rep will run a report and take back the overpayment

MSA 17-21 Billing for Free or Reduced Price Care

- This has brought to admin forum and policy to get something in writing

Ortho-tricyclen and ortho tri-lo taken off MHP Formulary

- Should only affect pharmacy claims, not medical
- Should still be paid for these by billing S4993 to the health plans

Volunteers for Facilitator and Minutes Taker

- Reach out to Katie or Erin if you are thinking about volunteering

Discussion/New Items

Billing High Risk Dx Codes for MIHP Clients

- At Grand Traverse the nurses/social workers have the option to use the high risks codes
- High risk codes sometimes can cause an issue if the client has other insurance because it is not a “pay and chase” code

D1206 Denials (reason code 185) from FFS Medicaid

- 99188 – use this CPT if you are billing for the fluoride varnish under your medical director

What Code to Bill When Client Comes Back for Pap to Finish Annual Exam

- If you already billed for the annual and they are coming back strictly to finish the pap, there should be no additional billing since it would be reflected in the annual exam

Announcements

Next Meeting is Tuesday January 9th at 9am

**MALPH Billers Teleconference
Minutes for 11/16/2016**

Follow-Up

Medicaid Mileage

- 10/1/16 the new rate is 19 cents
- Health departments can keep 6% as a fee

State Lab Invoicing Issues

- Kristi from the State has been put in contact with individuals with PCG to work on the issues
- They are looking for specific example for PCG to look at so they can look deeper into the issue
- There are significant delays and work is being duplicated multiple times
- Kristi will follow up with the individual at PCG to see if there is something health departments can do to make this process smoother

Maximum Vaccines in One Visit

- Julie – 90471 for 1st immunization, you are then allowed 8 additional (90472) in a day for a total of 9
- What if the health plans are not following this guideline?
 - The health plan has to follow their parent company's rules
 - They do not have to follow Medicaid
- Heather from the State will double check on this for the health plans
 - Heather – slawinskih@michigan.gov
 - Heather will send out a list of contract managers for the health plans

UHC Denials – Precert/auth/notification absent

- Send examples of this to Erin so they can be forwarded to the correct person to research this problem
 - Include TCN, DOS, beneficiary ID
 - 231-995-6109 is Erin's fax if you cannot email it

Molina Denying 36416 for Lead – Bundled Service?

- If this is still an issue send examples Erin and Erin will forward them to the State
- You can bill FFS even if a client has a health plan
- The state will look in to why the health plans are not paying since it is on the LHD fee schedule in the Medicaid manual

Nutritional Education Billing

- Lori sent out the codes they use for billing nutritional ed
 - CPT code 97802, DX code V71.3, Modifier on E&M code, BCBS fee \$51.21

Discussion/Presentation

Online Billing Training Courses

- There were no suggestions at the time of the meeting
- If you come across something that would be helpful, please send to the list

FP Clients w/ Medicare Primary and Medicaid Secondary

- If you are not contracted with Medicare you will not get payment from Medicaid
- There are issues getting a BCN contract, but

Immunization & 99211 on the Same Day

- Lori has an email out to the HMO who she is having an issue with
- Meridian is denying some even with the modifier

Vaccines for Child w/ Private and Medicaid – Can you bypass billing private?

- If you use VFC vaccine you need to bill the admin fee to Medicaid
- People get their claims kicked back when they bill to the health plans
 - Heather will research this to see why they are denying

Announcements

- The billing group will be looking for a new facilitator in 1 year
- Looking for a new day of the week for 2017 calls

Michigan Billers Teleconference
Meeting Minutes
Erin Carlson
2/13/18 9:00 am - 10:00 am

Follow-up Items

1. Invoicing issues from State Lab billing service PCG
Admin forum aware of this issue – need to work with PCG individually in the meantime
Mary from DHD 4 is getting very old DOS rejections. Too late to do anything with.
Lori – LMAS – being sent to collection agency for balances that shouldn't even be their responsibility.
2. MIHP billing to the HealthPlans
 - Meridian, Molina, McLaren, UHC all rejecting claims because other insurance is not on the claim – Cecilia, St Clair, still having issues. Anyone having this issue is to send examples to ecarlson@gtchd.org in an excel document in the following format claim number, beneficiary ID, DOS, CPT, managed care plan, health dept. Please send by 2/28/18. Erin will compile and send to Latina.
3. 83655 (lead) – Aetna Better Hlth denying 36416 and/or 83655 as non covered – Lynn, Calhoun has been working with Sheila McIntyre at ABH. Still not resolved. Lynn will send examples to Latina.
4. MSA 17-21 – Billing for Free or Reduced Price Care – This has been passed on to the admin forum. They have reached out to policy for clarification.
5. Meridian overpaying for 340B drugs – Still a problem for Health Depts, including Monroe and Calhoun. For now they will continue to work on this independently. Apparently Meridian is aware of the issue and is working on resolving it.
6. Meridian Lead Incentive – Audrey French from Meridian is discussing our issues with others at Meridian – summary of issues/problems - Terri, Jackson
 - Incentives stopped being paid in spring of 2017
 - Incentive changed from CPT code 36416 to 83655, so LHDs who don't process this in house are losing out on this incentive
 - Incentive should be for ages 0-2, but MER is incorrectly denying 83655 for anyone outside of that age group. The code should still be paid at regular Medicaid rate, just not the incentive.

Audrey is working with a team from Meridian to try to figure out the best way for LHDs to still get this incentive. They are aware that the incentive stopped paying for claims submitted starting April 2017. They also understand that many LHDs don't do these labs in house and if the incentive is attached to 83655 then they aren't eligible for any incentive. They are also aware that the current code of 83655 is paying incorrectly and they are working with IT to fix

this. Audrey hopes that the incentive can be back dated and that all the claims can be auto-reprocessed. Terri will keep us up to date via the listserv of any updates from Audrey.

7. Hearing Screen Denials – This is resolved

8. Anyone interested in volunteering as new Facilitator or Minutes Taker for 2018? - Reach out to Katie or Erin if you are interested and/or if you have any questions

New Items

1. 36416 for Blood Leads not being paid when done on same day as Imms for Priority Health Commercial Insurance. – Noone else has noticed this issue.
2. 90620 – Meningococcal B vaccine being denied by Meridian – HDNW, Macomb, and St Clair are all having this issue. They state they have to call for CPT codes 90620 and 90621 everytime to get them paid. Or Crystal from HDNW sends a spreadsheet to claimstatus@MHP.com. Latina will follow up with Daryl Bragg from Meridian to make sure that Meridian is aware of this issue and is working on a fix so that HDs do not need to call everytime.
3. Q3014 – Telehealth denials for HDNW from Medicaid and Medicaid MC Plans due to POS 71 not an allowable site – Lynn from Calhoun uses POS 2 and gets paid. Stephanie from HDNW is concerned with doing this for Medicaid because she was told because her HD is registered as an FAO (facility, agency, organization), she has to use 71. Lynn sent MSA 17-01 via the listserv that does state at the end that effective 1/1/17 POS 02 will be recognized for Telehealth. Stephanie is also concerned that Local HDs are not on the list as authorized telehealth sites in the Medicaid Provider Manual. She wanted Nicole to be aware of this to see if there is a way to get LHDs added to this list.
4. Need Prior Authorization rejections from Blue Cross Complete – Sue was told from BCC that all their members had PCPs and are required to seek services through them or get prior authorization to see another provider. Erin mentioned to Latina that she though certain programs were exempt from having to get prior auth for Medicaid Health Plan beneficiarys, including, Title X Family Planning Clinics, Local Hlth Dept Imms Clinics, and State Funded Child and Adol Health Centers. Latina will follow up with Blue Cross Complete on this.

Next Meeting

Tuesday, March 13th

Michigan Billers Teleconference
MINUTES
10/10/17

Follow-up Items

1. Invoicing issues from State Lab billing service PCG – Nicole not on the call. Erin emailed Nicole for status update
2. MIHP billing to the HealthPlans
 - Plans rejecting claims because other insurance is not on the claim and recovery of previously paid claims. This is both Meridian and Molina. Latina has reached out to the contract mgr and will reach out again.
3. 83655 (lead) – Meridian is not paying for 2 per day. – Per Latina, the contract mgr is working on this. She will f/u again and let Erin know the status.
 - Aetna Better Hlth denying 36416 and/or 83655 as non covered – Calhoun County spoke with Sheila from ABH and she is working on it. Latina will also reach out to the contract mgr about this.
4. Meridian still not paying for imms admin fees for VFC clients unless other insurance is billed first. – Latina thinks this is resolved but will f/u with the contract mgr to be sure.
5. MSA 17-21 – Billing for Free or Reduced Price Care – Nicole not on the call. Erin emailed Nicole for status update
6. Immunizations in the Community – What physical address goes on claim? And what POS - Nicole not on the call. Erin emailed Nicole for status update
7. Meridian TPL not up to date – Latina will f/u with Contract Mgr. Wendy from Lapeer sends a printout of the primary payer website showing coverage is termed and her claims get reprocessed and paid. Margie from Monroe bills the other payer, gets a denial, and then sends a paper claim with attached EOB showing primary coverage is termed. Sheila is finding she doesn't get consistent answers on what to do, depends on who she talks to at customer service.
8. BCN flu vaccine reimbursement issue – No longer an issue. Thinks NDC was not yet loaded in their system previously.
9. Meridian overpaying for 340B drugs – This is happening to many Health Depts even though they are only billing the 340B cost. Does seem to maybe be only those that are contracted with Meridian. Seems to have started only after having to use U6 modifier. Latina will f/u with contract mgr on this. Calhoun is working with Jake from Provider Relations on this

issue. Amy from DHD 4 is consistently getting higher reimbursement for depo, but it is not always the same amount.

New Items

1. HPV ins reimbursement for clients who “aged out” of the recommended age mid series – Noone knows of a modifier or a way to get these paid. GT County uses MIVRP vaccine for those over 26, even if it is mid series.
2. Did proposed policy 1714-MH (removing the limit for behavioral health svcs) become policy on 10/1/17? – None has seen a bulletin on this yet. Someone went to inservice for UPHP and they did say that this did go into effect. If anyone sees a bulleting on this, please forward to the listserv.
3. Lactation Support Svcs – MSA 15-46 – This policy states IBCLC can bill for these svcs under the Supervising Physician. Does anyone bill S9443 to insurance and get paid? – Definition of S9443 per HCPCS book: Lactation class, non physician provider, per session. Marquette has tried to bill to BCBS and does not get paid. Instead, they bill 99401-99404 and do get payment – diag code Z39.01. St Clair bills S9443 through their WIC clinic.
4. Comprehensive Exams on Males through FP clinic – what CPT, ICD-10 codes? – Sue from DHD 10 bills these but not through Family Planning. Chippewa bills these. They tried both as a family planning claim and as a Local Hlth Dept claim both were paid. Family Planning claim needs Z30 code. She will do it that way now so it is counted as Family Planning encounter for Cost Based Reimbursement. Kris from Tuscola just sent a FP claim in with the preventive physical CPT code and Z30.09. It is part of their initiative to see males for these services in family planning clinic.
5. EPSDT svcs – Are these billable separately from the Well Child Exam? – Lori believe that V&H screens are included in the Well Child Exam, but that 96110 – developmental screening, is billable separately.
6. HAP out of network denials – no discussion
7. Cecila updated that the feedback for the Accounting Seminar was very positive. Billers would like to continue this in future years.

MINUTES
Michigan Billers Teleconference 9/12/17
Erin Carlson

Follow-up Items

1. Invoicing issues from State Lab billing service PCG – Nicole is in contract with Diana at PCG but is just being told it is the HDs responsibility to do the leg work if claims are denied or rejected. Nicole has reached out to others but isn't getting a response. She will continue to work on this.
2. MIHP billing to the HealthPlans
 - Plans rejecting claims because other insurance is not on the claim - Chris from Tuscola has had UHC takebacks due to this issue. Amy from DHD 4 is getting rejections from Molina if Prim insurance is not on the claim. Latina will f/u with both of these issues.
 - Meridian – requesting last Menstrual cycle – RESOLVED
 - H1000, H2000 - still an issue with Meridian? - RESOLVED
 - McLaren not paying POS 15 – Kurstan from Grand Traverse sent email to MIHP contact and was told this was not a payable POS. Tasha from Central called customer service and her claims were reprocessed and paid. Grand Traverse will try again to get these paid.
3. 83655 (lead) – Meridian is not paying for 2 per day. –
 - Latina sent 2nd request to contract mgr on this
 - Aetna Better Hlth denying as non covered
 - Calhoun and Monroe getting denials for 36416 and/or 83655. Latina will send message to contract mgr.
4. Meridian still not paying for imms admin fees for VFC clients unless other insurance is billed first. – Sara from Jackson and Brenda from Ionia are both being told that Meridan is the payer of last resort. Claims only get paid when they get Heather involved. Latina is going to look into this further with their contract mgr. Medicaid and Medicaid hlthplans are required to pay for the admin fee for VFC vaccines regardless of whether or not the child has other insurance.
5. MSA 17-21 – Billing for Free or Reduced Price Care – Nicole is still getting clarification on this, but she took it to mean that we couldn't bill Medicaid if we offered it to the client at a reduced rate. But...if we offer it to the client for free, then we can bill Medicaid. She is going to clarify this and let us know.
6. Immunizations in the Community – Nicole is reaching out to see what should be used in the physical location on the claim (is HD address ok?) and what Place of Service Code

7. Meridian TPL not up to date – Latina is aware of this issue and is reaching out to their contract mgr.
8. Behavioral Hlth Svcs denying d/t met maximum benefit. – Proposed policy (1714-MH) removing this maximum number of visits does not go into effect until 10/1/17.
9. 90460/90461 – no discussion
10. 2017 MALPH Accounting and Billing Seminar – Cecilia updated the group that BCBS Pat Embry cannot attend, but did send her presentation via email for us to review as a group. Copies will not be provided at the conference. Other Hlth Plans will be there and should be bringing materials for us.

New Items

1. Ins payment issues for Imms for post splenectomy (or other medical issue) – Jennifer Allen from Ottawa is getting denials from PH. She is using the medical diagnosis as primary and Z23. as secondary. Bethany from Saginaw suggested she have the client call the insurance company of see if they have a case worker that can get involved. Erin from Grand Traverse suggested VRP vaccine if the client is eligible for it.
2. BCN flu vaccine reimbursement issue – Ann from DHD4 is not getting paid. Others have not started billing but will respond to the email from Ann when they do if they are also having problems or have any suggestions.
3. Molina request for MIHP re-enrollment – Cecilia from St Clair and Amy for DHD 4 are re-enrolling.
4. New contact at Molina? Deana Harrison – deanaharrison@molinahealthcare.com or 248-925-1790 ext 155418 has been helpful in getting claims paid/issues resolved.
5. Lynn from Calhoun wondered about billing units or MI for BCN vaccines. Was informed that it is on the website and it is different for different vaccines.
6. Mary from HD of NW is having a problem with Meridian overpaying for 340B drugs. She will bill a med through their family planning clinic with the U6 modifier. She will only bill what they pay for it, but Meridian pays more than her full charge. Calhoun and St Clair also having this issue. They will continue to work on it this month. If still an issue next month, we will get Latina or Heather involved.

Next Meeting - Tuesday, October 10th