

Billing Forum Meeting

March 15, 2023

Facilitated by: Taylor Hart – Monroe County taylor.hart@monremi.org

Meeting Minutes: Katie Hensley – Washtenaw County hensleyk@washtenaw.org

Additions to agenda

- U1 modifier on emergency contraception?
- RN encounter – Do you bill for the injection for depo?
 - Some bill for the injection, Ottawa County will reach out to those who responded in the chat

Medicaid Billing

- H1000 CPT (maternal office assessment) is not getting paid due to age
 - This is a maternal code. Also be sure to check the Z code for age when billing infant visits, as there are different codes for 0-8 days, 8-28 days, and 28+ days old

Molina

- Monroe is still getting denials
- According to Steve Ireland you should be billing with your medical director as the rendering, not the facility. Molina has said they fixed this issue, however some health departments are still seeing these denials
 - Continue to reach out to Molina and the state if you get these denials. Steve can bring them to his meetings with the contract reps at the state
- Molina is bundling the injection code with J1050 – Ottawa is also having that issue
 - The injection code is not payable if it is billed with an E&M visit
 - Continue to keep the group updated on this

Dental Billing

- Northwest – Specifically looking for clinics that operate dental clinics. She is looking for contacts so she can have someone to reach out to with questions. Reach out to Amy Decker if you can help

STI Testing

- Ashley Hobart is looking to start billing insurance for STI services and wanted to know how other health departments do this billing
- If the labs are sent out you cannot bill for the testing, but may be able to bill for blood draws and office visits
 - In order to bill for any office visits they first need to be seen by an MD or NP

Patagonia – Pros & Cons

- Macomb county is looking at getting Patagonia, wants pros & cons
- Top 3 pros and 3 cons/shortfalls from a billing perspective healthmedbilling@macombgov.org

Lead

- Monroe County charges \$25 for the finger poke only as they send the blood sample out for testing. They bill to the health plans and get paid.
- Some insurances will deny for bundling – how do you handle that?
 - If they received other services on that day, send in a corrected claim and use modifier
 - You could also try multiple procedure modifier (51)
 - QW is a modifier that is used when doing the lab in house
 - Modifier 25 is only for E/M codes

Miscellaneous Emails

- Please try to keep the group updated if you get your Molina and Meridian claims fixed
- D2 – What do we charge for 83655
 - Macomb \$25
 - Tasha charges \$20
 - Julie \$15
- BCCCP email – Kelly has this fixed

Conference

- Feedback about what you want to see at the conference is due to Taylor at Monroe by 3pm on 3/16
- Can we get a presenter who is able to offer CEUs for the trainings?
 - MALPH is unable to offer CEUs so it would need to be coming from the presenter/teacher
- Information about the conference will be sent out to the billing group

Roundtables – Questions or Concerns

- Sheila – HAP Empowered – it gets rejected in Patagonia and won't even leave the clearinghouse
 - Try using 38224 Health Alliance Plan
- HDNW – Have ongoing issues with Meridian
 - They got a letter from a provider that they are not taking Meridian anymore because of the significant amount of staff time it is taking to get credentialed, fix billing issues, etc
 - It is taking 6-8 months for a single provider to be credentialed
 - Send specific examples to Steve Ireland so he can bring it to the bi-monthly health plan group