

HEALTH MANAGEMENT ASSOCIATES

Michigan Department of Health and Human Services

# STD/HIV Billing Toolkit Review

March 8, 2016



# STD/HIV Billing Toolkit

- Available on MDHHS website:
  - [www.michigan.gov/hivstd](http://www.michigan.gov/hivstd)
  - Scroll to “Additional Resources” section
- Purpose to assist Michigan’s STD/HIV clinics and organizations to:
  - determine whether to bill
  - set up and maintain a billing infrastructure
  - enhance the potential for revenue generation to sustain their services

# Topics

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1. Considering billing
2. Key steps to billing
3. Successful practices in Michigan
4. Coding examples
5. Technical assistance opportunities

# Toolkit References

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- In parentheses we list the page numbers that correspond to the toolkit so you can reference a specific section for more detail

# CONSIDERING BILLING

# Why bill? (7)

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- Diversify revenue to keep practice sustainable!
- Continue to care for underinsured if public/grant funding declines
- Affordable Care Act opportunity:
  - Greater number of clients insured
  - Inclusion of safety net providers in Health Insurance Marketplaces
  - Expanded access to STD/HIV preventive services at no cost to patient

# What are the challenges? (7)

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- Capital and staff time investment
- Credentialing requirements
- Technology requirements
- Maintaining privacy for sensitive conditions
- Ensuring affordability for clients
- Adapting culture from free services to billing for services

# Can I overcome the challenges?

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- Many STD/HIV providers in Michigan already have
- This toolkit will offer information to help you decide if billing offers an advantage for your clinic or organization



# What services would I bill for? (11)

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- For clients with Medicaid:
  - all services on the Medicaid fee schedule
- For clients with commercial insurance:
  - Essential Health Benefits, including screening and treatment for STD and HIV care
- Examples:
  - Evaluation and Management Services
  - Risk assessment counseling
  - Information / pamphlets
  - HIV counseling and testing
  - Linkage to Care & Patient Navigation/ Care Coordination/ Case Management
  - Oral health
  - Substance Abuse Counseling
  - Medical transport



# KEY STEPS TO BILLING

## Key Steps (13)

- ✓ Assessing feasibility
- ✓ Exploring potential partnerships
- ✓ Obtaining leadership and staff buy-in
- ✓ Convening a billing workgroup
- ✓ Identifying infrastructure changes
- ✓ Beginning the contracting process
- ✓ Establishing billing processes and protocols
- ✓ Building provider coding capacity
- ✓ Building revenue cycle management capacity
- ✓ Determining a communications plan

# Getting set up to bill (14)

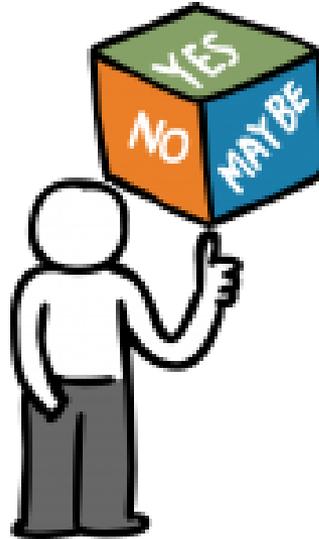
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- Perform survey of clients to document insurance status and type
- Apply for National Provider Identifier (NPI) number
- Confirm registration as Essential Community Provider
- Review insurer requirements
- Perform cost analysis/revenue projection

# Decisions

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- Will you. . .
  - Partner with another organization to bill?
  - Bill only Medicaid?
  - Bill Medicaid and other third party insurers?



# Exploring partnerships (16)

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- Share billing systems / cost of a license
- Share clinic space and other resources
- Share a licensed provider
- Referral agreements
- Subcontract to a medical practice

# Engage staff (17)

Step in the Process	Who is assigned?	When is this task done?	Who is it handed off to?	Who else needs this information?
Verify coverage				
Request prior authorization				
Document authorization limits				
Provide services				
Document service provided				
Bill for appropriate amount				
Collections: bill paid or denied				
Monitor receivables				
Make corrections and resubmit				
Monitor cash flow				

Source: NIATx Third Party Billing Guide

# Identify needed infrastructure (18)

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- Hardware and software
  - Billing system
  - Electronic Health Record or other tool to document services provided
  - Credit card machine
- Forms
  - Intake, encounter, consent
- Staffing/Training

# *Decisions (18)*

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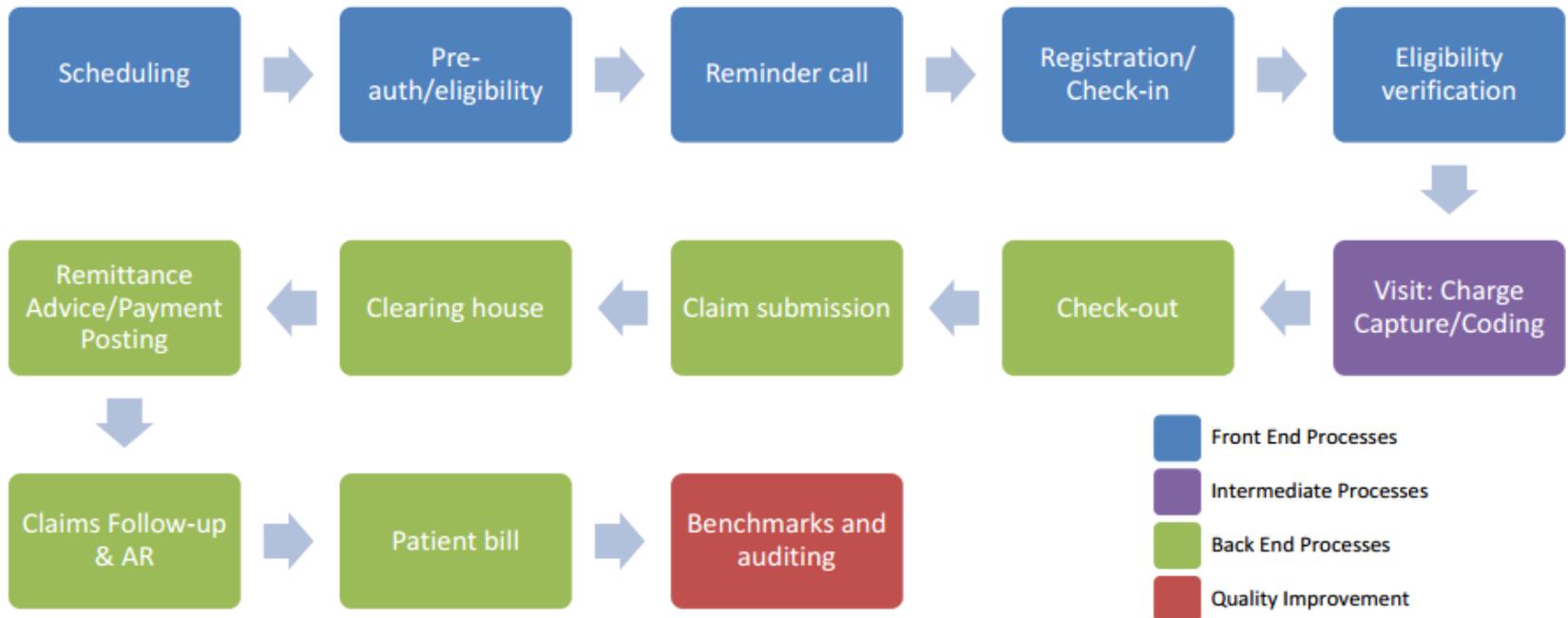
- Will you prepare and submit bills in-house or contract out those services?
- Benefits to contracting out:
  - Access to experts
  - Management of accounts receivable
  - Identification of opportunities to maximize reimbursement
  - Experience appealing and reversing claims denials
- Each entity must weigh cost of contracting out with internal capacity to bill

# Credentialing and Contracting (19)

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- To bill certain services, you must have a contract with a plan that outlines the fee schedule for services
- Clinicians must be credentialed with each plan to bill
- New Medicaid contract encourages plans to partner with non-traditional providers
- Medicaid Health Plan Pilots

# Revenue Cycle Management (23)



Developed by Mt. Baker Planned Parenthood, Bellingham, WA August 2011; Last Updated December 2014

Source: CARDEA: Revenue Cycle Management Process

# BEST PRACTICES IN MICHIGAN

# Promising practices (27)

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- Multiple levels of clinicians providing care
- Partnering with hospitals to provide the billing infrastructure
- Staff dedicated to medication compliance
- Community Health Worker (CHW) certification

# **CODING FOR SERVICES**

# What's coding? (28)

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- Transforming services, diagnoses, and supplies into alphanumeric codes
  - **ICD-10 Codes** describe the diagnosis – the “why”
  - **CPT Codes** describe the service or treatment performed, such as Evaluation and Management (E&M) – the “what”
  - **Modifiers** describe any exception to the CPT Code, and for example, can be used to describe additional services that were performed that are unrelated to the original procedure – “the additional info”
  - **HCPCS Codes** – often pronounced “hick picks”, these codes describe durable medical equipment, prosthetics, orthotics, and supplies – the “what else”

# Where do we document?

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- Medical record
- Superbill/encounter form
  - Standardized form for clinicians to document services provided
- Claim
  - Form submitted to the payer for payment

# Example 1

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- A 25-year-old female returns to your clinic for her HIV results as a follow-up to an earlier exam. The clinician advises the patient she is HIV+ (asymptomatic HIV). The clinician counsels her about what it means to be HIV+, reviews risk factors, and refers her to an HIV specialist. Face-to-face counseling with the clinician is 15 of the minutes of the 20-minute encounter. What codes do we need for this visit?
  - CPT/HCPCS Codes: 99213 for established patient problem focused E/M.
  - Related ICD-10 Codes: Z21 Asymptomatic human immunodeficiency virus (HIV) infection status, Z71.7 Human immunodeficiency virus (HIV) counseling.

*Source: Building Sustainability for HIV, STD and Related Services: A Coding Guide for Providers*

# Example 2

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- A 23 year old male who is new to the health department presents for STD screening. He does not have any symptoms, has had three male partners in the last six months and has used condoms inconsistently. He reports having receptive and insertive oral sex, occasional receptive anal sex and occasional anonymous partners. He has no complaints, is in good health, was diagnosed with gonorrhea approximately two years ago, and was tested and treated by a private provider. He had an HIV test six weeks ago with negative results and declines further testing.
- A clinician tests him for Gonorrhea (GC), Chlamydia (CT) (for reported sites of exposure), and draws blood for a Syphilis rapid plasma regain (RPR) test. The clinician provides face-to-face counseling which was 50% of the 35 minute visit. What codes do we need for this visit?
  - CPT/HCPCS Codes: 87081 for GC culture, 87591 for GC Nucleic Acid Amplification (NAA) test Genital, Rectal and Pharyngeal, 87491 and 87591 for GC and CT Rectal and Pharyngeal NAA test.
  - Related ICD-10 Codes: Z72.52 for high risk homosexual behavior to cover medical necessity of services, Z86.19 used to specify a diagnosis based on personal history of other infections and parasitic diseases.

*Source: Fundamentals of Coding and Billing for STI Clinical Services in Local Health Departments*

# TECHNICAL ASSISTANCE

# Need help billing? (31)

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- Review toolkit and resources listed in the technical assistance section:  
[www.michigan.gov/hivstd](http://www.michigan.gov/hivstd)

- Additional resources:

National Technical Assistance Center for Contracting and Reimbursement Expansion with Medicaid and Marketplace Insurance Plans (CRE)

<https://careacttarget.org/cre>

CDC Capacity Building Assistance Network

<http://www.cbaproviders.org>

NASTAD's Health Systems Integration program

<https://www.nastad.org/domestic/health-systems-integration>

# Still have questions?

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Email us at:

[MDHHS-DHSP-Billing@michigan.gov](mailto:MDHHS-DHSP-Billing@michigan.gov)

*This address will be available until December 31, 2016*



Thank you for joining!

**QUESTIONS?**