From Red to Black: Transforming Public Health Finances and Programming Through Strategic Billing (11.6.24)

FAQ – questions from Q&A that didn't get answered during the webinar

1. Can you bill for consultations when you are not seeing the patient in person but consulting with another entity? Can you bill for case management services when you are coordinating with jails/prisons/hospitals, etc., but not directly interacting with the patient?
    a. Yes to the first question. Look into e-consults for the second question; you are not able to bill unless you have either a face-to-face or are consulting over the phone with the patient.

2. Do you have any experience using Availity to manage credentialing/claims/etc.? If so, do you have any suggestions for navigating that system? We use it to manage our payors, but it is not very user-friendly.
    a. Ventura County does not use that program. We recommend reaching out to the company and seeing if your contract includes any staff training on the use of that system.

3. Suggestions for an LHD with challenges getting providers credentialed with insurers? Barrier: no hospital privileges.
    a. Credentialing is a long process, and Ventura County is credentialed with Kaiser. We recommend reaching out to the insurance of choice to be added and work together with them to get your MD or facilities on that insurance company.

4. Do you develop policies to ensure that you don't start getting pressure to prioritize patients with insurance over patients without or indigent patients?
    a. Ventura County partners with our county hospital, and they do have a policy that states that everyone is seen no matter their payor source. Please look into the No Surprises Act.

5. Is there a cheat sheet, for example, which modifiers to use, when a modifier is or isn't needed, commonly used codes in TB, etc.?
    a. These are the most common modifiers in TB:
        i. **25** is used when the patient is receiving a procedure. Example: sputum or blood draw.
        ii. **95** is used in telehealth billing to indicate that a patient received services via a real-time, interactive audio and video telecommunications system.

6. Do you find that your primary care provider also wants to see and bill for TB services without providing all the necessary services?
    a. Yes, we do come across those types of issues, and we name those PMD cases. The case managers are still very involved with the PMD on services that are needed.

7. Can you bill for EDOT?
    a. Yes, as long as you add modifier 95.

8. Could you further explain payor of last resort? Does this mean you can bill but waive it for active TB patients who are uninsured?
    a. All payor sources (if your location is set up with an NPI) can be billed. The issue lies in how much they are willing to pay. If you are not contracted with the insurance company, you will get a small return and would in place have to waive what is left of those services.

9. We are a non-CA public health department with a NON-board-certified medical director as billing NPI. We have been told we are not able to bill commercial insurance because of this, does anyone have any insight on this or where we could find documentation on this?
    a. Physicians who are seeing patients should be licensed. Look at your state MD regulations regarding licensed personnel vs. non-licensed.

For additional information and questions, please see the webinar and slides or reach out directly to the presenters.