

## Orange County Health Care Agency

## Auditor-Controller, HCA Accounting





# CTCA 2023 EDUCATIONAL CONFERENCE

**Best Practices in Billing TB Services** 

Information Presented By: Claudette Serrano





## County of Orange Auditor Controller

County of Orange Healthcare Agency

Purpose and Objectives

Medical Billing Unit Core Functions & Responsibilities

Orange County Healthcare Pulmonary Disease Services

# **Best Practices in Billing Topics**





Billing Guidelines & Program Requirements

PDS & Direct Observed Therapy (DOT) Billing Workflow

Examples of Billing TB Screening & TB DOT Services

Accurate Applications of CPT/ICD-10/HCPCS Codes

Reimbursement
Training Topics
(continued)



# **Auditor- Controller**



## **VISION**

To be the County's trusted source of financial information to account for the past, direct the present, and shape the future.



### **MISSION**

To promote public oversight, provide accountability, and support financial decision-making for the County.







# Health Care Agency

#### Vision

Quality health for all.

#### Mission

In partnership with the community, deliver sustainable and responsive services that promote population health and equity.

#### Goals

Promote quality, equity and value. Ensure the HCA's sustainability. Offer relevant services to the community.



# HEALTHCARE AGENCY & HCA ACCOUNTING, MEDICAL BILLING UNIT



## **Purpose and Objectives:**

- Each and every individual involved in delivering a service, documentation, and billing of a service provided by the Health Care Agency has an obligation to ensure proper protocol, integrity and compliance is maintained at all times.
- All coding, documentation and billing requirements must be met by the clinical provider or individual involved in the administrative process, including coding, reviewing services and billing.
- Medical Billing Unit (MBU) and HCA programs, collaborate as needed to complete billing in a timely manner with the highest level of accuracy.



# MBU Core Functions & Responsibilities

#### **Responsibilities:**



- MBU staff will conduct all billing and coding activities as agreed upon by contract between the Health Care Agency and Auditor-Controller
- To act as the primary resource for billing and coding and assist the Health Care Agency in implementing accurate billing, coding and HIPAA compliance practices
- Collaborate with various payers to coordinate billing requirements.
- Conduct all required activities necessary for billing and coding
- Implement compliant billing and coding procedures.
- Conduct Medicare, Medi-Cal and other payer billing and follow-up, as necessary.
- Conduct internal monitoring and auditing.
- Create proper checks and balances for all functions.
- Processing of refunds as appropriate.



## **Pulmonary Disease Services**



- Tuberculosis Control is housed within the Health Care Agency Pulmonary Disease Services (PDS) Program
- PDS services include TB screening, TB treatment, laboratory tests, chest x-rays, injections and physician evaluation
- TB-DOT Directly Observed Therapy is provided to Tuberculosis (TB) infected individuals
- TB-DOT services can be provided at the clinic, field, via video or via telehealth
- TB-DOT services are provided by community workers and/or public health nurses
- Services are billed to Fee-For-Service Medi-Cal, CalOptima and Third Party Payers
- CalOptima Health Care Plans are billed directly to CalOptima



## Billing and Program Requirements



## **Review of Pulmonary Disease (PDS) Services**

## Coder reviews medical record to ensure the following are present:

- Signed Consent Form
- Documentation the client received a Notice of Privacy Practices (NPP)
- Demographic information/record identifier is present on each page
- Progress note documentation to include:
  - Vital Signs, Chief Complaint(CC), Review of Systems(ROS), History of Present Illness (HPI), Exam, Medical Decision Making(MDM)
- ICD-10 code/Diagnosis is documented
- Documentation is legible
- Proper error correction form is used
- Provider signature is present including credentials



## **Billing and Program Requirements**



## **Review of TB-DOT Services**

## Biller reviews medical record to ensure the following are present:

- M.D. orders documented in chart to include DOT regimen
- Month of Service is listed
- Primary Diagnosis must be tuberculosis. Tuberculosis related manifestations must be code as secondary diagnosis
- AM and PM TB-DOT justification must be documented
- TB-DOT worker's name, initials, and signature are present
- TB-DOT is documented in the medical record
- Patient's demographic information is present
- HCPCS code H0033 is documented and the POS is present
- Documentation is legible
- Supervising physician name is present
- Group NPI is present



## **Billing PDS & TB DOT Services**



#### **Coordination of Health Plan Benefits**

- Coordination of Benefits is required when a client has more than one health plan. Health plans must be billed in sequential order primary, secondary and/or tertiary.
- Providers are responsible for determining <u>which</u> health plan is the primary, secondary, or tertiary, <u>prior</u> to billing, to ensure the health plans are billed in the correct order.
- Once determination has been made by the client's primary or secondary health plan, the Remittance information must be included with the claim(s) billed to the subsequent health plan(s).

#### **Timely Filing Limits**:

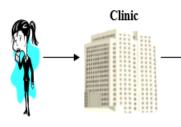
The billing time limitation for 3<sup>rd</sup> Party Health Plans plans will vary as it is determined by the health plan.

The billing time limitation for Medi-Cal fee-for service is six months from the <u>date</u> of service for 100% reimbursement of approved services; reimbursement rates are reduced for claims received after the six-month filing limit.



## PHS PDS – TB DOT WORKFLOW





Clinic creates a new Encounter/FIN in PM Registration; includes all health plan information.



Clinical staff completes the order / progress note through a Power Form in E.H.R.



Claims Generation:

Charge posts into Revenue Cycle, Biller Review Hold is applied and enqueued to Biller Review Work Queue for 100% pre-audit of PDS & TB DOT services.

#### MBU Biller Review Steps:

- · Verify patient eligibility, ensure the correct health plan(s) is/are registered.
- Verifies TB DOT service is recorded in patient's E.M.R.
- CPT/HCPCS and ICD-10 coded correctly.
- Assignment of correct modifier(s).
- · Apply Action Code to release Biller Review Hold to allow claim generation.

Pended / Failed Biller Review

- · Send Clinical Staff electronic request for missing information / corrections.
- · Clinical staff responds electronically back to MBU Biller when missing information updated / corrected.
- MBU Biller verifies information / correction and follows steps above.

Accepted / Passed Biller Review

Review Edit Failed claims for errors.

edits to ensure claim data is complete:

Prior to claims submission, the billing system runs claim

. Claim that fail system edits enqueue for Biller Review.

·Submit/request corrections as appropriate. . Cancel / correct Edit Failed claims and/or

generate a new claim as appropriate.

'Clean' claims are electronically transmitted to various payers for reimbursement.



#### CLAIM STATUS

#### Claim Paid:

· Payment is posted; claim is resolved.

#### Claim Denied:

- Denied claims enqueue for Biller Review.
- Biller follows Pended/Failed Biller Review steps and processes corrected claim when appropriate.



## **Initial TB Screening Exam**



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# TB Direct Observed Therapy (Prior Authorization Required)



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## **TB Direct Observed Therapy**



## Synchronous Video Requires Modifier -95

AM & PM Dose Requires Modifier-76 \*Medical record <u>must</u> include justification for PM dose:

#### PDS DOT

DOT Place of service: Synchronous VOT (02) dose provided

DOT Schedule: Twice a day

DOT AM/PM Justification: Unable to swallow single dose

MEDICAL  FISCAL INTERMEDIARY-XEROX STATE HEALTHCARE					
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## **Best Practices in Billing TB Services**

