WHERE TO START!?

Identifying Clerical Team

- Clerical Team are staff that are in the front lines. Greets patients and possibly registers patients.

- Clerical team should have basic insurance/Medi-cal knowledge

- This team will work closely with patients and their case managers

- Clerical Team should have access to eligibility/verification platforms

- This team should also have some TB treatment time frame knowledge

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Clinical/Program Billable Services

Services provided

- Each location should identify services their program does

- Services that are billable

- These services can change in rate every fiscal year.

- Program mangers and clinical supervisors work together with their fiscal program to gather this information

- Each billable service has a perspective evaluation and management codes as well as procedure codes

Examples of CPT codes:

- 99211: Nurse Visit

- 36415: Venipuncture

- 99000: Collection and Handling

- 99212: MD visit

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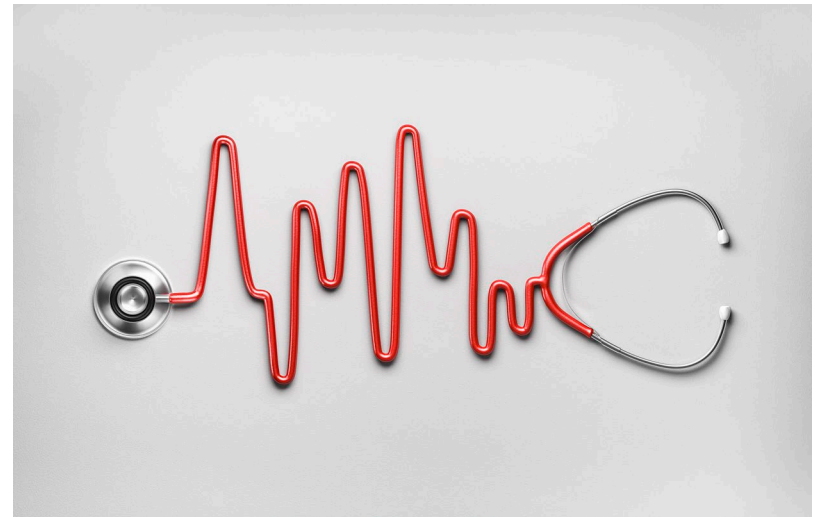
TB Disease Groupings

Disease Plans

TB Suspects(Screening TB)

- Induce Sputa
- Draw labs
- Transportation of labs
- Voluntary Sputa
- Nurse visit
- MD visit

Each patient is different and some need more than others, but having a general sense of the plan can help with requesting the correct services from payor sources.

TB Cases (Active Disease)

- MD Visits
- Nurse Visits
- DOT visit
- Smear and Culture conversations
- Draw labs
- Transportation of labs

TB cases are seen for a long period of time. Their plans must be broken up into the months of services being provided.

Cont. Dieases Plans

LTBI

- MD Visits

- Nurse visits

- Draw labs

- DOPT

Treatment plans help identify what CPT codes need to be requested for each diseases group

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Establishing Relationships

Local Primary Care Clinics and Specialty Providers

- Patients are being referred to local TB clinics and/or programs by primary, specialty clinics, laboratories and local hospitals.

- Once staff has identified payor source for their patients, local primary/specialty clinics should be aware that your clinic/program will need treatment authorized for the mutual patient.

- Calling the office referral center, infectious diseases office, or just primary/specialty clinic of your patient will engage them to want to authorize the visit.

- Engaging those locations and having a diseases plan for your patient will give you a step up on those locations helping submit authorizations for you.

- Identify if your programs/clinics are Medi-cal providers and you have an NPI(National Provider Identification number) for each of your program/clinics.

- This allows you to verify insurance eligibility

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Requesting Authorizations

Step by Step:

1. Create disease plan for patient by diagnosis

2. Verify insurance and eligibility

3. Call primary clinic office or referral center, to establish a relationship to request authorizations

4. Maintain all requests and authorizations in a binder or tickler system to keep track of upcoming expiration dates

5. Schedule weekly review of binder to make sure you have all requests in on time

6. If you have an E.H.R (Electronic Health Record) upload authorizations, request for authorizations and letters of agreements for the billing departments

7. Keep credentialing of provides up to date

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