

Assessing Billing Practices For Routine HIV & HCV Tests In Philadelphia's Clinical Settings



The
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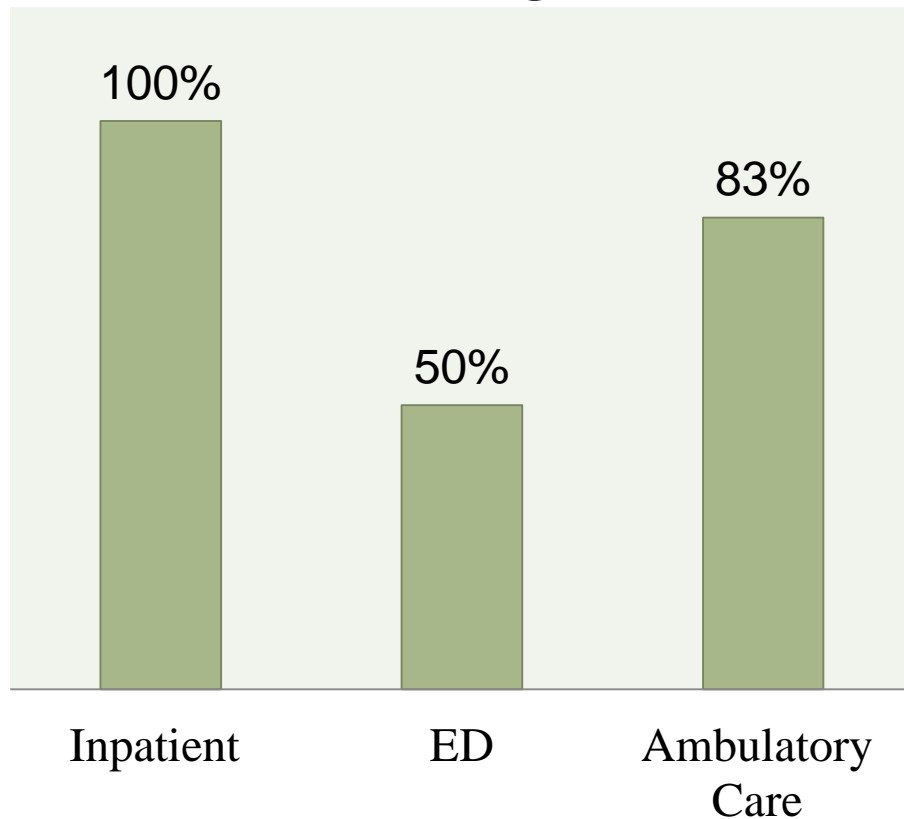
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Billing & Sustainability Assessment

- Assessed pertinent billing practices, reimbursement models, and programmatic information
- HIV (n=9) and HCV (n=2) testing sites included:
 - Inpatient (n=2)
 - Emergency department (n=2)
 - Ambulatory care (n=7)
- Provided intensive individualized technical assistance to complete assessment tools

Results

Sites Reporting Consistent Coding, Charge Capture, & Billing



Reimbursement Findings

- All setting types received bundled payments for clinical services
- Ambulatory care settings reported potential for fee-for-service reimbursement
- Remittance for point-of-care HIV tests often “covered under capitation”
- Sites reported fewer denials and less departmental expenditures for laboratory-based tests

Conclusions

1. Laboratory-based testing is economically sound across clinical setting types
2. Consistent coding, charge capture, and billing practices are closely associated with laboratory-based testing, integrated workflow, and use of primary charting/coding processes
3. Third-party payer coverage does not guarantee net revenue
4. Reimbursement and sustainability need to be clearly defined
5. Clinical, administrative, and financial staff should perform internal assessments for programmatic decision making