

PM Billing and Insurance - Part Two

Although we don't accept insurance, we do provide superbills to patients upon request, and this can help them to get reimbursement for diagnostic tests and treatments after the fact that are covered by their insurance plans.



California Center for Functional Medicine
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INVOICE
PAID IN FULL

Patient Information
[Redacted]

Date of Birth
Feb 28, 1974

Place and Provider of Service
Office: 2414 Ashby Ave Ste 201 Berkeley, CA 94705
Provider: Amy Nett M.D. (NPI: #1226224116)

Date of Service
Jul 7, 2015

CPT Code & Description	Charge
CR Blood Panel [LabCorp]	
83036	\$12.16
84550	\$3.80
80053	\$11.40
84100	\$3.85
83735	\$3.85
83615	\$3.85
82977	\$3.85
83550	\$3.46
83540	\$3.46
82728	\$7.60
82607	\$9.12
82306	\$22.04
80061	\$11.40
86141	\$14.44
83090	\$19.00

If they have a high deductible, HSA, health savings account plan, it may even cover supplements if they are prescribed by a clinician. They'll need a letter from you stating that you prescribed them in order to qualify for reimbursements, and we have a form letter template that the staff can add supplements to, and then the clinician, a nurse practitioner, or a physician's assistant can sign it.

This is a helpful service to provide, but I recommend that you have a staff person to do it. We hired a dedicated person with a lot of superbill insurance experience to do it on a part-time contract basis, and again, Laura will show you our process in the demo videos.

We're also happy to work with patients to order labs that might be covered by their insurance. Prior to Obamacare, the percentage of my patients who had insurance that covered blood work and other tests was only about 50 percent. For this reason, I used Professional Co-op for blood work. This is a cooperative with a large number of physician and healthcare practitioner members, which allows them to lobby collectively to LabCorp for really aggressive pricing. LabCorp offers pricing based on volume, and since Professional Co-op has so many members, it gets really incredible discounts on lab work. In some cases, the price ordering through Professional Co-op is actually cheaper than the patient's insurance.

CR Blood panel	83036	\$12.16		\$11.78
	84550	\$3.80		\$4.90
	80053	\$11.40		\$12.83
	84100	\$3.85		\$5.76
	83735	\$3.85		\$8.13
	83615	\$3.85		\$7.33
	82977	\$3.85		\$8.74
	83550	\$3.46		\$8.50
	83540	\$3.46		\$7.86
	82728	\$7.60		\$16.52
	82607	\$9.12		\$18.29
	82306	\$22.04		\$35.92
	80061	\$11.40		\$16.25
	86141	\$14.44		\$15.71
	83090	\$19.00		\$20.48
	84443	\$7.20		\$20.39
	84436	\$7.20		\$8.34
	84479	\$7.20		\$7.85
	84480	\$7.20		\$17.21
	82525	\$37.24		\$13.44
	84630	\$29.64		\$12.34
	83921	\$52.44		\$17.83
	85025	\$7.60		\$8.42
	36415	\$7.00		\$2.15
	Total	Prof Coop	\$296.00	Your insurance \$306.97
HLA DR	81375	\$199.00		\$233.64
MSH	83519	\$79.00		\$14.64
TGF-B1	83520	\$99.00		\$14.03
MMP-9	83520	\$59.00		\$14.03
T3/T4 Free	84481	\$20.00		\$18.36
T3/T4 Free	84439	\$20.00		\$9.77
	Prof Coop	\$476.00	Your insurance	\$304.47
Total for all	Prof Coop	\$772.00	Your insurance	\$611.44

For example, if you look on the slide here, on the left I have my Case Review blood panel at the time of this recording, and if it's ordered through Professional Co-op, it costs \$296, but if it was ordered through a patient with Blue Cross Blue Shield PPO plan, a really high-quality plan, it would cost \$306, almost \$307, so actually more than paying out of pocket to Professional Co-op.

However, in the case of some other markers, for example on the right-hand side of this slide, I've got some markers for chronic inflammatory response syndrome and then free T4 and free T3, you'll see that insurance was a little bit cheaper in that case. It depends on the markers, and you can do some comparisons based on the markers that you're typically ordering to determine what makes the most sense for your patients.

The patient should also, of course, consider his deductible and out-of-pocket maximum. Labs may be slightly more expensive through insurance, but that will count—if it's run through their insurance—it will count towards their out-of-pocket maximum or deductible, so they may want to pay a little bit extra, especially if they think they're going to have labs later in the year because that will reduce the total amount that they pay in any given year.

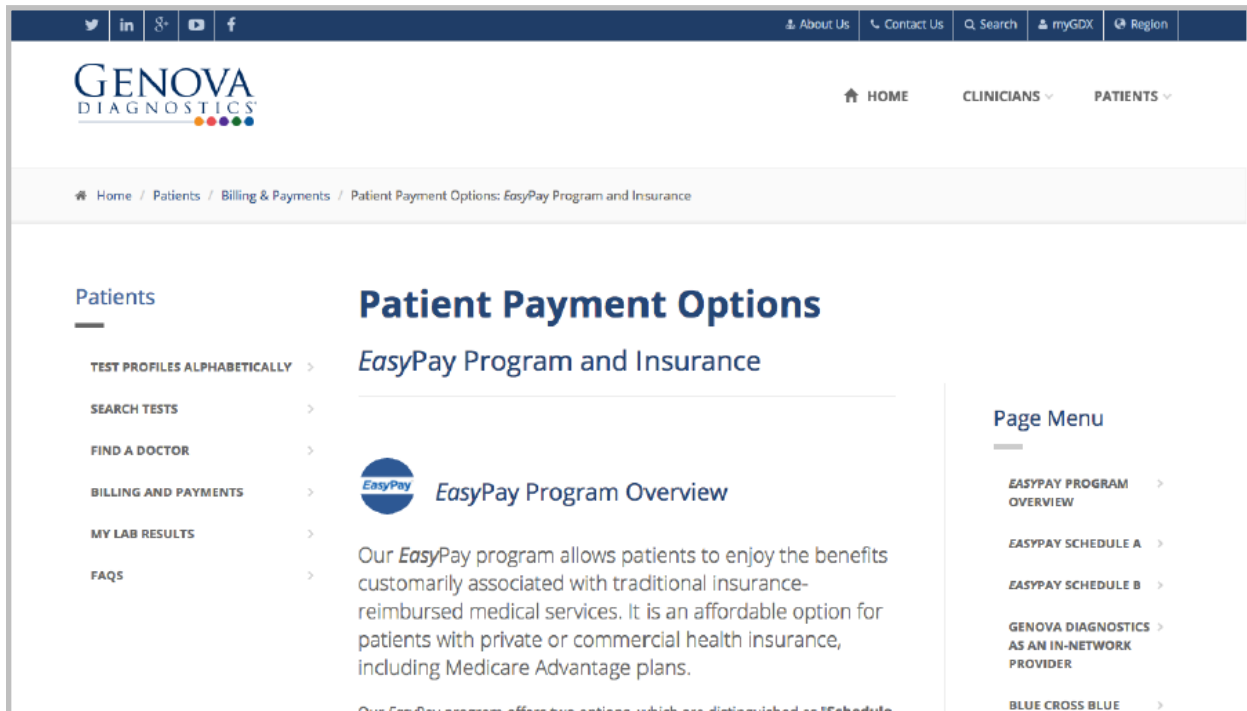
Type of Lab	Insurance coverage?
Routine blood (Labcorp, Quest, etc.)	Common
Specialty blood (Quicksilver, HDRI, etc.)	Uncommon
GI panels (breath, stool, urine)	Uncommon (<i>except Genova</i>)
DUTCH HPA axis assessment	Uncommon

Of course, some labs are more likely to be covered by insurance than others, and this depends on the type of lab and the company. Blood work has generally a pretty good chance of being covered if it's run through conventional labs such as LabCorp or Quest. True Health Diagnostics*, which is a lab that specializes in lipid testing, has very aggressive billing policies to insurance companies, and the patient will usually pay nothing at all if he has a PPO or even Medicare, so that's usually a good bet for getting insurance coverage. However, if the claim is denied, or the patient has a high-deductible plan, including health savings account plans, the testing through True Health Diagnostics, at least the panel that I run, is very expensive. It's over \$1,000, so you want to do as much as you can to make sure that the patient's insurance will cover it before you order it, or that he understands that it could be that expensive so he doesn't get a big surprise in the mail.

SIBO breath tests are typically not covered by insurance. Commonwealth attempts to bill, and if it's denied, it charges the patient a cash fee, but the amount they try to bill insurance is just absurdly high. It's thousands of dollars, and this can freak patients out when they see that on the bill, and it arguably contributes to the bloated healthcare system that we have, which I don't particularly like. It's one reason that I favor NCNM over Commonwealth at this point.

* Note: True Health Diagnostics is no longer in business. See [this post](#) for the latest updates.

DUTCH testing is currently not covered by insurance, and functional medicine stool tests and urine organic acids tests are generally not covered. The exception is Genova Diagnostics Lab, which we're going to talk about on the next slide.



Genova is better than most functional medicine labs in terms of insurance coverage. It has what is called an [EasyPay program](#), which offers two options: schedule A and schedule B. Schedule A is for patients with private insurance or Medicare Advantage, but their company does not appear on schedule B, or Genova is an in-network provider for their insurance plan. That's currently limited to Blue Cross Blue Shield and a few places such as Pennsylvania and West Virginia. You can see the link in the resources sections for a full list. Schedule B is for those without insurance or with select providers such as Aetna, Kaiser, Tufts, etc., which tend to be less generous in their insurance coverage, shall we say.

A

EasyPay Schedule A Guidelines

When selecting *EasyPay* Schedule A, please follow the simple steps listed below. However, if this option is not relevant to your situation, please [click here](#) for details on *EasyPay* Schedule B.

Step 1

Identify the *EasyPay* Schedule A amount that applies to your test(s). Please check with your health care practitioner for appropriate *EasyPay* payment amounts.

Step 2

Provide a payment method to cover the appropriate *EasyPay* Schedule A amount. The proper requisition form must accompany your specimen to qualify for the program.

- **If we are an out-of-network provider for your insurance plan:** Your *EasyPay* payment amount will be applied to your balance before we file a claim with your insurance company.
- **If we are an in-network provider for your insurance plan or for Medicare Advantage plans:** Your *EasyPay* payment amount will be applied to your balance after your insurance claim is processed, if applicable.
- **For all patients,** a statement will be generated to collect any remaining deductibles, co-insurance, or co-pays that exceed the *EasyPay* Schedule amount submitted, if applicable. Refunds will be issued automatically in the event that total payments exceed the total amount billed.

Step 3

Confirm that your health care practitioner has provided all necessary information. The following information is needed in order for us to file an insurance claim on your behalf:

- Completed requisition form (with ICD-9 diagnosis coding noted)
- Health care practitioner's National Provider Identifier (NPI) entered on the requisition form

Step 4

Submit insurance information on the requisition form with a copy of the front and back of your insurance card.

For schedule A, the patient provides upfront payment, usually \$150, a reasonable payment, at the time the test is sent in along with a requisition with ICD-10 codes, so you should include those in the requisition form for the patient. MD HQ requires an ICD-10 code to be added to the encounter when a test is ordered, so that makes it really easy, and then send in the insurance info as well. Genova then collects the remainder of payment from the insurance company. If the patient receives payment from the insurance company, he has to forward that payment to Genova. Patients will sometimes get bills from the insurance company during that process, which can be a little bit scary when they see the amount, but they don't have to pay those bills. If the insurance company doesn't pay Genova, Genova will absorb the cost, and the patient only has to pay the EasyPay amount, which is usually \$150. You have to let patients know this in advance so they don't freak out when they see a bill, if they get it, in the middle of the process.



EasyPay Schedule B Guidelines

When selecting *EasyPay* Schedule B, please follow the simple steps listed below. However, if this option is not relevant to your situation, please [click here](#) for details on *EasyPay* Schedule A.

Step 1

Identify the *EasyPay* Schedule B amount that applies to your test(s). Please check with your health care practitioner for appropriate *EasyPay* payment amounts.

Step 2

Provide a payment method to cover the appropriate *EasyPay* Schedule B amount. The proper requisition form must accompany your specimen to qualify for the program.

- Your *EasyPay* payment amount will be applied to your balance prior to filing a claim with your insurance provider.

Step 3

Confirm that your health care practitioner has provided all necessary information. The following information is needed in order for us to file an insurance claim on your behalf:

- Completed requisition form (with ICD-9 diagnosis coding noted)
- Health care practitioner's National Provider Identifier (NPI) entered on the requisition form

Step 4

Submit insurance information on the requisition form with a copy of the front and back of your insurance card.

Schedule B is similar to schedule A but has some nuances, which you can read about on Genova's website. If you're going to be using Genova and helping patients to get insurance coverage, you can see the links in the resource section. You can read about it on Genova's site, and you can talk to a Genova rep.

California Center for Functional Medicine

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New Patient Visit (SKS) 04/08/2016 Office Visit

SIGNED
by Laura Montgomery on 05/27/2016
Assessment Diagnosis

Pain: Overweight (E66.3 - ICD10)
Allergy to other foods (Z91.018 - ICD10)
Chronic sinusitis, unspecified (J32.9 - ICD10)
Insomnia, unspecified (G47.00 - ICD10)
Lichen sclerosus et atrophicus (L80.0 - ICD10)
Other fatigue (R53.83 - ICD10)

Plan Rx/Orders/Vaccines
RX Nature-Throid - 81.25MG Q
ORD BioHealth #401
ORD OD CSAP x3
ORD BUTCH Comp Hormone
ORD QS Blood Metals Panel
ORD NCMN SIBO
ORD HLA DR 1/3/4/5, DQ Intermediate Resolution [LabCorp]
ORD MMP-9 [LabCorp]
ORD TGF-B1 [LabCorp]

Charges / Payments
No charges currently posted
Unsign Co-Sign Exit
Date Signed 05/27/16 by Laura Montgomery

Need to Know SOAP / Encounter Notes
Open Orders Medications Supplements
Allergy, Intolerance, Discon Results
BP: 120/80 Wt: 140 Ht: 69.0 Past Med Hx
X-Rays/Images/Procedures Documents: Unreviewed (1)
Billing 0

Jane W. Doe
#9 - 34yrs (11/20/1981)

Patient Information Health Maintenance Admin Notes Social/Family Notes Facilities/Specialists Problem List Relationships

Also had a uterine fibroid surgery in 1990.
After struggled with infertility. Eventually became pregnant using donor ovum. Was very stressful mentally and financially for her. Had C-sections twice for the deliveries given the proximity of the uterine fibroid surgery scar.
Went through menopause at age 43, same age as her mom. Does not know about her aunt. This happened right after her second daughter was born. Did take some bioidentical estrogen, estradiol, which did help with cognitive and brain function. However, stopped due to concerns of long-term safety.
In 1994 was sick frequently, daughter started preschool. Lisa required several rounds of antibiotics 8-times for lung infections. Notes that the tendency to get sinus or lung congestion is much better once she stopped eating dairy. Also had high cholesterol after her kids were born, up to 220. This decreased to 200 and then down to 180 on the autoimmune Paleo diet. Weight was 135 in high school then 160 after her first daughter was born. Has slowly increased over time.
Year 2000 was diagnosed with Lichen sclerosis, had itchy vaginal/vulva area. Later found a lump on her thyroid, thyroid was low functioning. On ultrasound it was subsequently found that she only has half of her thyroid gland, does not know why. Antibiotics are negative. Was prescribed Synthroid, which did help some with energy. Then later tried Nature-Throid because she is sensitive to the dairy, which is in Synthroid. Did not notice a significant difference.
Later worked with a naturopathic doctor who she likes, but feels like it is slow and conservative in recommending treatments. At one point, she had adenoids tests, which were low. Also found estrogen dominance. No stool testing has been done.
Since October 2015 had been doing autoimmune Paleo diet. Noted difficulty adding back in several foods including eggs, egg yolks. Had immediate mucous membrane swelling, eustachian tube swelling. Dairy also caused similar symptoms. Also, again, if she eats dairy she gets more frequent sinus and lung infections. Also is concerned about possible reactions to fish. Also suspects nightshades. Gets joint pain, arms, hands immediately after eating nightshades. Will retest this.
Finds it difficult to stick to the diet, her family does not adhere to a similar diet, but she does feel like it helps to decrease her inflammation overall. Less puffy overall.
Did lose some weight, 10-15 pounds. Is now back up a little bit, but is eating some of the trigger foods currently including dairy.
Was also previously rubbing a lot, stopped due to concerns with her weight. Also had surgery around that time on a calcified nodule on her left buttock. This did get infected and she required some antibiotics subsequently.
Notes that her bowel movements tend to float.

ICD-10 coding, as I mentioned, it built in to MD HQ. It's really easy to use. You just start typing the diagnosis into the assessment diagnosis box in the encounter, and it autopopulates with suggested ICD-10 codes. It will also suggest diagnoses and codes from recent patient history. As I mentioned, the system forces you to enter ICD-10 codes when you're ordering a lab test, if you haven't already entered one in the main encounter area. If you already have one in the encounter, it will use that by default, or you can add specific codes to each test that is ordered if you know that certain codes are helpful for getting insurance coverage for that particular test. For example, if you want to use a particular code such as for IBD diarrhea or diarrhea for a SIBO breath test that could then make it more likely that the patient could get coverage for rifaximin, since other than liver disease, that's the only condition that it has been approved for by the FDA, then you could use that specific code for the SIBO breath test, even if you have other codes such as fatigue or insomnia listed in the general encounter.



ICD-10 was only recently introduced at the time of this recording, and we're still figuring out which codes are best to use for which test to get optimal coverage. We have discussed some codes for particular conditions in the functional medicine tract. As I just mentioned, to get coverage for rifaximin by some insurance companies, you use the ICD-10 code for IBS with diarrhea.

The **Epocrates app**, Epocrates Plus for iOS and Android, is very good for ICD-10 coding. For example, you can choose a test such as 25-OH(D), and then tap on cost and billing, and you can see a list of ICD-10 codes that are commonly associated with that test. For example, you can choose a test such as 25-hydroxyvitamin D, vitamin D, and then choose cost and billing within the app under that test, and you can see a list of ICD-10 codes commonly associated with it. Unfortunately, at the time of this recording, Epocrates is still using ICD-9 codes, but it will be switching to ICD-10 soon. Then you can just use an online reference such as ICD10Data.com to convert ICD-9 to ICD-10 in the meantime until Epocrates switches its coding over.

Okay, that's it for this intro. As I mentioned, we'll be providing a number of videos, screencasts, with Laura actually walking through the step-by-step process of how we do all of this stuff in MD HQ. I hope this is helpful, and I'll see you soon.