

FACT SHEET

Washington State Billing and Reimbursement Project

Purpose:

The study characterized billing practices for clinical pediatric, prenatal, and adult genetic services in Washington State, and identified barriers to reimbursement.

Methods:

Genetic counselors and billing staff at 13 clinics around the state participated.

- In-person interviews using a semi-structured, open-ended format.
- Discussed billing practices, billing policies and procedures, perceptions about reimbursement successes and barriers, and suggestions about how to improve reimbursement for genetic services.
- Clinics received a \$2,000 incentive for participating.

Two investigators reviewed and coded interview notes, identifying major themes and sub-themes.

Results:

Clinics received funding from a combination of four main sources: reimbursement, institutional support, Department of Health contracts, and private/charity funds. Most were housed within a hospital or medical center. Institution policies often determined clinics' billing processes and what strategies they could use to get the best reimbursement.

Strategies clinics used to maximize payments:

- Billing error checks (verify correct coding, make sure CPT and ICD-9 codes match, verify documentation, run missing data reports)
- Review reimbursement/denial reports
- Collect co-pays on site (reminder flag to collect co-pays)
- Discount for timely self-pay
- Check Medicaid eligibility
- Assist patients with pre-authorizations (provide CPT codes so patients can check with insurance, build insurance requirements into electronic billing system to automate process and reduce errors)

Barriers to implementing strategies:

- Staff not knowledgeable about steps in the billing process that they weren't personally involved in
- Absence of feedback reports about reimbursement and/or denials (clinic does not do this type of report, reports not run due to staffing shortage)
- On-site co-pay collection – tracking difficulties due to multiple specialties checking in at the same place, cost to set-up bank card payment option

Billing Method:

Six clinics reported using the CPT® code 96040 for genetic counselors part or all of the time. Seven clinics, including two that also billed 96040, said they billed facility fees. Reported benefits for facility fees included avoiding the need for pre-authorizations, billing all insurances consistently, and having a mechanism to bill for a genetic counselor providing services alone.

Reported Barriers

Reimbursement for genetic counseling:

Insurance coverage gaps:

- Medicaid – genetic counseling for pediatric (child over 90 days old), adult without pre-authorization
- Medicare – not covered
- Other payers (depends on policy, may not cover non-licensed providers, contracts may not include genetic counselors)

Provider Recognition

- Genetic counselors not licensed
- Genetic counselors not considered reimbursable professionals

Insurance knowledge about genetic services

- Some payers confuse the term “genetic counseling” with mental health services

Communication

- Insurance requirements unclear, clinic received conflicting information (i.e. whether or not pre-authorization needed)

Obtaining genetic testing:

Insurance coverage gaps:

- Plan exceptions for genetic tests
- Testing for relatives
- Carrier testing for parents (pediatric cases)
- Testing for adult onset disorders (prenatal cases)
- Gene rearrangement testing (adult cases)
- Medicaid (array CGH, BRCA1 and BRCA2 testing)

Insurance – medical necessity

- How will test results change the treatment plan?
- Sense that genetic testing scrutinized more than testing in other specialties

Laboratory practices

- Some require full payment in advance (from institution or patient)
- Some do not accept insurance payments

Institutional policy

- Whether or not to allow institutional billing for labs

Conclusions:

Participants thought that genetic counselors were not adequately reimbursed for their services. Despite barriers, clinics found a way to support services through a variety of other funding sources. They also implemented internal strategies to reduce errors and improve payment. Counselors hope that the newly established licensure in Washington will lead insurance companies to recognize their profession and include them in contracts with hospitals. A future study should examine the impact of licensure on billing, reimbursement, and access to genetic counseling services.