ESSENTIAL COMPONENTS OF BILLING FOR SEXUAL HEALTH SERVICES

This tool will help you identify the 14 essential components that your clinic will need to have in place before it can start billing.

1 ## Credentialed provider
Credenitaling providers and the organization is a prerequisite to establishing a contract. Each provider (physician, nurse practitioner, or physician's assistant must be credentialed for each clinic location and with each third-party payer to get reimbursed for services. Registered nurses and licensed practical nurses are not credentialed and generally do not provide billable services. However, an organization may be reimbursed for non-credentialed staff when they provide a "minimal visit" for an established patient with an existing problem. See FAQs about RN billing for more information.

2 ## Intake form and check-in protocol
To meet public health reporting and third-party billing requirements, your clinic will need to collect basic demographic and billing information from patients, including insurance coverage status.

3 ## Billing policies and procedures
Documentation of billing policies and procedures will be useful for training, fiscal control, and quality assurance.

4 ## Plan for confidential billing
Some state Medicaid and many private insurance plans provide the primary person insured with an Explanation of Benefits. In many cases, dependents seeking sexual health services want assurances that these services are confidential. See a sample flow chart for providing confidential sexual health services.

5 ## Master charge list
Every organization should develop a master charge list for how much each service costs. Charges should be based on both market price and cost of providing services.

6 ## Sliding fee scale
The charge for a service can be out of reach for some patients who are uninsured. Some clinics apply a sliding fee scale for uninsured patients. While having such a scale is not required for billing, it is advisable that a safety net clinic establishes one.

7 HIPAA compliance

Once a clinic files a claim with a third-party payer, it becomes a HIPAA-covered entity and must comply with HIPAA.

8 Paper charts or electronic medical record to document service

Paper charts or electronic medical records (EMRs) are used to document patient histories and exams and may be used by clinics for quality assurance activities. Third-party payers also use medical records for audit purposes. If you would like to move from paper charts to EMRs, but fear they are too costly, learn about free EMR options.

9 Superbill with CPT and ICD-10 codes

A provider fills out a superbill, or encounter form, following a visit to document rendered services. It is the main data source for filing a health care claim that is submitted to third-party payers for reimbursement.

10 Staff training for coding

Providers should be familiar with the superbill and how to code visits for billing purposes properly.

11 Staff training for revenue cycle management

Revenue cycle management refers to the billing cycle. Train staff on how they can contribute to a reimbursed claim.

12 Contracts with third-party payers

Safety net clinics may find it easiest to establish contracts with Medicaid and Medicare first. Then they can build on their experiences to establish contracts with the private insurance plans that cover most of their patients.

13 Accounting system to track payments

Use a practice management system or simple ledger to track charges, payments, and write-offs.

14 Communication plan for staff and patients

Develop a communication plan to let staff and patients know your plan to start billing third-party payers for your services.