

# WV PICCS UNINSURED COLONOSCOPY REFERRAL AND BILLING PROCESS

## HEALTHRIGHT:

- Sees Patient
- Confirms No Insurance
- Orders FIT Test
- Documents Positive Result
- Fills Out Referral Form
- Sends Referral Form to Surgical Care Suncrest via Fax at 304-599-2674



## MON HEALTH SURGICAL CARE SUNCREST:

- Processes Referral
- Schedules patient for initial visit with Guarantor as "WV PICCS"
- Performs pre-op visit and gets consent/paperwork signed
- Sends order for surgery to Mon Health Medical Center OR or Endo queue (Endo Queue preferred); INCLUDE SPECIAL INSTRUCTION "WV PICCS"
- Emails Distribution List to Notify Billing/OR/Anesthesia/etc team of scheduled surgery.
- Schedules follow up visit for patient
- Communicates with HealthRight and Internally regarding patient status, no shows/cancellations/reschedules
  - PASC can reschedule patients if needed, but need to message office Clinical Pool
  - Jenn and Casey to message Lisa from Clinical Pool notifications as well as any other methods for patients cancelling/no showing
- Returns patient information to HealthRight via Referral Management/Fax Processes



## MON HEALTH MEDICAL CENTER SURGICAL SERVICES (OR or Endo):

- Completes the scheduling process for the diagnostic colonoscopy per order
- Validates WV PICCS is guarantor on encounter
- Performs Procedure
- Op Note is Dictated by Surgeon



## MON HEALTH BILLING DEPARTMENT:

- Identifies patient as "WV PICCS" case
- Sends bill for the amount of \$1600 to WV PICCS for Pre-Op, Intra-Op, and Post-Op Visits Total
- Insures patient does not receive any additional bill



## NORTHSTAR ANESTHESIA:

- Communicates with Mon Health Billing Department
- Bills Mon Health for anesthesia services
- Insures patient does not receive any additional bill



## MON HEALTH ACCOUNTS PAYABLE:

- Pays NorthStar Anesthesia Group for Services



*In the event of a catastrophic diagnosis or complication during or after the procedure:*

In the event of a catastrophic diagnosis, such as cancer findings, the patient will be processed through Medicaid Eligibility (expected admittance into program based on historical situations) and care can be determined at that time.

In the event of a complication during surgery, such as a perforated bowel, options are Medicaid Eligibility check, a referral for charity care and if not eligible, a patient payment arrangement.

The funding for the PICCS covers reimbursement of the colonoscopy not to exceed Medicare payment rates, but does not cover additional testing, treatment, hospitalization, ongoing care, etc.