



Division of Finance – Lab Fees

Frequently Asked Questions

1 July 2013

Why are the changes being made to the Lab Submission form?

GPHL will be moving to electronic submission and remote entry over the next year and the lab submission form is the first step in that process. The form is formatted to allow for easier transition to electronic submission.

Who will be receiving lab invoices for the new fees?

Invoices will be sent to the “submitter of record”. There are over 1,000 currently on record with the GPHL. As a result, it is possible that a county could receive more than one invoice.

Do these new lab fees apply to facilities other than the three Public Health Facilities?

No. The Albany Regional Laboratory will be closed on July 1, 2013 and will no longer accept lab specimens and requests effective May 15, 2013. Therefore the fees apply only to testing performed at Georgia Public Health Laboratory (GPHL) facilities in Decatur and Waycross.

What information will be provided on the invoice to identify the patient?

The invoices will include a submitter generated medical record number, a lab generated accession number, patient’s name as well as date of birth and a date the lab test was conducted.

Will Medicaid now reimburse for tests completed at the GPHL?

GPHL is working with the Department of Community Health to become a Medicaid Provider. We are also contracting with the CMOs to bill Medicaid for tests performed on behalf of Medicaid eligible clients.

What is needed for the GPHL to file a claim with Medicaid?

A properly completed current lab submission form, including all required data, must be submitted with every specimen sent for testing. Medicaid cannot be billed without the information necessary to do so, and it is critically important that the information provided is accurate. Medicaid eligibility must be verified at the point of service, before the submission form is submitted.

Where can I obtain the GPHL current fee schedule?

The DPH Website.

How will submitters of record be charged if they submit lead screens directly to the state lab for children who are Medicaid Fee for Service (“non-CMO”) children?

It is the expectation that Medicaid patients will not be charged a fee based on ability to pay and therefore no payment for these charges will be expected. Accounting records that reflect this transaction will be kept by the submitter for audit purposes.

Are County Boards of Health required to cover the difference between the full amount on the invoice and the amount collected on a sliding fee scale?

No, the amount collected for an individual test is the amount owed when accompanied by the required reconciliation.

Are Submitters of Record going to be charged a second fee for a confirmatory test?

Yes. There will be an additional fee if the confirmatory test is a billable test.

Can program funds be used to pay for or to offset the charge for lab fees?

They do for certain tests with approval from the State Program. Approval codes are assigned and must be obtained prior to submitting the specimen for testing. If the correct approval code is not included on the Lab Submission form, the submitter will be billed.

There are different sliding fee schedules in use by different programs. Which fee schedule should apply to the new lab fees?

Use the sliding fee scale relevant to the specific program.

We currently collect a fee based on a visit and the test is included. How are the fees going to be divided between the service and the lab test?

The fees can be apportioned according to the percent of the total fee collected. For example, if the total visit was \$30.00 including a \$10.00 lab test and only \$15.00 is collected (50%) then each would get 50% of their portion. GPLH would receive \$5.00 (50% of \$10.00) and the Board of Health would keep \$10.00.

Our current policy is to not send statements to home address because of possible breach of confidentiality. Will these statements be required?

No. All current policies safeguarding confidentiality are still in effect and would apply.

Will Family Planning or STD clients who are confidential minors and are in school with no personal income be charged for labs?

The sliding fee scale would be in effect.

Currently there is no set policy for sliding fee scale. Many districts use different FPL, some have set fees. Will a standard be distributed?

No. Local Boards of Health have the authority for setting fees according to Georgia Code. The new Reconciliation process will apply.

Are STD contacts going to be charged the fees?

STD contacts will not be required to pay the current fee if the approval code (provided by the STD Program) is provided on the Lab Submission form.

How is payment to be sent to lab? Monthly, quarterly, etc.?

Invoices will be sent monthly to the submitter of record from the GPLH. The invoice will include a summary of charges and individual tests requested by the submitter. Payment will be remitted to the GPLH according to the invoice.

We use online data entry to submit our laboratory test requests. We don't prepare paper forms. Will the data entry screens be revised to capture the information needed to bill Medicaid?

Yes. All pertinent data fields will be added to the remote data entry screens for laboratory customers' use.

If Medicaid denies a claim, who is responsible for paying the invoice?

If Medicaid denies a claim, the submitter of record will be invoiced for the amount of the requested tests.

Where do I get a lab submission form?

Please see the DPH Website for the most up to date form.

Will you be issuing an invoice directly to the self pay patient or to the health care provider?

Invoices will only be issued to the entity that submitted the specimen to us. GPLH will not bill patients directly.

How often will you issue an invoice for self pay patients?

Invoices are issued once per month, for previous month's specimens that have been finalized and reported to the submitter.

What is an approval code?

Approval codes were created primarily for the purpose of waiving the lab fees for testing that is funded entirely by a Public Health Program and which is not currently billed. For example, the cost of HIV Viral Load testing (laboratory staff, equipment, and supplies) is funded entirely by Ryan White funds, so specimens submitted by Ryan White Clinics will have an approval code and will not be invoiced. Similarly, GC/CT-NAAT testing is funded entirely by the STD Program so that test is not billable to enrolled program participants, and approval codes will be used. Specimens collected as part of an epidemiological investigation were not billed in the past and they will use approval codes so that they will not be billed in the future. ***However, it is important to note that PH programs are providing approval codes only for clearly identified program participants. They are not providing this testing free of charge to everyone, and all specimens submitted by non-program participants will be invoiced.***

Approval codes are not intended to provide a mechanism for fee-waived testing in general, either to Public Health (PH) or private health care providers. Although PH providers were previously invoiced only routine HIV, Hepatitis C, Syphilis, and Blood Lead, effective July 1, 2013 they are being invoiced for all billable tests, just as the private health care providers are. This is a significant change and approval codes will not be provided by on a blanket basis solely because a test was not invoiced in the past.

With the move towards a paperless system, the approval code is a means of communicating to the lab which specific lab service are subsidized with program funds and therefore not charged to the submitter of record. There is no change to which tests are exempt from charge, the tests that are currently not charged for will now require an approval code to avoid charges.

Who can obtain an approval code?

The Program (ie Environmental Health, Epidemiology, STD) will determine which tests are authorized to receive an approval code.

Where do I obtain an approval code?

You must contact your District program staff to obtain an approval code. The District program staff will be working with the state office to provide the approval codes.

When do I need to provide ICD-9 codes?

ICD-9 codes are only required for insurance billing and should only be provided in this instance.

For insurance claims, do I need to complete the insurance fields on the form and also submit the patient's insurance eligibility document (GAMMIS)?

Yes; we still require all pertinent information to be completed on the form as well as the patient's eligibility document.

How will treatment be reported for positive GC/CT results?

Continue to use the GC/CT Submission Form (#3568) only to report treatment of positives until further notice from the STD program. The GC/CT Submission Form (#3568) should not be submitted to the GPLL but should be provided to the appointed assigned person(s) within your district (STD Surveillance, CDS/DIS, etc) to enter treatment into SENDSS.