

Letters

Billing and the road ahead

June 2020—I enjoyed the recent roundtable on billing and reimbursement (April 2020), along with the product guide on billing software. As we all know, since that time COVID-19 has taken center stage. Here are some thoughts and predictions to bring your readers up to date.

Never before has a nation turned off a large percentage of its health care system overnight. This change has caused a train wreck-like boxcar effect that is rippling through medical billing operations for laboratories and pathology groups.

Several thoughts about the road ahead come to mind. First, with the stoppage of clinical and anatomic procedures comes a stoppage of billing. Laboratories, health systems, and pathology groups all have fixed costs associated with billing, and while some of these costs will be covered by government assistance, the overall cost of the billing infrastructure still has to be covered. This may lead to a further consolidation of the medical billing environment.

Second, as with any large change, some providers will likely fail. Many laboratories are seeing volume decreases of 40 percent or more, and many pathology groups have seen their volume drop even further. Some companies and groups will rebound strongly, while others will struggle. Will this inevitably lead to further consolidation of the laboratory industry? Is this a wise move in a time in which the nation depends on our laboratories more than ever? Is there a place for a national emergency laboratory network to be developed going forward?

Third, with the new restrictions surrounding balance billing COVID-19 patients, many labs and groups will struggle to identify these patients and follow the guidelines correctly. In the big picture, the question must be asked: Will these billing rules lead us to a new push for stricter and more uniform surprise billing laws?

Finally, this summer and fall many laboratories and pathology groups will be in a state of true bewilderment when reviewing their financial reporting. Between the government rules surrounding the Health and Human Services provider relief funds, the Small Business Administration spending guidelines for the Paycheck Protection Program payments, and the overall tumult from the cessation of billing and the subsequent restarting of the process, questions will abound on what to do and what numbers are truly valuable. Those who answer these questions correctly and move proactively may be the ones who carve the new future going forward.

*Mick Raich
Chief Executive Officer
Vachette Pathology*

COVID-19 testing

We need an inexpensive rapid test like the immunoassay to detect strep, not an expensive PCR-based test that requires nucleotides, enzymes, primers, and a big LightCycler machine. I could find only one laboratory trying to make such a test, which is available for research purposes only as yet. Pathologists could get on board and advocate for moving testing forward in this direction.

*Elaine L. Bearer, MD, PhD
Professor of Pathology
University of New Mexico
Health Sciences Center
Albuquerque*

Send letters to the editor at srice@cap.org.