

## Chiropractic Care of Minnesota, Inc.

<b>Policy Title:</b>	<b>Billing for Non-Covered Services</b>		
<b>Policy Number:</b>	CRM - 009	<b>Effective Date:</b>	10/01/2010
		<b>Last Revision Date:</b>	08/02/2013
		<b>Last Review Date:</b>	09/19/2013
<b>Responsible Area/Individual:</b>	Credentialing		
<b>Purpose:</b>	To establish guidelines for the proper use of Non-Covered Services Financial Disclosure forms prior to billing the member for services not covered by the health plan.		
<b>Regulation Reference:</b>	HIPAA 164.522 (a)(1)(vi)(B)		

### **POLICY:**

It is the policy of Chiropractic Care of Minnesota (CCMI) that contracted network providers obtain a valid CCMI Non-Covered Services Financial Disclosure Form, or a form that meets all requirements outlined below, from every CCMI patient for whom the provider will be billing for non-covered services.

### **BACKGROUND:**

CCMI network providers are expected to obtain and retain a valid Financial Disclosure Form for all CCMI patients who are billed for non-covered services. The CCMI Non-Covered Services Financial Disclosure Form is designed to ensure that the patient understands what is covered by their insurance plan and what specific services they are expected to pay for, along with the projected costs for each of those non-covered services. The form is also designed to protect the provider in situations in which the patient files a complaint with their insurance company claiming they didn't understand their financial liability and therefore should not have to pay.

Provider may not bill the patient or the payor for the applicable non-covered services if they fail to obtain the appropriate forms. Failure by the provider to obtain and/or produce acceptable forms upon request could lead to corrective actions or change in network participation status.

**Note:** Revisions to the HIPPA Privacy Rules now requires a provider to grant an individual's request **not** to disclose PHI to a health plan for a health care item or service where the individual has agreed to pay\_out of pocket.

### **PROCEDURE:**

To reduce risk to the CCMI provider, CCMI strongly recommends that the provider use the CCMI Non-Covered Services Financial Disclosure Form. Should the provider elect to

use their own form, it must include the following elements in order to support patient billing:

1. Provider name.
2. Provider address.
3. Detailed list of non-covered services for which the member may be billed **and** the cost associated with each.
4. Signature of the provider or health care representative who explained the Financial Disclosure Form and discussed available options to the patient.
5. A clearly written statement indicating the patient's understanding that the identified services are not covered by insurance and patient agrees to pay for them in full.
6. Patient name.
7. Patient signature.
8. Date of patient signature.
  - a. The signature must be obtained prior to the service being rendered and may not pre-date the billed service by more than 12 weeks

**REFERENCES/ATTACHMENTS:**

CCMI Non-Covered Services Financial Disclosure Form

Non-Covered Services Financial Disclosure Form – Frequently Asked Questions