

Change Page

Section 2.7.a -- 3rd Party and Individual Patient Billing

REVISION DATE	CHANGE NUMBER	CHANGE
3/23/2011	1	Click here for red letter edition
09/05/2001	1	<p>POLICY:</p> <p>Change:</p> <p>4) the service is provided to non-TennCare patients with private insurance where the region has been granted a waiver for billing private insurance as described in policy (# to be assigned) - Waiving Private Insurance Billing; or 5) the service is provided to patients who are enrolled in a third-party plan that the local health department is not authorized to bill.</p> <p>To:</p> <p>4) the service is provided to non-TennCare patients with private insurance where the region has been granted a waiver for billing private insurance as described in policy (# to be assigned) 2.7.h - Waiving Private Insurance Billing (Non-TennCare Enrollees); or 5) the service is provided to patients who are enrolled in a third-party plan that the local health department is not authorized to bill.</p> <p>Change Reason: To add the policy # that has been created since this policy was changed.</p>
	2	<p>PROCEDURE, item 9:</p> <p>Change:</p> <p>Services provided to Non-TennCare patients with Private Insurance where the region has been granted a waiver for billing Private Insurance: See policy (# to be assigned) -Waiving Billing Private Insurance.</p> <p>To:</p> <p>Services provided to Non-TennCare patients with Private Insurance: wWhere the region has been granted a waiver for the billing of Private Insurance: See policy (# to be assigned) 2.7.h -Waiving Billing Private</p>

		<p>Insurance (<u>Non-TennCare Enrollees</u>), <u>then the individual patient will be billed based on the sliding fee schedule, if applicable.</u></p> <p>Change Reason: To add the policy # that has been created since this policy was changed.</p>
8/27/2001	1	<p>PROCEDURE, Item 3:Change "Non-allowable Charges, Co-payments, and Deductibles: The patient can be billed for non-allowable charges if they are non-covered services under the patient's benefit package. All co-payments and deductibles should be charged in their entirety to the patient as described in policy 2.7.b and 2.7.c."</p> <p>to</p> <p>"Non-allowable Charges, Co-payments, and Deductibles: The patient can be billed for non-allowable charges if they are non-covered services under the patient's benefit package. <u>In such cases, charges for the service shall be subject to any applicable sliding fee schedule adjustments.</u> All co-payments and deductibles should be charged in their entirety to the patient as described in policy 2.7.b and 2.7.c."</p> <p>CHANGE PURPOSE: To allow use of sliding fee on services not covered by an MCO.</p>
03/13/2000	1	New policy created from old Policy 2.7--Accounts Receivable. The following changes reflect the differences of this policy from the original policy 2.7.
	2	POLICY, 1st sentence: Change "All services for which a fee has been established and charged to an individual are subject to an individual collection effort." to "Services provided to individual patients will be billed according to the guidelines set forth in this policy."
	3	<p>POLICY, 2nd sentence: Change "Services which are contracted through payment sources, such as TennCare, CHAMPUS, Medicare, or private insurance, are not subject to an individual collection effort unless the balance of an account is denied by the third party payment sources as non-allowable or when a co-payment or deductible amount is indicated."</p> <p>to</p> <p>"Services which are reimbursed by third-party payment sources, such as TennCare, CHAMPUS, Medicare, or private insurance, will not be billed to an individual patient account unless 1) the service is denied by the third party payment sources as non-allowable; 2) a co-payment or deductible amount is indicated; 3) no response is received from a third-party payment source (excluding TennCare) after two 60-day notices; 4) the service is provided to non-TennCare patients with private</p>

	<p>insurance where the region has been granted a waiver for billing private insurance as described in policy (# to be assigned) - Waiving Private Insurance Billing; or 5) the service is provided to patients who are enrolled in a third-party plan that the local health department is not authorized to bill."</p>
4	<p>POLICY, last sentence: Add "In these five instances the charges will be transferred to the individual patient's account and are subject to the collection procedures described in 2.7.f – Collection and Write-off of Accounts Receivables."</p>
5	<p>PROCEDURE, item 2: Add new item "2. Denial Due to Health Department Error: If the reason for the denial of payment is attributable to an error on the part of the health department, the patient will not be charged the non-allowable amount."</p>
6	<p>PROCEDURE, item 3: Add new item "3. Non-allowable Charges, Co-payments, and Deductibles: The patient can be billed for non-allowable charges if they are non-covered services under the patient's benefit package. All co-payments and deductibles should be charged in their entirety to the patient as described in policy 2.7.b and 2.7.c."</p>
7	<p>PROCEDURE, item 4: Change old policy 2.7 item "2. CHAMPUS or Medicare: If the balance of any account is billed to CHAMPUS or Medicare and the allowed amount is paid, the balance will be adjusted to zero except for the copayment and deductible amounts which will be billed to the individual patient. However, if the balance of an account which is billed to CHAMPUS or Medicare is denied as non-allowable, the amount is billed to the individual patient based on the sliding fee schedule. The guidelines for implementing individual collection efforts are outlined below in #7."</p> <p>to</p> <p>"4. CHAMPUS or Medicare: If the balance of any account is billed to CHAMPUS or Medicare and the allowed amount is paid, the balance will be adjusted to zero except for the co-payment and deductible amounts which will be billed in their entirety to the individual patient. However, if the balance of an account that is billed to CHAMPUS or Medicare is denied as non-allowable, the amount is billed to the individual patient based on the sliding fee schedule, if applicable."</p>
8	<p>PROCEDURE, item 5: Change old policy 2.7 item "3. Medicare/TennCare: Medicare must be billed initially; any unpaid balance, along with a remittance advice, should be billed to the MCO. If the balance of a Medicare account has the deductible and co-insurance billed to the Bureau of TennCare and the Bureau of TennCare pays the allowed amount, the balance will be adjusted to zero and no individual collection effort is required. All copayments</p>

		<p>and deductibles for non-Medicaid should be charged in their entirety to the patient."</p> <p>to</p> <p>"5. Medicare/TennCare: Medicare must be billed initially; any unpaid balance, along with a remittance advice, should be billed to the MCO. If the balance of a Medicare account has the deductible and co-insurance billed to the Bureau of TennCare and the Bureau of TennCare pays the allowed amount, the balance will be adjusted to zero, and no individual collection effort is required. All co-payments and deductibles for non-Medicaid enrollees should be charged in their entirety to the patient."</p>
	<p>9</p>	<p>PROCEDURE, item 6: Change old policy 2.7 item "4. Private Insurance: If the balance of an account is billed to private insurance and private insurance pays the allowed amount, the permitted balance will be billed to the individual patient based on the sliding fee schedule. The guidelines for implementing individual collection efforts are outlined below in #7."</p> <p>to</p> <p>"6. Private Insurance: If the balance of an account is billed to private insurance and private insurance pays the allowed amount, the disallowed amount will be billed to the individual patient based on the sliding fee schedule, if applicable."</p>
	<p>10</p>	<p>PROCEDURE, items 7-10: Add all as new</p>