



Patient and Community Health Services Reporting & Billing Procedures



Policy C-IC-4

**February 1, 2005
Revised October 14, 2013**

Purpose: To ensure compliance with the Patient and Community Health Services Reporting and Billing Procedures set forth by the Cabinet for Health and Families Services (CHFS), Department for Public Health (DPH).

Policy: Three Rivers District Health Department shall ensure accurate and appropriate reporting and billing procedures for all services provided by the local health centers.

Procedure: All employees of the health department shall abide by the following standards and guidance relating to reporting and billing procedures:

- I. Employees will be provided access to all reference materials regarding reporting and billing procedures; to include, Administrative Reference for Local Health Departments in Kentucky; Kentucky Core Clinical Services Guide, (CCSG) and Disaster Response & Recovery Plans.
- II. Employees will be provided training by health department staff or outside trainers on reporting and billing procedures.
- III. Employees will be responsible for becoming familiar with the contents of all references listed above in item I.
- IV. Employees will be responsible for becoming familiar with Current Procedural Terminology (CPT), International Classification of Diseases (ICD-10), and any Health Care Procedure Coding System, National Level II Medicare Codes (HCPCS) used in the clinic setting.
- V. Three Rivers District Health Department shall follow the recommendation of DPH in the Administrative Reference Manual to determine income on client's service at the local health centers. Household size and current household income **is required** for any services for which the Uniform Percentage Payment Schedule is applied and for Women, Infant & Children (WIC) program certification and recertification. **Proof of income is only required with WIC certification and recertification.**

- VI. For those clients receiving services and are over 100% poverty, as determined by the Uniform Percentage Payment Schedule, a bill shall be provided to the patient at the time of service and payment will be expected; also, monthly statements (Report 597) will be mailed out within five (5) days of receiving the report. Account write-offs are to be determined by then Administrative Manager and approved by the Director.
- VII. Patients will not be denied services due to an outstanding account. All questions regarding an outstanding account will be forwarded to the Administrative Manager.
- VIII. Three Rivers District Health Department will assume the charges for employees receiving services required by the agency for employment. Those services are Hepatitis B vaccines, Hepatitis B Titers (for those employees at high risk according to our Bloodborne Pathogen Plan) and PPDs. The services listed shall be provided at the local health centers unless prior authorization is given to have them at another location.
- IX. Neither employees nor their families are allowed to receive “free services” from the health department other than those referenced to above in VIII.
- X. Three Rivers District Health Department will offer services requested, but not indicated by protocols through the CCSG, on a fixed full rate charge (individual self-pay) or by contracting (Payer Code 8) with an agency to pay for services they request for their employees. All Payer Code 8 contracts will be the responsibility of the Administrative Manager.

District Director

Date

Chairperson, Three Rivers District Board of Health

Date