

‘NO SHOW’ BILLING RESEARCH

Patients who miss appointments with or without giving advanced notice stifle the productivity and efficiency of any provider’s office. Potentially, missed appointments could have a large negative impact on a provider’s anticipated daily charges.

MEDDATA (MDS) has composed the below table to assist practices in determining if a ‘No Show for appointment’ fee can be charged to: the insurance carrier (INS), the patient (PAT) or not at all.

If practice is considering a policy to assess a charge (fee) for patients who ‘No Show’; MDS suggests each practice create a ‘standard’ policy and fee for the billing of ‘No Show’ visits. Practice should have patients sign this policy **before assessing any ‘No Show visit’ charge/fee and communicate this policy to patients at their first appointment scheduling, preferably via fax/letter.**

Contact Software Support for assistance or any questions via:

From **MEDPM** or **MEDEHR** Sign On screens, double click on ‘support@medtronsoftware.com’ to compose an email to the Software Support Dept.

-OR-

Phone: (985) 234-0599 (local)
(800) 978-0599 (toll free)

-OR-

Fax: (985) 234-0609

Research findings:

Question to carrier: Can Providers bill the Insurance (INS) or Patient (PAT) for No Show Visits?			
Carrier	INS	PAT	Carrier Guidelines
Aetna See Payment & Coding Policy: Missed Appointments (available via Navinet)	No	YES	Aetna does not cover for missed appointments because no direct or indirect medical care was rendered to the patient. Any expense incurred due to a missed appointment is the responsibility of the member.
BCBS LA See 2014 Annual Enrollment Guide, pg 36	No	YES	Provider can bill PAT for No Shows as any charges accrued for missed appointments are considered non-covered which are the PAT’s responsibility.
Cigna See Cigna Reference Guide (available via CignaforHCP secure portal)	No	YES	Provider can bill PAT if it is the office’s policy to charge for No Shows.
Coventry See Coventry Provider Manual 2014	No	YES	Providers may bill a Member for the following non-covered services: Missed appointments that are not canceled in advance, if this type of payment is in accordance with providers standard office policies.
Humana See Provider Manual	No	YES	The Provider is not prohibited by the Agreement from collecting from health Plan Members for any services not covered under the terms of the applicable Member Plan.

Question to carrier: Can Providers bill the Insurance (INS) or Patient (PAT) for No Show Visits? (continued)			
Carrier	INS	PAT	Carrier Guidelines
Tricare See Tricare (Plan Specific): Exclusions	No	YES	In general, TRICARE excludes services and supplies that are not medically or psychologically necessary for the diagnosis or treatment of a covered illness (including mental disorder), injury, or for the diagnosis and treatment of pregnancy or well-child care. Additionally, all services and supplies (including inpatient institutional costs) related to a non-covered condition or treatment, or provided by an unauthorized provider, are excluded: - Charges that providers may apply to missed or rescheduled appointments.
United HealthCare See UHC Administrative Guide 2014	No	YES	Providers may not charge our Customers fees for covered services beyond copayments, coinsurance or deductibles as described in their benefit plans. This does not prevent providers from charging our Commercial Customers nominal fees for missed appointments or completion of camp/school forms.
LA Workers Comp See Workers Comp Title 40: Medical Reimbursement Schedule	YES	No	The provider shall not receive payment for a missed appointment unless the appointment was arranged by the carrier or the employer. If the carrier or employer fails to cancel the appointment not less than 72 hours prior to the time of the appointment and the provider is unable to arrange for a substitute appointment for that time, the provider may <u>bill the carrier</u> for the missed appointment.
Medicare See MLN Matters-MM5613: Charges for Missed Appointments	No	YES	CMS policy allows physicians, providers, and suppliers to charge Medicare beneficiaries for missed appointments, provided that they do not discriminate against Medicare beneficiaries but also charge non-Medicare patients for missed appointments and the charges for Medicare and non-Medicare patient are the same.
Peoples Health (Medicare Part C) See MLN Matters-MM5613: Charges for Missed Appointments	No	YES	CMS policy allows physicians, providers, and suppliers to charge Medicare beneficiaries for missed appointments, provided that they do not discriminate against Medicare beneficiaries but also charge non-Medicare patients for missed appointments and the charges for Medicare and non-Medicare patient are the same.
Humana (Medicare Part C) See Provider Manual	No	YES	The Provider may collect from a Humana Medicare Advantage Plan Member for a service not covered under the terms of the applicable Member Plan only if the Provider notified the Member – before providing the service – of an expectation that the Plan might not cover the service and the Provider documented such notification.
Wellcare (Medicare Part C)* See Provider Manual	No	No	Providers are not to bill members for missed appointments, administrative fees or other similar type fees (*may need special rule to -0- charge).
United HealthCare (Medicare Part C) See UHC Administrative Guide 2014	No	YES	Providers may not charge our Customers fees for covered services beyond copayments, coinsurance or deductibles as described in their benefit plans. This does not prevent providers from charging our Commercial Customers nominal fees for missed appointments or completion of camp/school forms. For Medicare Advantage Customers, CMS does not allow the provider to charge for “missed appointments” unless the provider has previously disclosed that policy to the Customer.

