New CCare Insurance Billing and Audit Policy

- Clients should be asked about current insurance status at each visit. Unless a client with private insurance also indicates the need for special confidentiality, federal law requires that all reasonable efforts be taken to ensure that CCare or Title X is the payer of last resort.

- If a client with insurance requests special confidentiality at the time of enrollment, insurance should not be billed and the explanation or TPR code “NC” should be entered in box 17A of the CVR.

- If a client reports having insurance on the CCare Enrollment Form but does not bring the card or policy information to the visit, clinic staff are expected to try contacting the insurance company to obtain the information necessary for billing. Otherwise, it is the expectation of the program that clinic staff follow-up with the client to obtain the insurance information and document the attempt. If this follow-up does not yield the necessary information, CCare can be billed using the TPR code “OT”.

### Third Party Resource (TPR) Codes

- UD: Service under deductible  
- NC: Service not covered by insurance policy  
  (Use also when special confidentiality is requested)  
- PP: Payment went to patient/policy holder  
- NA: Service not authorized or prior authorization  
- NP: Service not provided by preferred facility  
- MB: Maximum benefits used for diagnosis  
- OT: Other (Use also when insurance information is unavailable)

Beginning February 17, 2014 CCare claims will be rejected from the Ahlers system in the situation where a client has indicated having private insurance on the enrollment form, but no dollar amount paid or explanation code is provided with the claim.

The reject explanation/error message will read as follows:  
**REJECT: PVT INS FROM WEB IS YES BUT 17A IS BLANK**