PATIENTS RIGHTS TO REFUSE AUTHORIZATION FOR SUBMISSION OF A BILL TO MEDICARE FOR PHYSICAL THERAPY SERVICES

The 2013 HIPAA rule changes: As a part of the Dept. of Health and Human Services' (HHS) aim to give patients greater control over how their protected health information (PHI) is utilized and shared, they have now given patients the right to restrict certain disclosures of PHI to a health plan when the individual (or any person other than the health plan) pays for the treatment out of pocket in full.

This segment of the new HIPAA rules is the second half of page 5628 of the Federal Resister, Vol. 78, No. 17 (page 64 of this PDF: http://www.gpo.gov/fdsys/pkg/FR-2013-01-25/pdf/2013-01073.pdf). Specifically, the new HIPAA rules state:

"With respect to Medicare, it is our understanding that when a physician or supplier furnishes a service that is covered by Medicare, then it is subject to the mandatory claim submission provisions of section 1848(g)(4) of the Social Security Act (the Act), which requires that if a physician or supplier charges or attempts to charge a beneficiary any renumeration for a service that is covered by Medicare, then the physician or supplier must submit a claim to Medicare. However, there is an exception to this rule where a beneficiary (or the beneficiary's legal represents vie) refuses, of his/her own free will, to authorize the submission of a bill to Medicare. In such cases, a Medicare provider is not required to submit a claim to Medicare for the covered service and may accept an out-of-pocket payment for the service from the beneficiary. The limits on what the provider may collect from the beneficiary continues to apply to charges for the covered service, notwithstanding the absence of a claim to Medicare. See the Medicare Benefit Policy Manual, Internet only Manual pub. 100-2, ch. 15, sect.40, available at http://www.cms.gov/manuals/Downloads/bp102c15.pdf. Thus, if a Medicare beneficiary requests a restriction on the disclosure of protected health information to Medicare for a covered service and pays out-of-pocket for the service (i.e., refuses to authorize the submission of a bill to Medicare for the service), the provider must restrict the disclosure of protected health information regarding the service to Medicare in accordance with § 164.522(a)(1)(vi)."

I, _____, of my own free will and by my decision, request restriction on the disclosure of my protected health information to Medicare and refuse the submission of any bill for reimbursement to Medicare and my secondary insurance coverage for the services I receive from Jocelyn Littlejohn, PT/Sacramento Myofascial Release. I will pay for the services I receive out of pocket at the Tim
e of service.

Patient: _____ Date: _____

Therapist: _____ Date: _____