

Chiropractic Coding & Compliance Alert

Reader Questions: Determining Which Payer Provides for Co-payment

Question: When we have a patient with both a primary and a secondary insurance, which one would provide for the co-insurance or co-payment?

Texas Subscriber

Answer: This would depend on various factors, including:

- Patient deductible
- Status of the deductible being met
- The amount of co-insurance or co-payment for both the primary and secondary payers.

Once both deductibles are met, depending upon coverage and benefits, the patient may end up not having to pay any co-insurance at all and if they owe a co-payment instead, it may be the lesser co-payment fee of the two policies. Unfortunately, this varies entirely based upon individual policy coverage, benefits, deductibles, etc. but can be easily determined.

If both deductibles are met and you're uncertain what to collect, the best thing to do to start with is to collect co-insurance for the payer that is the lowest. This way, the practice is still collecting something from the patient at the time of service for in the event there is a patient responsibility once both payers have processed.

If both deductibles are not met, you would still at least collect a co-payment or estimated co-insurance as standard protocol and invoice the additional balance to the patient once both payers have processed the claim.