§ 219.124 Conditions.

With respect to any research project or any class of research projects the department or agency head may impose additional conditions prior to or at the time of approval when in the judgment of the department or agency head additional conditions are necessary for the protection of human subjects (whether or not the research was subject to federal regulation).

PART 220—COLLECTION FROM THIRD PARTY PAYERS OF REASONABLE CHARGES FOR HEALTHCARE SERVICES

Sec.
220.1 Purpose and applicability.
220.2 Statutory obligation of third party payer to pay.
220.3 Exclusions impermissible.
220.4 Reasonable terms and conditions of health plan permissible.
220.5 Records available.
220.6 Certain payers excluded.
220.7 Remedies and procedures.
220.8 Reasonable charges.
220.9 Rights and obligations of beneficiaries.
220.10 Special rules for Medicare supplemental plans.
220.11 Special rules for automobile liability insurance and no-fault automobile insurance.
220.12 [Reserved]
220.13 Special rules for workers’ compensation programs.
220.14 Definitions.

beneficiary were to incur the costs on
the beneficiary’s own behalf.

(b) Application of cost shares. If the
third party payer’s plan includes a re-
quirement for a deductible or copay-
ment by the beneficiary of the plan,
then the amount the United States
may collect from the third party payer
is the reasonable charge for the care
provided less the appropriate deduct-
ible or copayment amount.

(c) Claim from United States exclusive.
The only way for a third party payer to
satisfy its obligation under 10 U.S.C.
1095 is to pay the facility of the uni-
formed service or other authorized rep-
resentative of the United States. Pay-
ment by a third party payer to the ben-
eficiary does not satisfy 10 U.S.C. 1095.

(d) Assignment of benefits or other sub-
mission by beneficiary not necessary. The
obligation of the third party payer to
pay is not dependent upon the bene-
ficiary executing an assignment of ben-
efits to the United States. Nor is the
obligation to pay dependent upon any
other submission by the beneficiary to
the third party payer, including any
claim or appeal. In any case in which a
facility of the Uniformed Services
makes a claim, appeal, representation,
or other filing under the authority of
this part, any procedural requirement
in any third party payer plan for the
beneficiary of such plan to make the
claim, appeal, representation, or other
filing must be deemed to be satisfied. A
copy of the completed and signed DoD
insurance declaration form will be pro-
vided to payers upon request, in lieu of
a claimant’s statement or coordination
of benefits form.

(e) Preemption of conflicting State laws. Any provision of a law or regulation of
a State or political subdivision thereof
that purports to establish any require-
ment on a third party payer that would
have the effect of excluding from cov-
erage or limiting payment, for any
health care services for which payment
by the third party payer under 10
U.S.C. 1095 or this part is required, is
preempted by 10 U.S.C. 1095 and shall
have no force or effect in connection
with the third party payer’s obliga-
tions under 10 U.S.C. 1095 or this part.

§ 220.3 Exclusions impermissible.

(a) Statutory requirement. Under 10
U.S.C. 1095(b), no provision of any third
party payer’s plan having the effect of
excluding from coverage or limiting
payment for certain care if that care is
provided in a facility of the uniformed
services shall operate to prevent col-
lection by the United States.

(b) General rules. Based on the statu-
tory requirement, the following are
general rules for the administration of
10 U.S.C. 1095 and this part.

(1) Express exclusions or limitations
in third party payer plans that are in-
consistent with 10 U.S.C. 1095(b) are in-
operative.

(2) No objection, precondition or lim-
itation may be asserted that defeats
the statutory purpose of collecting
from third party payers.

(3) Third party payers may not treat
claims arising from services provided
in facilities of the uniformed services
less favorably than they treat claims
arising from services provided in other
hospitals.

(4) No objection, precondition or lim-
itation may be asserted that is con-
trary to the basic nature of facilities of
the uniformed services.

(c) Specific examples of impermissible
exclusion. The following are several spe-
cific examples of impermissible exclu-
sions, limitations or preconditions.
These examples are not all inclusive.

(1) Care provided by a government enti-
ty. A provision in a third party payer’s
plan that purports to disallow or limit
payment for services provided by a gov-
ernment entity or paid for by a govern-
ment program (or similar exclusion) is
not a permissible ground for refusing
or reducing third party payment.

(2) No obligation to pay. A provision in
a third party payer’s plan, that pur-
ports to disallow or limit payment for
services for which the patient has no
obligation to pay (or similar exclusion)
is not a permissible ground for refusing
or reducing third party payment.

(3) Exclusion of military beneficiaries.
No provision of an employer sponsored
program or plan that purports to make
ineligible for coverage individuals who
are uniformed services health care
beneficiaries shall be permissible.

(4) No participation agreement. The
lack of a participation agreement or

[55 FR 21748, May 29, 1990, as amended at 57
FR 41101, Sept. 9, 1992; 65 FR 7727, Feb. 16,
2000; 67 FR 57740, Sept. 12, 2002]