

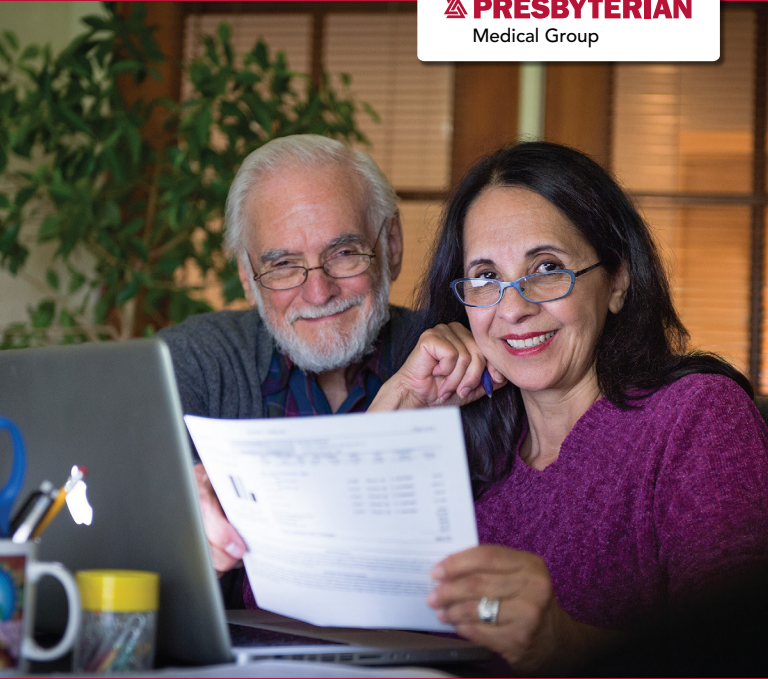
# Hospital-Based Billing

A guide for TRICARE Recipients



**PRESBYTERIAN**

Medical Group



# Hospital-Based Billing

TRICARE reimburses Presbyterian Medical Group (PMG) clinics as “hospital-based” facilities. The clinics function as departments of Presbyterian Hospital and provide care that is integrated with the Presbyterian Hospital delivery system. This designation by TRICARE affects the way you are billed.

## Hospital-Based Status

### **What does it mean?**

TRICARE recognizes all integrated healthcare systems in a distinct way. According to TRICARE rules, if a clinic is owned by a hospital and integrated into the operation of the hospital, then it is designated as hospital-based. With this designation, the clinic is paid under hospital department rates. TRICARE recognizes PMG clinics as departments of Presbyterian Hospital, thus the term hospital-based.

### **How does it affect TRICARE recipients?**

When seeing a PMG provider, TRICARE patients will only see a difference in the way they are billed. Under this designation, TRICARE requires that all hospital-based clinic services be billed in two parts:

- A provider (usually a physician) fee billed by the clinic
- An outpatient facility services fee billed by the hospital

SYSTEM



DR. JOHNSON PATMAN  
PRESBYTERIAN  
Orthopedics  
Physician  
L. Johnson Patman, MD

Upon completion of medical services, two claim forms will be submitted to TRICARE for clinic services. TRICARE patients will receive two Explanation of Benefits (EOB) statements from TRICARE.

Once TRICARE has paid its portion of the charges, in many cases, a secondary payor will pay the remaining balance. If there is no secondary insurance, the TRICARE patient will then receive two bills: a bill from the clinic for the provider charge and one from the hospital for the clinic facility charge.

***Please note:*** Your copayment, coinsurance, or deductible may vary depending on your individual insurance benefit plan. If a balance remains after insurance pays, you will receive a monthly statement and payment is due within 30 days following the date of billing. If you are in need of financial assistance, please call (505) 923-6400 or 1-800-251-9292.

### **What is the process for PMG to submit a TRICARE claim?**

All hospitals and clinics are required to screen TRICARE patients according to TRICARE secondary payor rules. At each visit to the clinic, TRICARE patients will be asked to complete or update a TRICARE secondary payor questionnaire. The answers to these questions confirm that TRICARE is the primary payor or that another payor is primary.

## **The process for submitting PMG claims to TRICARE includes:**

- The physician (provider) component of the claim will be billed on one claim form and sent to TRICARE.
- A second claim form for the facility services fee will be created and sent to TRICARE.
- All ancillary services, such as laboratory and radiology services, will be billed and also sent to TRICARE.

## **What are typical or average out-of-pocket expenses for visits to a PMG clinic?**

The typical or average out-of-pocket expenses for visiting a PMG clinic are:

- New patient visit – \$36
- Established patient visit – \$24
- Nurse visit – \$12

***Please note:*** Your specific charges will depend upon the actual services you receive. Your physician may elect to perform additional procedures/tests which will affect your out-of-pocket expense. Keep in mind this is an **estimated** amount only. PMG adjusts its fee schedules annually to stay relative to TRICARE reimbursement rates.

## **Presbyterian Medical Group**

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For additional information about  
hospital-based billing, please call  
(505) 923-6400 or 1-800-251-9292.

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of the patients, members and  
communities we serve.*



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*A department of Presbyterian Hospital*