Pain Management Treatment is a hospital outpatient department of St. Luke's Hospital – Bethlehem Campus.

Off Campus Medicare Outpatient Coinsurance Notice

The Centers for Medicare and Medicaid Services (CMS) has designated certain off campus locations of St. Luke's University Health Network (St. Luke's) as "Provider Based" or "Hospital Outpatient" departments. This designation means that beneficiaries will receive two bills: a) one coinsurance and deductible for professional services and b) one coinsurance and deductible for facility services. If the beneficiaries receive the same service at a free standing facility that is not "Provider Based", they will receive only one global bill which includes both technical and professional fees.

Depending on the beneficiaries' secondary insurance, they may or may not have a copay/deductible for services received at a free standing facility which bills technical and facility services "globally". Also, St. Luke's cannot determine the amount that will be covered by the beneficiaries' secondary supplemental insurance. In other words, St. Luke's cannot tell the beneficiaries if they will have a patient pay balance or the amount of the patient pay portion because St. Luke's does not have the information about the exact goods or services that will be provided to the beneficiaries. Those decisions are made when the patients are seen by the clinicians and evaluated. Those beneficiaries with Medicaid or Financial Assistance may not have any liability.

In general, Medicare will pay 80% of the "allowed" amount and secondary coverage usually will pick up the remainder balance even if the beneficiaries have a co-pay. Beneficiaries' coinsurance liability for the Hospital Outpatient is separate from the coinsurance liability that beneficiaries may owe for any physician or professional services provided to them, but the 80/20 rule generally applies.

As an example, if the beneficiary has a CT scan, then, Medicare will pay St. Luke's an average of $376 for the technical (facility) fee and the beneficiaries' co-insurance would be billed for the balance of approximately $80. The physician fee for this same service will also follow an 80/20 rule. Unfortunately, St. Luke's cannot determine what the same service would cost at a free standing facility in which the facility and professional fees are combined on one statement.

As with any health care service, the beneficiaries can research and examine their options fully when making a decision about where to have their care provided. If beneficiaries have any concerns regarding their possible financial liability, St. Luke's encourages them to please speak with our registrar prior to receiving goods or services so that they can receive their estimated responsibility.

St. Luke's financial counseling department is also available for questions. Please call (484) 526-4153 and one of our representatives will try to assist you.