

	MEDICAL ASSISTANCE BULLETIN COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE		
	NUMBER: 01-85-16	ISSUE DATE: October 15, 1985	EFFECTIVE DATE: October 15, 1985
SUBJECT: Professional Component Billing Regarding Patient Transport		BY:  Gerald F. Radke Deputy Secretary for Medical Assistance Programs	

PURPOSE:

The purpose of this bulletin is to advise physicians on how to bill for professional services provided to a patient who has been transported from one hospital to another for diagnostic work.

SCOPE:

This bulletin applies to all physicians enrolled in the Medical Assistance Program.

BACKGROUND:

Since July 1, 1984, a physician has been required to bill for professional services to hospitalized recipients under his or her own provider number regardless of contractual arrangements with the hospital.

There have been questions regarding how a physician should complete the facility name, facility ID number, and hospitalization dates on the invoice when diagnostic work is done at a hospital other than the one to which the patient was admitted.

DISCUSSION:

The patient was admitted to hospital "one" and then transported to hospital "two" for tests which cannot be performed by the admitting hospital. The patient returns to the first hospital on the same date, after the work-up is completed. To bill for the above example, providers must show the facility name and MA ID number of the facility where the service is rendered in Items 19 and 20 of the MA 319 (Physicians Services Invoice). The admission date (Item 21) should be the date the patient's hospitalization began at hospital "one", and the discharge date (Item 22) should be shown as six zeros, "000000".

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Bureau of Provider Relations
P.O. Box 8024
Harrisburg, Pennsylvania 17105
1-800-932-0698

Visit the Office of Medical Assistance Programs website at www.dpw.state.pa.us/omap.