Inpatient hospital care

Applies to:

Blue Cross Blue Shield of Michigan

A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

☐ **Medicare Plus Blue℠ PPO** ☐ **Medicare Plus Blue℠ Group PPO** ☒ **Both**

Inpatient hospital

An inpatient hospital is defined as a facility, other than psychiatric, that primarily provides diagnostic, therapeutic (both surgical and nonsurgical) and rehabilitation services by or under the supervision of physicians, to patients admitted for a variety of medical conditions.

Original Medicare

Original Medicare provides coverage for the following services furnished to an inpatient of a participating hospital or of a participating critical access hospital or, in the case of emergency services or services in foreign hospitals, to an inpatient of a qualified hospital:

1. Bed and board
2. Nursing services and other related services
3. Use of hospital or critical access hospital facilities
4. Medical social services
5. Drugs, biologicals, supplies, appliances and equipment
6. Certain other diagnostic or therapeutic services
7. Medical or surgical services provided by certain interns or residents-in-training
8. Transportation services, including transport by ambulance

Inpatient stays are defined by a benefit period of consecutive days during which medical benefits for covered services with certain specified maximum limitations are available to the beneficiary. Under Original Medicare Part A, 60 full days of hospitalization plus 30 coinsurance days represent the maximum benefit period. The period is renewed when the beneficiary hasn't been in a hospital or skilled nursing facility for 60 days.

Medicare Plus Blue℠ PPO enhanced benefit

Medicare Plus Blue is a Medicare Advantage Plan that provides at least the same level of benefit coverage as Original Medicare (Part A and Part B) and may provide enhanced benefits beyond the scope of Original Medicare within a single health care plan. This flexibility allows Blue Cross to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

Coverage for unlimited inpatient hospital care days is provided to members under both individual and Medicare Plus Blue Group PPO plans. For individuals the member's cost sharing and coverage conditions are determined by Blue Cross. For groups, the group determines the member's cost sharing and coverage conditions.

Conditions for payment

The table below specifies payment conditions for unlimited inpatient hospital care coverage.

Conditions for payment	
Eligible provider	Consistent with Original Medicare
Payable location	Consistent with Original Medicare
Frequency	Unlimited days
CPT/HCPCS codes	Consistent with Original Medicare
Diagnosis restrictions	
Age restrictions	

Reimbursement

Medicare Plus Blue PPO plan's maximum payment amounts for inpatient hospital care is consistent with Original Medicare. Reimbursement is made through a prospective payment system in which Medicare payment is made based on a predetermined, fixed amount. This represents payment in full and providers aren't allowed to bill the member for the difference between the allowed amount and the charge.

Member cost sharing

- Medicare Plus Blue PPO providers should collect the applicable cost sharing from the member at the time of the service when possible. Cost sharing refers to a flat dollar copayment, a percentage coinsurance or a deductible. Providers can only collect the appropriate Medicare Plus Blue PPO cost-sharing amounts from the member.
- If the member elects to receive a noncovered service, he or she is responsible for the entire charge associated with that service.
- Providers may not have members sign an ABN to accept financial responsibility for noncovered items or services. If there is any question about whether an item or service is covered, seek a coverage determination from Blue Cross before providing the item or service to the member. If a provider provides a noncovered item/service to a member without first obtaining a coverage determination, the member must be held harmless for all charges except for any applicable cost share.

  To verify benefits and cost share, providers may utilize our provider portal or call 1-866-309-1719.

Billing instructions for providers

1. Bill services on the CMS-1450 (UB-04) claim form, or 837 equivalent claim form.
2. Use the Medicare Advantage PPO unique billing requirements.
3. Report CPT/HCPCS codes and diagnosis codes to the highest level of specificity.
4. Report your National Provider Identifier number on all claims.
5. Submit claims to your local Blue Cross plan.
6. Use electronic billing:
   a. Michigan providers
      Copies of the ANSI ASC X 12N 837 and 835 Institutional Health Care Claim and Health Care Claim Payment/Advice (Blue Cross Electronic Data Interchange (EDI) Institutional 837/835 Companion Documents) are available on the Blue Cross website under the reference library section at ***bcbsm.com/providers/help/edi/***.
   b. Providers outside of Michigan should contact their local Blue Cross plan.

Revision history

Policy number: MAPPO 1019

Reviewed: 08/30/2023, 08/31/2022, 08/25/2021, 11/20/2020, 10/07/2019, 07/23/2018

Revised dates: 10/19/2016, 08/17/2015, 2012

10/19/2016: Updated applies to from groups to both, coverage was expanded to include individuals in 2016

08/17/2015: Updated formatting, updated provider billing instructions and hyperlinks, removed reference to CAREN, and added revision history section.