

EMERGENCY ROOM CARE

Hospitals provide emergency room care to treat urgent and severe issues. Emergency rooms are especially designed with a team of doctors, paramedics, specially trained nurses, and other support staff to ensure quick and effective treatment.

ORIGINAL MEDICARE

Original Medicare covers emergency department services under Part B for physician services provided. The services of the facility, auxiliary personnel, drugs and the supplies are considered to be a Part A benefit.

MEDICARE ADVANTAGE

Coverage for emergency room care is provided to members under select Medicare Advantage private fee-for-service plans. A fifty dollar copayment is taken from the facility claim when the diagnosis submitted does not support the level of service billed. The member's cost-sharing is determined by the group.

Conditions for payment

BCBSM Medicare Advantage private fee-for-service plans use Centers for Medicare & Medicaid Services deemed provider¹ concept for group specific benefits. The table below specifies payment conditions for emergency room care:

Conditions for payment	
Eligible providers	Consistent with Original Medicare
Deemed provider	See terms and conditions on bcbsm.com/ma
Payable locations	Consistent with Original Medicare
Frequency	
CPT codes	
Diagnosis restrictions	Restrictions apply
Age restrictions	No restrictions

Reimbursement

The maximum payment amount for the emergency room care benefit is consistent with Original Medicare. The provider will be paid based on the Outpatient Prospective Payment System. This represents payment in full and providers are not allowed to balance bill the member for the difference between the allowed amount and the charge.

¹ 2009 Terms & Conditions – <http://www.bcbsm.com/ma/>

Member cost-sharing

- Deemed providers must agree to collect from the member only the cost-sharing amounts described in the table below. They may not otherwise charge or bill the member.
- If the member elects to receive a noncovered service, he or she is responsible for the entire charge associated with the noncovered service.

For detailed information about BCBSM Medicare Advantage member's benefits and cost-share, review the group plan's **Summary of Benefits**. The chart below identifies members with emergency room care coverage.

Group name and number		
BCBSM/NBU Retirees 80311, 80312		BCBSM/BU Retirees 80306
City of Detroit Option E 81100, 81101	City of Detroit Option F 54731, 81097	City of Detroit Option G 04436
City of Southgate 50737		Ervin Industries 50755
Grosse Pointe Municipalities 51376, 51517, 51518, 51566, 51567		Hope College 51623
Kadant Johnson 50309		MPSERS 59000
Michigan State AFL – CIO 50781		Oakwood Healthcare 47064, 47067
Robert Bosch LLC 51644		UAW Retirees of the Dana Corporation Health & Welfare Trust 51643

Billing instructions

1. Bill services on the CMS 1500 (8/05) claim form, UB-04 or the 837 equivalent claim.
2. Use the Medicare Advantage private fee-for-service 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 BCBS plan.
6. Use electronic billing:
 - a. Michigan providers:
 - A copy of the ANSI ASC X12N 837 and 835 Institutional Health Care Claim and Health Care Claim Payment/Advice (BCBSM Electronic Data Interchange (EDI) Institutional 837/835 Companion Document) is available at: http://www.bcbsm.com/pdf/837_835_institutional_companion.pdf
 - A copy of the BCBSM EDI Professional 837/835 Companion Document is available at: http://www.bcbsm.com/pdf/systems_resources_prof_837_835.pdf
 - b. Providers outside of Michigan should contact their local BCBS plan.