

INPATIENT HOSPITAL

A facility, other than psychiatric, which 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 has not been in a hospital or skilled nursing facility for 60 days.

MEDICARE ADVANTAGE

Coverage for unlimited inpatient hospital care is provided to group members under select Medicare Advantage private fee-for-service plans. The member's cost-sharing and coverage conditions are 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 inpatient hospital care coverage:

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	Unlimited days
CPT/HCPCS codes	Consistent with Original Medicare
Diagnosis restrictions	
Age restrictions	

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

Reimbursement

The 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.² 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.

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 inpatient hospital 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		State of MI Retirees Troopers 81820
State of MI Retirees Nontroopers 81821, 81828		UAW Retirees of the Dana Corporation Health & Welfare Trust 51643

Billing instructions

1. Bill services on the CMS-1450 (UB-04) claim form 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 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.

² <http://www.cms.hhs.gov/prospmedicarefeesvcpgmtgen/>