

Blue Cross Blue Shield of Michigan
Medicare Advantage Private Fee-for-Service

Emergency Room Care

January 1, 2008
Updated November 1, 2008

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 the Centers for Medicare & Medicaid Services deemed provider¹ concept for group specific benefits. The table below specifies payment conditions for emergency department 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 2008 Terms and conditions

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.

The cost-sharing chart below identifies members with emergency department care coverage:

Member Cost-Sharing Responsibilities								
Group Name and Number	Annual Deductible		Coinsurance/Copayment				Out-of-Pocket Maximum	
			Professional Claim		Institutional Claim		2007	2008
	2007	2008	2007	2008	2007	2008	2007	2008
BCBSM Retirees ² 80311, 80312	No MA PFFS plan	\$0	No MA PFFS plan	Does not apply	No MA PFFS plan	SOB ³ \$50 if applicable ⁴	No MA PFFS plan	Does not apply
City of Detroit-Option E ⁵ 81100, 81101 City of Detroit-Option F ⁷ 54731, 81097 City of Detroit-Option G ⁸ 04436	\$175 Waived	\$0	Does not apply		SOB ⁶ \$50 when applicable	SOB \$50 when applicable		Does not apply
MPSERS ⁹ 59000	\$250	None			SOB \$50 when applicable	SOB \$50 when applicable		\$500

² BCBSM Retirees Benefit grid

³ 2008 Summary of benefits

⁴ Fifty dollar copay taken from facility claim

⁵ City of Detroit - Option E Benefit grid

⁶ 2007 Summary of benefits

⁷ City of Detroit - Option F Benefit grid

⁸ City of Detroit - Option G Benefit grid

⁹ MPSERS Benefit grid

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.