

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

Foreign Care
Emergent, Urgent and Other Services

January 1, 2008
Updated October 1, 2008

FOREIGN CARE

Coverage for healthcare services rendered outside the United States.

ORIGINAL MEDICARE¹

Items and services furnished outside the United States are excluded from coverage except for the following services, and certain services rendered on board a ship:

- Emergency inpatient hospital services where the emergency occurred:
 - While the beneficiary was physically present in the United States; or
 - In Canada while the beneficiary was traveling without reasonable delay and by the most direct route between Alaska and another State.
- Emergency or non-emergency inpatient hospital services furnished by a hospital located outside the United States, if the hospital was closer to, or substantially more accessible from, the beneficiary's United States residence than the nearest participating United States hospital that was adequately equipped to deal with, and available to provide treatment for the illness or injury
- Physician and ambulance services furnished in connection with, and during a period of, covered foreign hospitalization. Program payment may not be made for any other Part B medical and other health services, including outpatient services furnished outside the United States
- Services rendered on board a ship in a United States port, or within 6 hours of when the ship arrived at, or departed from, a United States port, are considered to have been furnished in United States territorial waters. Services not furnished in a United States port, or within 6 hours of when the ship arrived at, or departed from, a United States port, are considered to have been furnished outside United States territorial waters, even if the ship is of United States registry (see Chapter 1, General Billing Requirements, section 10.1.4.7, for a description of claims processing procedures).

¹ CMS Medicare national coverage determinations manual – Chapter 1, part 4 (section 230.3)

For additional information pertaining to foreign claims please reference the following CMS links:

<http://www.cms.hhs.gov/manuals/downloads/clm104c01.pdf>

<http://www.cms.hhs.gov/manuals/downloads/clm104c03.pdf>

MEDICARE ADVANTAGE

Foreign care coverage under BCBSM Medicare Advantage private fee-for-service plans includes, for all Medicare Advantage members, coverage of emergency or urgently needed medical items and services furnished outside the United States.

An emergency medical condition is a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, with an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

- Serious jeopardy to the health of the individual or, in the case of a pregnant woman, the health of woman or her unborn child;
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily or part.

Urgently needed services (Urgent Care) are services that are not emergency services but are services that are medically necessary and require immediate attention as a result of an unforeseen illness, injury or condition.

Depending on the member's group benefit, additional services could be covered in excess of emergent and urgently needed services.

Conditions for Payment

BCBSM will determine reimbursement for covered services based on reasonable charges and apply currency exchange when required.

Reimbursement

The maximum payment amount for foreign care services is based on the applicable benefit category.

There is a \$50,000 lifetime maximum (does not affect the out-of-pocket maximum) for the foreign care benefit that applies to the Medicare Plus Blue individual group only.

The member is paid based on the service rendered minus the cost-share amount. This represents payment in full.

Member Cost-sharing

- 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 foreign 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
BCBSM Retirees ² Based on member's benefit 80311, 80312	No MA PFFS plan	\$250	No MA PFFS plan	5%	No MA PFFS plan	SOB ³ \$50 when applicable ⁴	No MA PFFS plan	\$1000
City of Detroit Option E ⁵ Urgent and emergency medical care only 81100, 81101	\$175 waived	\$175	20%		SOB ⁶ \$50 when applicable		\$825	
City of Detroit Option F ⁷ Urgent and emergency medical care only 54731, 81097								
City of Detroit Option G ⁸ Urgent and emergency medical care only 04436								

² BCBSM Retirees Benefit grid

³ 2008 Summary of benefits

⁴ Fifty dollar copay taken from facility claim

⁵ City of Detroit - Option F Benefit grid

⁶ 2007 Summary of benefits

⁷ City of Detroit - Option F Benefit grid

⁸ City of Detroit - Option F Benefit grid

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
MPSERS Based on member's benefit 59000	\$250		10%		SOB ⁹ \$50 when applicable	SOB ¹⁰ \$50 when applicable	\$500	
State of MI Retirees ¹¹ Urgent and emergency medical care only 81820, 81821, 81828	No MA PFFS plan	\$200	No MA PFFS Plan	10% or \$10	No MA PFFS Plan		No MA PFFS plan	\$1000
MPB Individual Option A ¹² 53910	\$250		20%		SOB ¹³ \$50 when applicable		Does not apply	
MPB Individual Option B ¹⁴ 53921								
MPB Individual Option C ¹⁵ 53901								
MPB Individual Option D ¹⁶ 53903								

⁹ 2007 Summary of benefits

¹⁰ 2008 Summary of benefits

¹¹ State of Michigan Retirees Benefit grid

¹² MPB Individual - Option A Benefit grid

¹³ 2007 Summary of benefits

¹⁴ MPB Individual - Option B Benefit grid

¹⁵ MPB Individual - Option C Benefit grid

¹⁶ MPB Individual - Option D Benefit grid

Billing Instructions

1. The member submits the following information for reimbursement:
 - Name of patient and address
 - Patient's Medicare Advantage contract and group numbers
 - Name and address of hospital and or physician
 - Admission and discharge dates
 - Specific dates of service
 - Diagnosis
 - Description of services
 - Itemized list of services rendered
 - Charges per service
 - Bills or itemized statement
 - Paid receipts

2. The member will send all information to the following address:

Medicare Advantage
27000 W. Eleven Mile Road
Southfield, MI 48034
Mail Code H404