

**Blue Cross Blue Shield of Michigan**  
Medicare Advantage Private Fee-for-Service  
  
Religious Nonmedical Health Care Institution

January 1, 2008

**RELIGIOUS NONMEDICAL HEALTH CARE INSTITUTION**

Religious nonmedical care or religious method of healing means health care furnished under established religious tenets that prohibit conventional or unconventional medical care for the treatment of a beneficiary, and the sole reliance on these religious tenets to fulfill a beneficiary's total health care needs.

**ORIGINAL MEDICARE**

The religious nonmedical health care institution benefit provides coverage only for Part A services. The Medicare program will only pay for nonmedical health care services furnished in religious nonmedical health care institutions as defined in section 1861(ss)(1) of the Act and 42 CFR 403 Subpart G. The program does not pay for supporting religious services or payment for the religious practitioner. The cost of religious items or services and the cost of using a religious practitioner is a personal financial responsibility and not covered by Medicare.

Religious nonmedical health care institution has two components:

- Inpatient services
- Home health services

**Inpatient Services**

According to section 1821 (a) of the Social Security Act, as a condition for Part A Medicare coverage, the beneficiary must have a condition that would qualify under Medicare Part A for inpatient hospital services or extended care services furnished in a hospital or skilled nursing facility that is not a religious nonmedical health care institution if it were not for their religious convictions.

**Home Health Services**

The Medicare Prescription Drug, Improvement and Modernization Act of 2003 revisions extended coverage to religious nonmedical health care institution items and services that are provided in a beneficiary's home and that are comparable to items and services provided by a home health agency that is not a religious nonmedical health care institution.

The religious nonmedical health care institution home benefit must exclude the same services that are excluded from the home health benefit. Medicare requires a brief letter of intent from the provider in order to determine the number of religious nonmedical health care institutions that will be implementing the home service benefit. Medicare will only pay for nonmedical services in the home, but not for those religious items or services provided by the religious nonmedical health care institution.

### **Durable Medical Equipment - Home Benefit**

Medicare covers a defined list of nonmedical durable medical equipment items for religious nonmedical health care institution home services that are comparable to items used in the inpatient nonmedical health care institution setting and could be provided by a home health agency. Those nonmedical health care institutions offering home services may order these items without a physician order and without compromising the beneficiary election for nonmedical health care institution care.

The need for each item of durable medical equipment ordered must be supported by the nonmedical health care institution patient's plan of care for the home setting and the nonmedical health care institution nurses' notes for home services. It must be noted that the benefit is applicable only to what we shall refer to as nonmedical durable medical equipment items and does not include any of the related services provided by nonmedical health care institution staff members.

The nonmedical health care institution shall establish a payment arrangement with one or more durable medical equipment suppliers to obtain any of the items on the list below they may require for a beneficiary. The supplier will provide the items and related instructions on use to the beneficiary, family, or care giver. The nonmedical health care institution will submit claims for these durable medical equipment items to the nonmedical health care institution specialty fiscal intermediary.

The durable medical equipment items include:

- Canes
- Crutches
- Walkers
- Commodes
- Standard wheelchair
- Hospital beds
- Bedpans Urinals

### **MEDICARE ADVANTAGE**

Coverage for religious nonmedical health care institution is provided to members under select Medicare Advantage private fee-for-service plans. The additional benefits allow the cost of religious items and services, including the cost of using a religious practitioner. The member's cost-sharing and other coverage conditions are determined by the group.

Religious nonmedical health care services (Part A hospital services or extended care services) furnished in a religious nonmedical health care institution, including room and board, are part of the additional benefit when the level of care provided is not covered through Original Medicare benefits.

Payable services performed by a Christian Science practitioner in the Christian Science sanatorium include:

- Band aid administration
- Nursing services/supplies
- Prayers
- Room and board
- Telephone services

Non-payable Services include:

- Christian Science care provided outside the Christian Science sanatorium
- Beauty shop
- Comfort Items
- Convenience items
- Cosmetic Services
- Domiciliary care
- Mileage

**Conditions for Payment**

BCBSM Medicare Advantage private fee-for-service plans use the Centers for Medicare & Medicaid Services deemed provider<sup>1</sup> concept for group specific benefits. The table below specifies payment conditions for religious nonmedical health care institution:

Conditions For Payment	
Eligible provider	Christian Science practitioner
Deemed provider	See terms and conditions on <a href="http://bcbsm.com/ma">bcbsm.com/ma</a>
Payable locations	Christian Science sanatoriums certified by the First Church of Christ, Scientist, in Boston, MA
Frequency	No restrictions
CPT code	S9900
Diagnosis restrictions	No restrictions
Age restrictions	

**Reimbursement**

The maximum payment amount for the religious nonmedical health care institution benefit is available in a separate document, [BCBSM Medicare Advantage - Additional Benefits Fee Schedule](#).

The member will be paid the lesser of this allowable amount or the provider’s charge, minus the member’s cost-share. 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.

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<sup>1</sup> 2008 Terms and condition

Provider reimbursement for room and board is based on the Centers for Medicare & Medicaid Services Fiscal Intermediary TEFRA Target Rates.

To ensure proper reimbursement, all religious nonmedical health care institutions should send their TEFRA Target Rates letter to:  
*MARateLetterSubmissions@bcbsm.com.*

**Cost settlement**

Original Medicare makes estimated (interim) payments to facilities when claims are submitted which are at least partially reimbursed based on their reasonable costs rather than a fee schedule. The Medicare fiscal intermediary attempts to make the interim payments as accurate as possible. After the facility’s fiscal year ends, the fiscal intermediary settles with the provider for the difference between interim payments and actual reasonable costs.

The Centers for Medicare & Medicaid Services policy does not require Medicare Advantage private fee-for-service plans to agree to conduct cost settlement with providers. Therefore, following the fiscal intermediary settlement, BCBSM will not pay providers, and providers will not pay BCBSM for the difference between interim payments and actual reasonable costs. The fiscal intermediary will not include Medicare Advantage members in their settlements with providers.

**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 coverage for religious nonmedical health care institution:

Member Cost-Sharing Responsibilities						
Group Name and Number	Annual Deductible		Coinsurance		Out-of-Pocket Maximum	
			Professional Claim			
	2007	2008	2007	2008	2007	2008
MPSERS <sup>2</sup> 59000	\$0	\$250	Does not apply	10%	Does not apply	\$500

<sup>2</sup> MPSERS Benefit grid

## **Member Billing Instructions**

The member is required to request payment for Christian Science services received in an approved Christian Science sanatorium by a Christian Science practitioner.

The following information is required for reimbursement to the member:

1. A copy of the paid receipts from the christian science practitioner indicating the following information:
  - Name of member receiving services
  - Attending christian science practitioner's name
  - Name of the christian science sanatorium where services were provided
  - Dates of service
  - Description of service provided
  - Itemized statement
  - Amount of charge per service
  - Dollar amount paid
2. Proof of the Christian Science sanatorium accreditation where the services were rendered.
3. Send all supporting information to:

Blue Cross Blue Shield of MI  
27000 W. Eleven Mile Road, MC H404  
Southfield, Michigan 48034  
Attention: Medicare Advantage

## **Provider Billing Instructions**

1. Bill services on the 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 revenue code 0120 for room and board.
5. Report your National Provider Identifier number on all claims.
6. Submit claims to your local BCBS plan.
7. 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](http://www.bcbsm.com/pdf/837_835_institutional_companion.pdf)

- b. Providers outside of Michigan should contact their local BCBS plan.

### **Additional Billing Instructions**

BCBSM has established an e-mail address for the submission of interim rate letters. The address for this mailbox is [MARateLetterSubmissions@bcbsm.com](mailto:MARateLetterSubmissions@bcbsm.com).

This email address will be used for the following:

- Michigan provider consultants can send an email to this mailbox with an attached interim rate letter from religious nonmedical health care institutions.
- Religious nonmedical health care institutions can submit their interim rate letters directly to BCBSM via this email address.