

Emergency department care

Applies to:



**Blue Cross
Blue Shield**
of Michigan

A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

Medicare Plus BlueSM PPO Medicare Plus BlueSM Group PPO Both

Emergency department care

Hospitals provide emergency department care to treat urgent and severe issues. Emergency departments 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 a Part A benefit.

Medicare Plus BlueSM Group PPO enhanced benefit

Medicare Plus Blue is a Medicare Advantage Plan, which provides at least the same level of benefit coverage as Original Medicare (Part A and Part B) and may provide enhanced benefits beyond the scope of Original Medicare within a single health care plan. This flexibility allows Blue Cross to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

Enhanced coverage for emergency department care is provided to members under select Medicare Plus Blue Group PPO plans. A copayment is applied to the facility claim if the diagnosis submitted doesn't support the level of service billed. The copayment is waived if the diagnosis is considered emergent. The member's copayment is determined by the member's group. The scope of the benefit, reimbursement methodology, maximum payment amounts and the member's cost sharing are determined by the group.

Conditions for payment

The table below specifies conditions for emergency department care.

Conditions for payment	
Eligible provider	Consistent with Original Medicare
Payable location	Consistent with Original Medicare
Frequency	
CPT codes	
Diagnosis restrictions	Restrictions apply
Age restrictions	No restrictions

Reimbursement

Medicare Plus Blue Group PPO plans' maximum payment amount for the emergency department care benefit is consistent with Original Medicare. The provider will be paid based on the Medicare Outpatient Prospective Payment System. This represents payment in full and providers aren't allowed to bill the member for the difference between the allowed amount and the charge.

Blue Cross Blue Shield of Michigan

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Member cost sharing

- Medicare Plus Blue Group PPO providers should collect the applicable cost sharing from the member at the time of the service when possible. Cost sharing refers to a flat dollar copayment, a percentage coinsurance or a deductible. Providers can only collect the appropriate Medicare Plus Blue Group PPO cost-sharing amounts from the member.
- If the member elects to receive a noncovered service, he or she is responsible for the entire charge associated with that service.
- Providers may not have members sign an ABN to accept financial responsibility for noncovered items or services. If there is any question about whether an item or service is covered, seek a coverage determination from Blue Cross before providing the item or service to the member. If a provider provides a noncovered item/service to a member without first obtaining a coverage determination, the member must be held harmless for all charges except for any applicable cost-share.

To verify benefits and cost share, providers may utilize our provider portal or call 1-866-309-1719.

Billing instructions for providers

1. Bill services on the CMS 1500 (02/12) claim form, UB-04 or the 837 equivalent claim.
2. Use the Medicare Advantage PPO 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 Blue Cross plan.
6. Use electronic billing:
 - a. Michigan providers
 - Copies of the ANSI ASC X 12N 837 and 835 Institutional Health Care Claim and Health Care Claim Payment/Advice (Blue Cross Electronic Data Interchange (EDI) Institutional 837/835 Companion Documents) are available on the Blue Cross website under the reference library section at bcbsm.com/providers/help/edi.
 - b. Providers outside of Michigan should contact their local Blue Cross plan.

Revision history

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03/21/2016: Updated formatting, billing instructions, and web links; changed references from 'emergency room' to 'emergency department' throughout document, added revision history section, removed reference to CAREN.