Emergency room 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 Blue PPO℠ ☒ Medicare Plus Blue Group PPO℠ ☐ Both

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 a Part A benefit.

Medicare Plus Blue Group PPO

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

Enhanced coverage for emergency room 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.

Conditions for payment

The table below specifies payment conditions for emergency room 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 room 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 balance bill the member for the difference between the allowed amount and the charge.

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. You 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 the noncovered service.

For detailed information about a Medicare Plus Blue Group PPO member's benefits and cost–share, providers may verify member benefits via web–DENIS or call CAREN at 1–866–309–1719.

Billing instructions for members

1. Bill services on the CMS 1500 (8/05) 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 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: ***bcbsm.com/pdf/837_835_institutional_companion.pdf***
      — A copy of the BCBSM EDI Professional 837/835 Companion Document is available at: ***bcbsm.com/pdf/systems_resources_prof_837_835.pdf***
   b. Providers outside of Michigan should contact their local BCBS plan.