

Inpatient hospital care Applies to:



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

Blue Cross® Medicare Private Fee for Service (PFFS)

Inpatient hospital care

An inpatient hospital is defined as a facility, other than psychiatric, that primarily provides diagnostic, therapeutic (both surgical and nonsurgical) and rehabilitation services by or under the supervision of physicians, to patients admitted for a variety of medical conditions.

Original Medicare

Original Medicare provides coverage for the following services furnished to an inpatient of a participating hospital or of a participating critical access hospital or, in the case of emergency services or services in foreign hospitals, to an inpatient of a qualified hospital:

1. Bed and board
2. Nursing services and other related services
3. Use of hospital or critical access hospital facilities
4. Medical social services
5. Drugs, biologicals, supplies, appliances, and equipment
6. Certain other diagnostic or therapeutic services
7. Medical or surgical services provided by certain interns or residents-in-training
8. Transportation services, including transport by ambulance

Inpatient stays are defined by a benefit period of consecutive days during which medical benefits for covered services, with a certain specified maximum limitations, are available to the beneficiary. Under Original Medicare Part A, 60 full days of hospitalization plus 30 coinsurance days represent the maximum benefit period. The period is renewed when the beneficiary has not been in a hospital or skilled nursing facility for 60 days.

Blue Cross Medicare PFFS Enhanced Benefit

Blue Cross Medicare PFFS 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.

Coverage for unlimited inpatient hospital care days is provided to members under the Blue Cross Medicare PFFS plan. The member's cost sharing and coverage conditions are determined by Blue Cross.

Conditions for payment

The table below specifies payment conditions for unlimited inpatient hospital care coverage.

Conditions for payment	
Eligible provider	Consistent with Original Medicare
Payable location	Consistent with Original Medicare
Frequency	Unlimited days
HCPCS codes	Consistent with Original Medicare
Diagnosis restrictions	
Age restrictions	

Reimbursement

The Blue Cross Medicare PFFS plan's maximum payment amount for inpatient hospital care is consistent with Original Medicare. Reimbursement is made through a prospective payment system in which Medicare payment is made based on a predetermined, fixed amount. 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.

Member cost sharing

- Blue Cross Medicare PFFS 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 Blue Cross Medicare PFFS cost sharing amount from the member.
- If the member elects to receive a non-covered service, he or she is responsible for the entire charge associated with that service.

To verify benefits and cost share, providers may utilize web-DENIS or call 1-866-309-1719.

Billing instructions for providers

1. Bill services on the CMS-1450 (UB-04) claim form, or 837 equivalent claim form.
2. Use the Blue Cross Medicare PFFS 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
Copies of the ANSI ASC X 12N 837 and 835 Institutional Health Care Claim and Health Care Claim Payment/Advice (BCBSM Electronic Data Interchange (EDI) Institutional 837/835 Companion Documents) are available on the BCBSM website under the reference library section at: <http://www.bcbsm.com/providers/help/faqs/electronic-connectivity-edi.html>.
 - b. Providers outside of Michigan should contact their local BCBS plan.

Revision history

Policy number: BCPFFS 1004

Created: 10/18/2016

Effective: 01/01/2017