

Inpatient hospital care

Applies to:

BCN Advantage Individual BCN Advantage Group Both

BCN Advantage HMOSM
BCN Advantage HMO-POSSM



Medicare and more

Blue Care Network of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

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, a participating critical access hospital or, in the case of emergency services or services in foreign hospitals, a qualified hospital:

- Bed and board
- Nursing services and other related services
- Use of hospital or critical access hospital facilities
- Medical social services
- Drugs, biologicals, supplies, appliances and equipment
- Certain other diagnostic or therapeutic services
- Medical or surgical services provided by certain interns or residents-in-training
- 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 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 hasn't been in a hospital or skilled nursing facility for 60 days.

BCN Advantage enhanced benefit

BCN Advantage is a Medicare Advantage plan that 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 Care Network 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 individual BCN Advantage plans and BCN Advantage group plans that select this benefit. The scope of the benefit, reimbursement methodology, maximum payment amounts, and the member's cost sharing are determined by Blue Care Network for the individual coverage and by the group for those with group-based coverage.

Blue Care Network of Michigan

bcbsm.com/providers

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

Reimbursement

The BCN Advantage maximum payment amount for inpatient hospital care is consistent with Original Medicare. The provider will be paid the lesser of this allowed amount or the provider's charge, minus the member's cost share. This represents payment in full and providers aren't allowed to bill the member for the difference between the allowed amount and the charge.

Member cost share

- BCN Advantage providers should collect the applicable cost share from the member at the time of the service, when possible. Cost share refers to a flat dollar copayment, a percentage coinsurance or a deductible. Providers can only collect the appropriate BCN Advantage cost share 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 Advance Beneficiary Notice of Noncoverage to accept financial responsibility for noncovered items. If there is any question about whether an item is covered, seek a coverage determination from Blue Care Network before providing the item to the member. If a provider issues a noncovered item 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 use our provider portal or call 1-800-344-8525.

Billing instructions for providers

1. Bill services on the CMS 1500 (02/12) claim form.
2. Use the BCN Advantage 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. 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 Michigan:** Members of BCN Advantage HMO-POS plans have a point-of-service benefit offered through the nationwide network of Blue Plan Providers via the Blue Cross and Blue Shield Association. Providers outside Michigan who participate with Blue plans can provide preauthorized routine and follow-up care as necessary. Contact your local Blue plan for billing instructions.

Coverage outside Michigan for members of BCN Advantage HMO plans is limited to medical emergencies, urgently needed services and renal dialysis unless BCN Advantage has approved the out-of-network services, which members must request in advance.

6. Send paper claims to:

BCN Advantage Claims
Blue Care Network
P.O. Box 68753
Grand Rapids, MI 49516-8753

Revision history

Policy number: BCNA

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Revised: