

## Inpatient hospital care

### Applies to:

Blue Cross Blue Shield Nebraska MA Core (HMO)

Blue Cross Blue Shield Nebraska MA Choice (HMO-POS)

## **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, biological, 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.

## **MA Core (HMO) and MA Choice (HMO-POS) Enhanced Benefit**

MA Core (HMO) and MA Choice (HMO-POS) are Medicare Advantage Plans that provide 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 and Blue Shield of Nebraska 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 MA Core (HMO) and MA Choice (HMO-POS). The member's cost-sharing and coverage conditions are determined by Blue Cross and Blue Shield of Nebraska.

## Conditions for Payment

The table below specifies payment conditions for unlimited inpatient hospital 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

MA Core (HMO) and MA Choice (HMO-POS) plans' 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

- NE Medicare Advantage) 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 NE Medicare Advantage 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 call 888-505-2022.

## Billing Instructions for Providers

1. Bill services on the CMS 1500 (02/12) or UB-04 claim form.
2. Use the NE MA Core and/or MA Choice unique billing requirements.
3. Report CPT/HCPCS codes and diagnosis codes to the highest level of specificity.
4. Include your National Provider Identifier number on all claims.
5. Send your claims to your local BCBS plan.

## Revision History:

Policy Number: NEHMO 1005

Policy Created: 09/21/2016

Policy Effective: 01/01/2017