

Inpatient Hospital Care Applies to:

Blue Medicare Advantage (PPO)

Blue Medicare Advantage Comprehensive (PPO)

Inpatient Hospital

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:

- 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 has not been in a hospital or skilled nursing facility for 60 days.

Blue Cross and Blue Shield of Kansas Medicare Advantage (PPO) Benefit

Blue Cross and Blue Shield of Kansas (BCBSKS) Medicare Advantage (PPO) is a Medicare Advantage Plan, which 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 Kansas to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

Inpatient stays are defined by a benefit period of per Admission per Stay basis. During an Inpatient stay, coverage is provided for unlimited inpatient hospital care days to members under all individual Blue Cross and Shield of Kansas MA (PPO) plans. The period is renewed when the beneficiary is discharged from the inpatient facility. For individuals the member's cost sharing and coverage conditions are determined by Blue Cross and Blue Shield of Kansas.

Conditions for Payment

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

Conditions for Payment	
Eligible provider	Consistent with Medicare
Payable location	Consistent with Medicare
Frequency	Unlimited days per Inpatient Admission or Stay
CPT/HCPCS codes	Consistent with Original Medicare
Diagnosis restrictions	
Age restrictions	

Reimbursement

Blue Cross and Blue Shield of Kansas MA (PPO) plans' maximum payment amounts 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

Inpatient Hospital		Topeka Blue Medicare (PPO)		Topeka Blue Medicare Comprehensive (PPO)		Wichita Blue Medicare (PPO)		Wichita Blue Medicare Comprehensive (PPO)	
		In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Unlimited Days	Per each Admission/Per Stay	\$300 Copay First 1 to 5 days	40%	\$300 Copay First 1 to 5 days	30%	\$300 Copay First 1 to 5 days	40%	\$300 Copay First 1 to 5 days	30%
		\$0 Copay day 6 plus		\$0 Copay day 6 plus		\$0 Copay day 6 plus		\$0 Copay day 6 plus	

- Blue Cross and Blue Shield of Kansas MA (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 Blue Cross and Blue Shield of Kansas MA (PPO) cost sharing amounts from the member.
- If the member elects to receive a non-covered service, he or she is responsible for the entire charge associated with the non-covered service.
- To verify member eligibility, benefits, and cost share, go to the Blue Cross and Blue Shield of Kansas Medicare Advantage secure website at: <https://www.bcbsks.com/CustomService/Providers/medicare-advantage/>

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 and Blue Shield of Kansas MA (PPO) unique billing requirements.
3. Report CPT/HCPCS/Revenue codes and diagnosis codes to the highest level of specificity.
4. Report your National Provider Identifier number on all claims.
5. Use electronic billing.

Revision History

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