

Inpatient hospital care

All BCBSKS Blue Medicare Advantage plans

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.

The Two-Midnight Rule (which also applies to inpatient psychiatric care) states that coverage for an inpatient admission

must be provided when, based on consideration of complex medical factors documented in the medical record, the admitting physician expects the patient to require hospital care that crosses 2 or more midnights. Exceptions include the following situations: the admitting physician does not expect care will cross 2 midnights but inpatient care is nonetheless deemed to be necessary based on complex medical factors documented in the medical record (case-by-case exception); admission is for a procedure on the Inpatient Only List; new mechanical ventilation.

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	
Frequency	Unlimited days per inpatient admission or stay; 190 days in a lifetime for inpatient mental health care
Prior authorization	Prior authorization is required for acute care, skilled nursing, long-term acute care, and inpatient rehabilitation.
CPT/HCPCS codes	Consistent with 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

- 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 co-payment, 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, they are 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/providers/medicare-advantage>, or contact provider services at 800-240-0577.

Billing instructions for providers

- Bill services on the CMS 1450 (UB 04) claim form, or 837 equivalent claim form.
- Use the Blue Cross and Blue Shield of Kansas MA (PPO) unique billing requirements.

- Report CPT/HCPCS/Revenue codes and diagnosis codes to the highest level of specificity.
- Report your National Provider Identifier number on all claims.
- Use electronic billing.

Revisions

Policy number: PR MAIP A001

01/01/2020	Policy effective
03/01/2023	Updated to reflect 2023 benefits and plan offerings
01/01/2024	Updated to reflect current plans throughout, added information about the Two-Midnight rule, usage of gender neutral terms, and directing providers to self-service tools for benefit specifics