

Blood and blood components

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.

Blood and blood components

A person's need for blood and/or blood components can be due to either an acute or a chronic medical condition. The administration of blood and/or blood components may take place in either an inpatient or outpatient setting.

Original Medicare

Original Medicare covers the provision of whole blood, packed red blood cells (packed RBCs), and other blood components under both Part A and Part B benefits. Deductibles and other co-insurance amounts for services related to the provision of whole blood, packed RBCs and other blood components are applied differently depending on whether the blood and/or blood components are delivered in an inpatient (Part A) or outpatient setting (Part B).

Original Medicare does not provide payment for the first three pints of blood or equivalent units of packed RBCs received under Parts A and B combined in a calendar year. The three unit limit is applied even if one or more providers administer the units during the calendar year. In addition, a deductible is applied to these first three pints of whole blood or equivalent units of packed RBCs. Other components of blood such as platelets, fibrinogen, plasma, gamma globulin and serum albumin are not subject to the blood deductible.

A provider may charge the beneficiary its customary charge for a pint of blood or equivalent unit of packed RBCs for the first three units that are subject to the deductible unless the beneficiary, another person or blood bank replaces and/or arranges for the replacement of the pint and/or unit. Where the provider refuses to accept an offered replacement unit for other than a reasonable basis of concern of a health risk to either a potential recipient or the prospective donor, the provider may not charge the beneficiary for the deductible pint and/or unit. If the provider does not pay to obtain the first three units, then the patient is not responsible for payment or replacement.

BCN Advantage Enhanced Benefit

BCN Advantage 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 Care Network to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

The enhanced benefit for whole blood and packed red cells furnished in either an inpatient or outpatient setting provides coverage (including storage and administration) beginning with the cost of the first pint of whole blood or the first unit of packed RBCs when medically necessary. Coverage of the first three pints of blood or equivalent units of packed RBCs also releases the member from the obligation to replace these units and from any charges from the provider for failing to do so.

Enhanced coverage for whole blood and packed RBCs furnished in either an inpatient or outpatient setting is provided under all BCN Advantage individual plans select BCN Advantage Group plans. 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

The table below specifies conditions for blood products, whole blood and packed RBCs in an inpatient or outpatient setting.

Conditions for payment	
Eligible provider	Consistent with Original Medicare
Payable location	Inpatient or outpatient facility
Frequency	As medically necessary each calendar year
HCPCS codes	P9010, P9011, P9016, P9021, P9022, P9038, P9039, P9040, P9051, P9054, P9056, P9057, P9058
Diagnosis restrictions	No restrictions apply
Age restrictions	No restrictions

Reimbursement

BCN Advantage plan's maximum payment amount for the delivery of blood, packed RBCs and other blood components 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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Reviewed:

Revised: