

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 platelets, and other blood components under both Part A and Part B benefits. Deductibles and other cost-sharing amounts for services related to the provision of whole blood, packed platelets, and other blood components are applied differently depending on whether

the service is provided in an inpatient or outpatient setting. For services provided in an inpatient setting, Medicare covers the cost of blood and blood components. For services provided in an outpatient setting, Medicare covers the cost of blood and blood components, but the patient is responsible for the cost of the blood components.

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## BCBSNE Medicare Advantage Enhanced Benefit

BlueCross and BlueShield of Nebraska Medicare Advantage plans provide a benefit that is more comprehensive than Original Medicare. Part A and Part B and a separate enhanced benefit end to cover Original Medicare in a single payment. In addition, BlueCross and BlueShield of Nebraska offer enhanced outpatient and inpatient services, including Original Medicare at the member's discretion and additional services.

Enhanced benefits are provided and accessed through a network of providers. Inpatient services are provided in a hospital or skilled nursing facility. Outpatient services are provided in a doctor's office, ambulatory surgical center, or other outpatient setting. Services are provided under a capitated payment model. The enhanced benefit is provided through a managed care organization. The enhanced benefit is provided through a managed care organization. The enhanced benefit is provided through a managed care organization.

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## Conditions for payment

The table below specifies conditions for 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
HCPC Codes	P9010 - P9023, P9031 – P9041, P9043, P9044, P9048, P9050 – P9060, P9070 – P9072, 36430-36460, 86890, 86930 - 86932
Diagnosis Restrictions	Restrictions apply
Age Restrictions	No restrictions

## Reimbursement

BCBSNE Medicare Advantage plans' maximum payment amount for the delivery of whole blood, packed RBCs and other blood components is consistent with Original Medicare. The provider will be paid based on either the Medicare Inpatient Prospective Payment System (IPPS) or the Outpatient Prospective Payment System (OPPS) depending on where the service was provided. 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) claim form, UB-04 or the 837 equivalent claim.
2. Use the NE Medicare 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. Send your claims to your local BCBS plan.

## Revision History:

Policy Number: NEHMO 1011

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