

## Blood Product Reimbursement Report

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*This information is provided as a service to assist hospitals and other providers of blood products and blood services. Providers are responsible for accurately coding and billing for services rendered as appropriate to their situation and payer-specific requirements. Please contact the blood center with any questions pertaining to this newsletter.*

### Coding Update

## New Codes for Billing Blood and Blood Components Effective January 1, 2004

Pocket-sized reference guides to all Healthcare Common Procedure Coding System (HCPCS) codes currently used for blood and blood components are provided below. See the box at bottom right for important information about the use of HCPCS codes.

WHOLE BLOOD AND RED BLOOD CELLS	
HCPCS	HCPCS DESCRIPTOR
P9010	BLOOD (WHOLE), FOR TRANSFUSION
P9016	RED BLOOD CELLS, LEUKOREduced
P9021	RED BLOOD CELLS
P9022	RED BLOOD CELLS, WASHED
P9038	RED BLOOD CELLS, IRRADIATED
P9039	RED BLOOD CELLS, DEGLYCEROLIZED
P9040	RED BLOOD CELLS, LEUKOREduced, IRRADIATED
P9051	WHOLE BLOOD OR RED BLOOD CELLS, LEUKOREduced, CMV-NEGATIVE
P9054	WHOLE BLOOD OR RED BLOOD CELLS, LEUKOREduced, FROZEN/DEGLYCEROLIZED/WASHED
P9056	WHOLE BLOOD, LEUKOREduced, IRRADIATED
P9057	RED BLOOD CELLS, FROZEN/DEGLYCEROLIZED/WASHED, LEUKOREduced, IRRADIATED
P9058	RED BLOOD CELLS, LEUKOREduced, CMV-NEGATIVE, IRRADIATED

PLATELETS	
HCPCS	HCPCS DESCRIPTOR
P9019	PLATELETS
P9031	PLATELETS, LEUKOREduced
P9032	PLATELETS, IRRADIATED
P9033	PLATELETS, LEUKOREduced, IRRADIATED
P9034	PLATELETS, PHERESIS
P9035	PLATELETS, PHERESIS, LEUKOREduced
P9036	PLATELETS, PHERESIS, IRRADIATED
P9037	PLATELETS, PHERESIS, LEUKOREduced, IRRADIATED
P9052	PLATELETS, HLA-MATCHED LEUKOREduced, APHERESIS/PHERESIS
P9053	PLATELETS, PHERESIS, LEUKOREduced, CMV-NEGATIVE, IRRADIATED
P9055	PLATELETS, LEUKOREduced, CMV-NEGATIVE, APHERESIS/PHERESIS

PLASMA	
HCPCS	HCPCS DESCRIPTOR
P9017	FRESH FROZEN PLASMA (SINGLE DONOR), FROZEN WITHIN 8 HOURS OF COLLECTION
P9020	PLATELET RICH PLASMA
P9023	PLASMA, POOLED MULTIPLE DONOR, SOLVENT/DETERGENT TREATED, FROZEN
P9044	PLASMA, CRYOPRECIPITATE REDUCED
P9059	FRESH FROZEN PLASMA BETWEEN 8-24 HOURS OF COLLECTION
P9060	FRESH FROZEN PLASMA, DONOR RETESTED

OTHER	
HCPCS	HCPCS DESCRIPTOR
P9011	BLOOD (SPLIT UNIT), SPECIFY AMOUNT
P9012	CRYOPRECIPITATE
P9050	GRANULOCYTES, PHERESIS

- Medicare, Medicaid, and private payers all require HCPCS codes on hospital outpatient claims.
- All codes listed here are used to report charges per unit, except P9011 which requires a specified amount.

*Claims  
Instructions*

## Modifier Alert: -59 Allowed With Irradiated Units to Minimize Denials

Over the past two years, The Centers for Medicare and Medicaid Services (CMS) has issued several **correct coding initiative (CCI) edits** for blood and blood components. CCI edits are pairs of Common Procedural Terminology (CPT) or HCPCS codes that CMS generally does not allow to be reimbursed when billed on the same date of service in the hospital outpatient setting.<sup>1</sup> For example, CCI edits indicate that HCPCS codes P9040 (red blood cells, leukoreduced, irradiated, each unit) and P9016 (red blood cells, leukoreduced, each unit) would not be provided on the same date of service to a patient because patients who require irradiated blood components would not receive non-irradiated units—and because patients who do not require irradiated blood components would not receive an irradiated unit.

However, blood bankers try to ensure that units are not needlessly wasted. As a result, patients *do* sometimes receive irradiated units *and* non-irradiated units at the same time, if the irradiated unit was transfused because it was short-dated.

When providers can document that “clinical circumstances justify” that it is appropriate to transfuse irradiated and non-irradiated components, it is possible to over-ride CCI edits by using **modifier -59** (distinct procedural service). The modifier is added to the HCPCS code for the non-irradiated component, as follows:

<u>Code</u>	<u>Modifier</u>	<u>Service Units</u>
P9040		1
<b>P9016</b>	<b>-59</b>	<b>1</b>
36430 (Transfusion service)		1

### How is my blood bank affected by recent changes to Medicare?

On December, 8, 2003, the President signed the *Medicare Prescription Drug, Improvement, and Modernization Act of 2003* (MMA) into law. The Centers for Medicare and Medicaid Services (CMS) has since implemented many changes to the Medicare program, including coverage and reimbursement of blood products under Medicare Part B. To date, the impact of MMA on reimbursement for blood products has been limited, primarily because MMA did not enact major changes to inpatient reimbursement under Medicare Part A. The vast majority of blood—more than 90 percent—is transfused to inpatients. **Blood and blood products** transfused to hospital outpatients will continue to be paid separately on a per-unit basis, in addition to payment for one outpatient transfusion procedure per day.

**Did you know...that CMS has independent authority to define “blood products” for payment purposes?**

*Policy  
Briefing*

<sup>1</sup> CPT™ Only. ©2003 American Medical Association. All Rights Reserved.  
Source: [www.cms.hhs.gov/medlearn/ncci.asp](http://www.cms.hhs.gov/medlearn/ncci.asp), questions 6 and 7, *Terms and Definitions*.