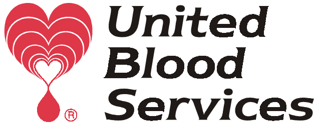

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# AUTOLOGOUS BLOOD: Questions & Answers

Many professionals involved with the utilization and billing of the services and procedures of blood and blood products have found this undertaking quite challenging, especially when it pertains to autologous blood.

Autologous blood or "self donated" is blood a patient has stored for his or her own use.

Autologous transfusion refers to transfusion in which both the blood donor and the transfusion recipient are the same.

The American Association of Blood Banks (AABB) has found the most frequent autologous donation is the preoperative donation of blood for possible transfusion back to the donor during elective surgery.

Below are select CPT-4/HCPCS codes related to the collection and transfusion of autologous blood.

| CPT-4 Codes | Description |
|---|---|
| 36430 | Transfusion Blood or Blood Components |
| 86890 | Autol Bld/Cmpnt Collection Processing & Storage, Pre-deposited |
| 86891 | Autologous Bld/Cmpnt; Intra or Postop Salvage |
| P9010 | Blood (whole), for transfusion, per unit |
| P9016 | Red blood cells, leukocytes reduced, each unit |
| P9021 | Red blood cells, each unit |

As the above codes indicate, there are various means of autologous blood donation. One is the predeposited autologous donation, which may be given from six weeks until 72 hours prior to their surgery (86890).

In perioperative blood collection, usually by means of a cellsaver, blood lost by the patient during surgery is recovered and recycled throughout surgery (86891). This reduces the need for stored blood. In postoperative blood collection, blood collection is usually at the surgical site and transfused to the patient in a similar process (86891).

Below are some commonly asked questions pertaining to the complexities of billing, coding and reimbursement for autologous blood. All responses assume medical necessity and apply the Medicare Outpatient Prospective Payment requirements.

**Q. If autologous blood is not used, can it be charged?**

A. No, only autologous blood received by the patient can be charged.

The most recent information issued by the Centers for Medicare and Medicaid Services (CMS) pertaining to outpatient billing of Blood Products, Storage and Processing is in PM *Transmittal A-03-014 dated February 21, 2003* and is a restatement of *PM A-01-50 dated April 12, 2001*. Based on this reference, the product quantity to report on the claim is "number of units transfused." The costs of the unused blood product, storage and processing can be accumulated in the cost center but an individual beneficiary is charged only for the number of units received.

Another reference is the *Provider Reimbursement Manual Chapter 21 Section 2125. Blood* which states that the beneficiary is only to be charged for the blood actually furnished to the patient, although the necessary cross-match or preparation fees associated with the unused blood may be charged.

This is consistent with the *Medicare Referene Guide for Hospitals, Medicare Fiscal Intermediary, Cahaba Government Benefit Administrators (Cahaba GBA)*, which states that they will pay based on the number of units transfused. Medicare does not distinguish autologous blood as subject to different requirements in this regard.

**Q. If a hospital collects its own autologous units for surgery, would the charge be different if the hospital collects it or if it acquires it from the blood center?**

A. When a hospital administers autologous blood that it has collected and processed, the 38x revenue category is used with the applicable HCPCS code describing the product administered. The HCPCS blood product codes do not specify whether the unit is an autologous donation.

The amount the hospital charges would be based on their costs and their established methodology for establishing charge amounts/fees. Each hospital establishes its own fee which may vary greatly from other facilities depending on the cost structure of the hospital and whether the facility collects the blood itself. Medicare makes no distinguishment between homologous and autologous blood regarding billing guidelines. Preparation fees may be charged but the units charged would equal those actually transfused irrespective of the number collected.

**Q. Are hospitals allowed to bill a patient or their insurance for the blood bank's collection of autologous blood?**

A. For pre-deposited autologous units, *86890 Autologous blood or component, collection processing and storage; predeposited* may be charged by the hospital provider for the additional collection processing and storage requirements. The code represents the services associated with the processing of the collection and storage of predeposited autologous blood.

If the surgical procedure was performed but the autologous blood was not used, the product itself is not charged to the beneficiary since it was not administered or transfused. Medicare currently states that the quantity of units to bill is based on the "number of units transfused" (PM Transmittal A-03-014 dated February 21, 2003). Medicare does not distinguish autologous blood as subject to different requirements in this regard.

**Q. If an autologous unit is drawn several months before surgery and frozen, then thawed and transfused at a later date; should you charge 86930 when the unit is frozen and then 86391 when it is thawed or should you charge 86932 when the unit is thawed for the patient? How would you handle the coding/billing if the unit was frozen in anticipation of surgery but never thawed and then subsequently discarded or thawed and then never transfused?**

A. The CPT-4 codes in question have had their descriptions revised for 2003. The 2003 code descriptions are provided below:

- *86930 Frozen blood, each unit; freezing (includes preparation)*
- *86931 Frozen blood, each unit; thawing*
- *86932 Frozen blood, each unit; freezing (includes preparation) and thawing*

These codes are used to report freezing and thawing of blood. According to Ingenix's Coders' Desk Reference, the preparation prior to freezing involves washing and mixing the blood with a glycerol-based preservative, sometimes referred to as glycerolization. This preparation effort is included in the codes 86930 and 86932. Code 86930 is used to report the preparation and freezing, 86931 the thawing, and 86932 to report the performance of both freezing (including preparation) and thawing. Using these codes in combination will trigger CCI edits.

In the stated example, the hospital would charge the Medicare patient for the product, the transfusion, the autologous collection process and storage fee, and any patient related cross-match lab work. If the product is frozen and then thawed for the patient, then the appropriate code would be selected depending on the HCPCS description of the product. For example, if the product HCPCS code includes freezing, then 86931 would be used. If the HCPCS code included both freezing and thawing, then an additional charge is not appropriate. For example, if the product transfused was C1020 Red blood cells, frozen/deglycerolized/washed, leukocyte-reduced, irradiated, each *unit* the freezing and thawing is included so none of the 86930, 86931 and 86932 codes are appropriate.

For predeposited autologous units, *86890 Autologous blood or component, collection processing and storage; predeposited* may be charged by the hospital provider for the additional collection processing and storage requirements. The code represents the services associated with the processing of the collection and storage of predeposited autologous blood. If the surgical procedure was performed but the autologous blood was frozen but not used, then 86390 may be charged for the freezing and preparation. If the unused autologous blood was frozen and thawed, then code 86932 is appropriate. The product itself is not charged to the beneficiary since it was not administered or transfused.

Medicare currently states that the quantity of units to bill is based on the "number of units transfused" (PM Transmittal A-03-014 dated February 21, 2003). Medicare does not distinguish autologous blood as subject to different requirements in this regard.

**Q. In an intraoperative cell salvage procedure, is the blood charged for or is the procedure the only charge? If the salvaged cells are transfused after the procedure, are they coded and billed for? If additional blood cell products are transfused during this process, how should they be coded/billed for?**

A. When blood is salvaged during an outpatient operative procedure, the CPT-4/HCPCS *code 86891 Autologous blood or component, collection processing and storage; intra- or postoperative salvage* is used to represent the procedure. Assuming the blood or blood product was transfused to the patient, then the salvage procedure would be billed with the transfusion procedure, *36430 Transfusion, blood or blood components*, and the appropriate blood product HCPCS code (for example, *P9010 Blood (whole), for transfusion, per unit*); otherwise, OCE edit 043 will deny the claim due to lack of specification of blood product.

When additional blood products are transfused along with salvaged cells, the applicable HCPCS codes representing the additional products (i.e., "C" and "P" blood product codes) should be coded and included on the Medicare outpatient hospital claim.

As a reference, the codes from the Transfusion Medicine section of the AMA CPT-4 book are provided for CDM review.

This edition of *Blood NEWS* is a reprint of *BCA Newsletter* which is issued periodically by the Blood Centers of America. The opinions expressed herein are opinions only and should not be construed as recommendations or standards of BCA or its board of trustees. 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 United Blood Services with any questions pertaining to this Newsletter.

| TRANSFUSION MEDICINE CODES / August 2003 | |
|---|---|
| **CPT** | **Description** |
| 86850 | Antibody screen, RBC, each serum technique |
| 86860 | Antibody elution (RBC), each elution |
| 86870 | Antibody identification, RBC antibodies, each panel for each serum technique |
| 86880 | Antihuman globulin test (Coombs test); direct, each antiserum |
| 86885 | indirect, qualitative, each antiserum |
| 86886 | indirect, titer, each antiserum |
| 86890 | Autologous blood or component, collection processing and storage; predeposited |
| 86891 | intra- or postoperative salvage (For physician services to autologous donors, see 99201-99204) |
| 86900 | Blood typing; ABO |
| 86901 | Rh (D) |
| 86903 | antigen screening for compatible blood unit using reagent serum, per unit screened |
| 86904 | antigen screening for compatible unit using patient serum, per unit screened |
| 86905 | RBC antigens, other than ABO or Rh (D), each |
| 86906 | Rh phenotyping, complete |
| 86910 | Blood typing, for paternity testing, per individual; ABO, Rh and MN |
| 86911 | each additional antigen system (86915 has been deleted. To report, see 38210-38213) |
| 86920 | Compatibility test each unit; immediate spin technique |
| 86921 | incubation technique |
| 86922 | antiglobulin technique |
| 86927 | Fresh frozen plasma, thawing, each unit |
| 86930 | Frozen blood, each unit; freezing (includes preparation) |
| 86931 | thawing |
| 86932 | freezing (includes preparation) and thawing |
| 86940 | Hemolysins and agglutinins; auto, screen, each |
| 86941 | incubated |
| 86945 | Irradiation of blood product, each unit |
| 86950 | Leukocyte transfusion (For leukapheresis, use 36520) |
| 86965 | Pooling of platelets or other blood products |
| 86970 | Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; incubation with chemical agents or drugs, each |
| 86971 | incubation with enzymes, each |
| 86972 | by density gradient separation |
| 86975 | Pretreatment of serum for use in RBC antibody identification; incubation with drugs, each |
| 86976 | by dilution |
| 86977 | incubation with inhibitors, each |
| 86978 | by differential red cell absorption using patient RBCs or RBCs of known phenotype, each absorption |
| 86985 | Splitting of blood or blood products, each unit |
| 86999 | Unlisted transfusion medicine procedure |

AMA CPT-4, provided by Blood Centers of America