WARBIRD
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Lab and Blood Bank Coding and Billing

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HEALTHCARE EDUCATION FOUNDATION OF WEST VIRGINIA

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Lab and Blood Bank

- Objective
  - Understand payor processes and denial reasons
  - Determine appropriate responsibility for modifier assignment
  - Review all components of a blood service
  - Recognize the difference between blood product acquisition and blood product purchase, processing and storage
  - Learn how to properly code and bill for blood services

Lab and Blood Bank

- Common Lab Denial Reasons
- All payors utilize auto-adjudicators to process claims
  - Programmed rules that compare billed codes, modifiers and diagnoses to required standards
  - **Unbundling:** Global procedure code submitted with procedures or codes that are an inherent part of performing the global procedure
  - **Fragmentation:** Occurs when a claim includes incidental codes separately without listing the more global code
  - **Unlisted Procedure:** Unlisted CPT/HCPCS require additional information to determine services performed.
  - **Modifier assignment:**
    - Added to the CPT/HCPCS to provide supplemental information
    - Lab and Blood Bank specific modifiers are commonly misused

Lab and Blood Bank

- Common payor edits
  - Screening vs. Diagnostic
    - Payor specific guidelines apply
  - Age Edit
    - Apply age specific parameters to CPTS and HCPCS CPT-4 that logically include or exclude age ranges
  - Gender Edit
    - Claim logic checks gender for gender-specific procedure codes
  - Diagnosis HCPCS mismatch
    - Payor claim logic will match screening HCPCS with screening diagnosis code and diagnostic HCPCS with diagnostic diagnosis code
  - MUE (Medically Unlikely Edit): Payors establish likely number of times certain tests can be performed
    - May question duplicate submission or apply edit indicating MUE exceeded

Lab and Blood Bank

- Common denials
  - Frequency Limits
    - Claim logic tracks frequency of services and denies if test is repeated before frequency limit expires
  - Duplicate Procedures
    - Payor logic contains denies exact procedures reported more than once for CPT/HCPCS with MUE of 1, or codes with no MUE assigned

Lab and Blood Bank

- Medically Unlikely Edit
- Used by Medicare and some commercial payors
- Indicates the number of units likely per CPT/HCPCS
- Not all MUEs published
- Some MUEs DOS driven and some will be evaluated per line
- Claims will deny if MUE exceeds acceptable units

Lab and Blood Bank

- Medicare also assigns MUE Adjudication Indicator (MAI) to each MUE
- MAI:
  - 1 - Line Edit – Edit only evaluates units reported on one line
    - Errors can be corrected
    - Correctly reported units can be split to multiple lines
  - 2 -Date of service edit (Policy) – Per Medicare policy, this cannot be overridden
    - Can be corrected
  - 3 -Date of service edit (Clinical) - Edits will sum and deny as DOS edit. This can be appealed for medical necessity with medical documentation

Lab and Blood Bank

HCPCS/ CPT Code	Description	Outpatient Hospital Services MUE Values	MUE Adjudication Indicator	MUE Rationale
80074	ACUTE HEPATITIS PANEL	1	2 Date of Service Edit: Policy	Nature of Analyte
81266	STR MARKERS SPEC ANAL ADDL	2	3 Date of Service Edit: Clinical	Clinical: Data
81479	UNLSTD MOLECULAR PATHOLGY PROC	3	3 Date of Service Edit: Clinical	Clinical: CMS Workgroup

Lab and Blood Bank

- NCCI
  - PTP (procedure to procedure) edits
  - Compare code pairs to established guidelines
  - Evaluate whether code pairs *may* be billed together, not if they should be billed on the specific claim
    - Documentation must support billing
  - Column 1 code the primary code in the pair, and will be covered
  - Column 2 contains the lesser code that *may be* covered depending on the modifier indicator and rationale
    - 0 - Modifier not allowed. The column 2 code will deny even with a modifier applied
    - 1 - Modifier allowed if appropriate. The claim should be compared to guidelines I the NCCI manual to see if the circumstances for that claim satisfy modifier guidelines
    - 9 – Not Applicable. The NCCI edit may have been retired, or the concept of either billing the 2 codes together or the concept of the 2 codes billed together does not apply.
  - Add-on code edits
    - Add-on code is billed without a primary code
    - Add-on code is modified incorrectly in attempt to override rejection or denial

Lab and Blood Bank

- Modifiers can be appended to CPTs and HCPCS to provide additional information
- Most likely modifiers for lab are
  - Modifier 59: Separate and distinct procedure or service (Medicare replaces with more detailed modifiers)
  - Medicare X modifiers to expand separate and distinct information
  - Modifier 91: Repeat clinical diagnostic laboratory test
  - QW: CLIAA waived
    - CLIAA updates occur quarterly

NCCI Edits

Modifier 91 - Repeat clinical diagnostic laboratory test

- In the course of treatment of the patient, it may be necessary to repeat the **same** laboratory test on the same day to obtain subsequent (multiple) test results…

Modifier 91 cannot be

- Confirmatory -Due to testing problems for the specimen
- Due to testing problems of the equipment
- When another procedure code describes a series of tests
- If the initial test was normal
- For any reason when a normal one-time result is required

Lab and Blood Bank

Column 1	Description	Column 2	Description	Implementation Date	Deletion Date	Modifier Indicator	Rationale
81005	URINLYS QUAL SEMIQUANT EXCPT IMMUNO	81000	URINALYSIS DIP STICK TABLET NO	19960101	*	0	Laboratory panel
81001	URINALYSIS AUTO W SCOPE	81015	URINALYSIS MICROSCOPIC ONLY	19970401	*	0	Mutually exclusive procedures
81342	TRG GENE RERRNG DETCT ABN CLONAL POP	87150	CULT TYPE ID DNA/RNA AMPLIF PROBE EA ORG	20150101	*	1	CPT Manual or CMS manual coding instructions
81519	ONCOLOGY BREAST MRNA	81216	BRCA2 GENE FULL SEQUENCE	20150701	*	1	Misuse of column two code with column one code
82043	MICROALBUMIN URINE QUANT	82042	ALBUMIN OTHER SOURCE	19960101	19960101	9	Sequential procedure
82608	VIT B12 BINDING CAPACITY	82607	CYANOCOBALAMIN (VITAMIN B-12)	19960101	19960101	9	HCPCS/CPT procedure code definition
82480	CHOLINESTERASE SERUM	82482	CHOLINESTERASE RBC	19960101	19960101	9	Standards of medical / surgical practice

Modifier not Allowed

Covered Code

Reportable if modifier indicator is 1 and documentation supports separate and distinct

Modifier allowed

Modifier not applicable, deleted back to effective date

Lab and Blood Bank

Basic Metabolic Panel Calcium Ionized 80047	
CPT	Description
82330	CALCIUM IONIZED
82374	CARBON DIOXIDE (BICARBONATE)
82435	CHLORIDE BLOOD
82565	CREATININE BLOOD
82947	ASSAY GLUCOSE BLOOD
84132	ASSAY OF SERUM POTASSIUM
84295	SODIUM SERUM PLASMA OR WHOLE BLOOD

Basic Metabolic Panel Calcium Total - 80048	
CPT	Description
82310	CALCIUM TOTAL
82374	CARBON DIOXIDE (BICARBONATE)
82435	CHLORIDE BLOOD
82565	CREATININE BLOOD
82947	ASSAY GLUCOSE BLOOD
84132	ASSAY OF SERUM POTASSIUM
84295	SODIUM SERUM PLASMA OR WHOLE BLOOD
84520	UREA NITROGEN QUANTITATIVE

Column 1	Column 2	Effective Date	Modifier Indicator	Rationale
80047	80048	20080101	1	CPT Manual or CMS manual coding instructions

Lab and Blood Bank

Comprehensive Metabolic Panel - 80053	
CPT	Description
82040	ALBUMIN SERUM PLASMA OR WHOLE BLOOD
82247	BILIRUBIN TOTAL
82310	CALCIUM TOTAL
82374	CARBON DIOXIDE (BICARBONATE)
82435	CHLORIDE BLOOD
82565	CREATININE BLOOD
82947	ASSAY GLUCOSE BLOOD
84075	PHOSPHATASE ALKALINE
84132	ASSAY OF SERUM POTASSIUM
84155	TOTAL PROTEIN SERUM
84295	SODIUM SERUM PLASMA OR WHOLE BLOOD
84460	ALANINE AMINO TRANSFERASE SGPT
84450	TRANSFERASE ASPARTAT SGOT
84520	UREA NITROGEN QUANTITATIVE

MUE – 1
MAI – 3
Rationale - Policy

Lab and Blood Bank

Code	Description	Notes
80053	Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase, alkaline (84075) Pot	M modifier allowed, codes may be used together if documentation supports their use
80047	Basic metabolic panel (Calcium, ionized) This panel must include the following: Calcium, ionized (82330) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea Nitrogen (BUN) (84520)	M modifier allowed, codes may be used together if documentation supports their use

Code	Description	Notes
80053	Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase, alkaline (84075) Pot	modifier not appropriate, codes can not be used together as one is a component of the other
80048	Basic metabolic panel (Calcium, total) This panel must include the following: Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)	modifier not appropriate, codes can not be used together as one is a component of the other

- *"If a laboratory performs all tests included in one of these panels, the laboratory shall report the CPT code for the panel. If the laboratory repeats one of these component tests as a medically reasonable and necessary service on the same date of service, the CPT code corresponding to the repeat laboratory test may be reported with modifier 91 appended"*

https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index
Chapter 1 2020 NCCI Manual

Lab and Blood Bank

- Multiple tests that when performed together in one setting for one purpose cannot be “unbundled”
- Bill only the panel code if all codes included in the panel are performed
- If necessary, repeat only necessary components and append required modifiers
- Modifiers should only be added if allowed and appropriate per coding guidelines

Summary

Line	HCPCS	Mod 1/2	Unit	Date	Rev Code	Charges	APC	Pay Stat	Wage Adj Rate	Total Pay
1	80053		1	06/28/2020	0301	$165.00	00000	AL	$10.56	$10.56
2	82310	91	1	06/28/2020	0301	$35.00	00000	AL	$5.16	$5.16
3	82374	91	1	06/28/2020	0301	$47.00	00000	AL	$4.88	$4.88
4	82947	91	1	06/28/2020	0301	$65.00	00000	AL	$3.93	$3.93
5	82435	91	1	06/28/2020	0301	$0.00	00000	AL	$4.60	$4.60
Subtotal										$29.13

Outlier/Discount/Passthrough

Line	HCPCS	APC	Pay Stat	Pkg Flag	High Pay Flag	Bil Flag	Ter Flag	Disc Fact	Total Pay	Adj Charge	Pkg Charge	Tot Charge	Outlier
1	80053	00000	AL					1.0000	$10.56	$0.00	$0.00	$165.00	$0.00
2	82310	00000	AL					1.0000	$5.16	$0.00	$0.00	$35.00	$0.00
3	82374	00000	AL					1.0000	$4.88	$0.00	$0.00	$47.00	$0.00
4	82947	00000	AL					1.0000	$3.93	$0.00	$0.00	$65.00	$0.00
5	82435	00000	AL					1.0000	$4.60	$0.00	$0.00	$0.00	$0.00
Subtotal									$29.13	$0.00	$0.00	$312.00	$0.00

Lab and Blood Bank

- Repeat test: 82550 *Creatine Kinase (CK), (CPK); total*
  - ER Provider orders Observation, and CPK Total, every four hours for patient with suspected heart condition over 18-hour stay
  - Identical test is repeated
    - Report services as 82550
    - 82550(91) x 4
- Screening vs diagnostic
  - G0103 Prostate cancer screening; prostate- specific antigen test (PSA)
  - 84152 Prostate-specific antigen (PSA); complexed (direct measurement)
  - 84153 PSA total
  - 84154 PSA free
- Frequency
  - Medicare covers screening PSA tests once every 12 months for men age 50 years and older
  - Labs frequently does not have access to medical record
  - Query ordering provider for frequency

Lab and Blood Bank

- Comprehensive Error Rate Testing (CERT) errors routinely result from orders related to CPT codes 85025 and 85027
  - 85025 - Complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count.
  - 85027 - Complete (CBC) automated (Hgb, Hct, RBC, WBC and platelet count)
- In most cases, services were billed under CPT 85025 - with automated differential, but the physician order indicated only "CBC," rather than "CBC w/differential."
- Retro review comments include:
  - Based on review of documentation, either the test administered, or the physician order did not support the service billed to Medicare.
  - Without a valid order, the medical necessity of the billed code billed is not supported, and the Medicare payment must be adjusted to reflect the ordered test.
  - We have observed that documents such as the Fee Ticket, Lab Order Form or Super Bill, often did not differentiate between "CBC" and "CBC w/Differential. We encourage you to review your lab ordering system, or forms, to determine if they specifically include both a CBC and a CBC w/differential. If your documents do not list both options, confusion may result because the lab may not be able to determine which test the physician ordered. This could result in overpayments or underpayments for claims submitted for these services.
  - The appropriate code must be billed to Medicare, based upon the service ordered and rendered. Services billed to Medicare that are not appropriately documented and medically necessary, will result in recoupment of Medicare payments.

Lab and Blood Bank

- Age Edit – Ex: PSA on child
  - Biller should identify discrepancy and back to registration to validate age and/or to lab to correct CPT
- Gender Edit – Ex: PSA on female
  - Biller should refer to registration to clarify gender and/or refer to lab for correct CPT

Lab and Blood Bank

- Review edit appropriateness
  - Send to lab to bundle if necessary
  - BO manager may choose to eliminate or modify edit
- Understand NCCI
  - Do not request modifier if one is not allowed by rationale
- Before adding modifiers, biller should confirm
  - Was ordered as a repeat
  - Was this repeated due to an error or confirmatory
  - Was this duplicated in error
- If lab cannot identify repeat or billing error, send to coding
- If not supported by documentation
  - Reverse units that “did not occur” according to coding guidance
  - Adjust front end charges or accept denials if coding guidelines support services performed, but rejection/denial is appropriate
  - Provide education and work with the Revenue Cycle team to correct the trend

Blood Products and Transfusion

Lab and Blood Bank

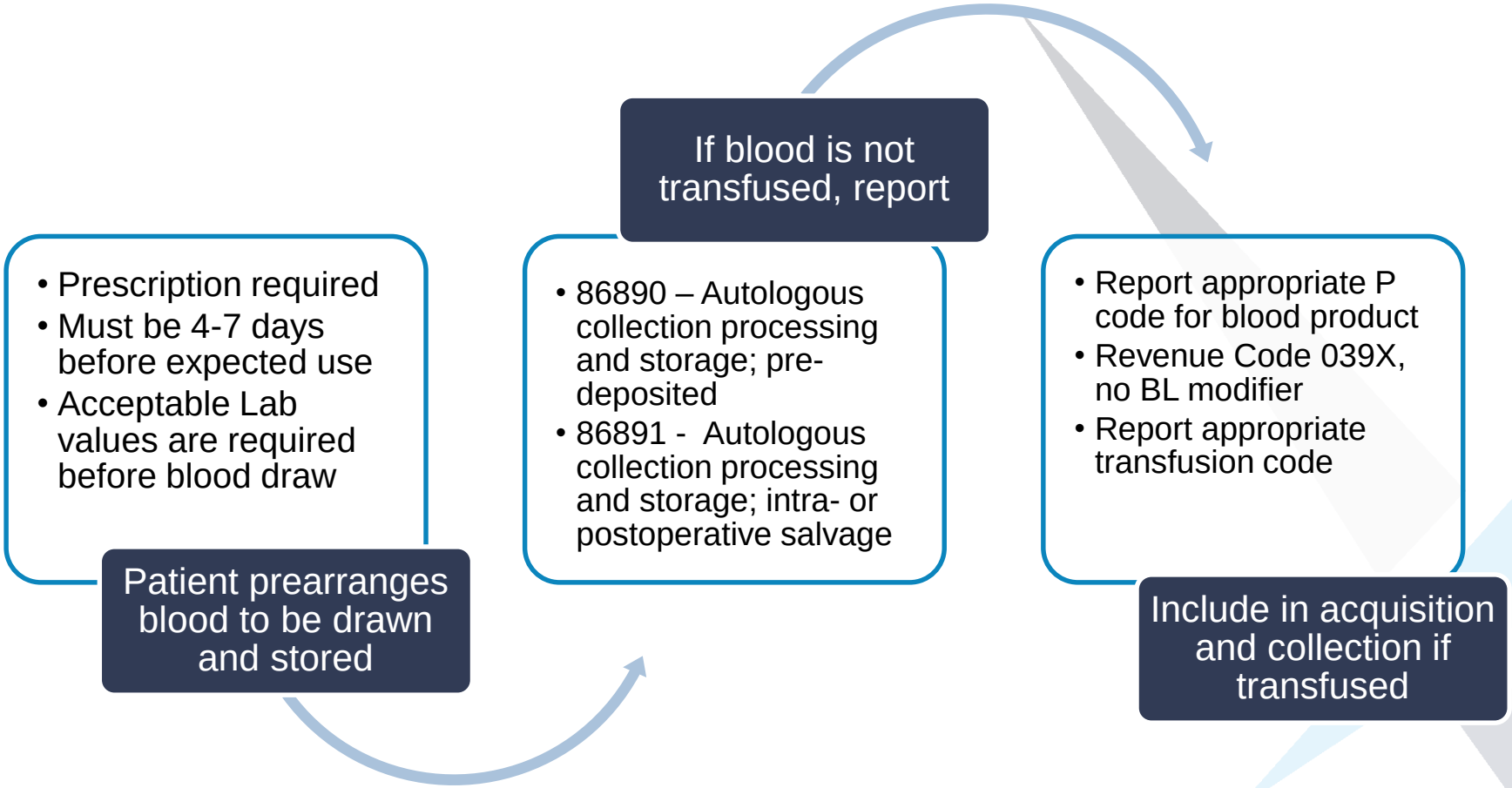
- Blood Banks provide blood and/or blood product
- Blood is usually donated
- They rarely *purchase* blood
  - Charge facility acquisition fee
  - Processing required
    - Red blood
      - Leukocytes reduced
      - Washed
      - Irradiated
    - Albumin
    - Whole blood
      - Leukocytes reduced, washed deglycerol, frozen
      - Whole blood leukocytes reduced, irradiated
    - Other
- Most facilities acquire and store blood costs
  - providers bill acquisition and processing costs, not actual purchasing of blood
- Acquisition and purchase have separate billing guidelines

Lab and Blood Bank

- Facilities that incur separate charge for actual blood or blood product, plus processing and storage fees
  - Blood products such as albumin, RhoGam may sometimes be purchased
- Check with blood supplier to verify blood is purchased, processing and storage
  - Only 6% of Medicare hospitals report purchasing blood as well as processing and storing blood
  - **A 2016 Medicare audit of Southwestern facilities showed 100% error rate in submission of blood purchased claims**
- RAC administrators have identified this as a RAC auditable issue

Lab and Blood Bank

Autologous / Allogenic Blood Transfusion



Lab and Blood Bank

- Freezing and thawing
  - Some blood HCPCS codes include freezing and thawing
  - Some blood products, separately report freezing and thawing
- CMS directs that if freezing/thawing is separately reportable, and no specific freezing/thawing HCPCS exists, provider should bill the appropriate HCPCS for the blood product, and the CPT applicable
  - 86932 Frozen blood, each unit; freezing (includes preparation) and thawing
  - 86930 Frozen blood, each unit; freezing (includes preparation)
  - 86931 Frozen blood, each unit; thawing

Lab and Blood Bank

	Short Descriptor	Billing of Freezing/Thawing
P9016	RBC leukocytes reduced	Alternative P-code for frozen/thawed product available
P9021	Red blood cells unit	Alternative P-code for frozen/thawed product available
P9040	RBD leukoreduced irradiated	Alternative P-code for frozen/thawed product available
P9041	Albumin (human), 5%, 50ml	Concept not applicable
P9043	Plasma protein fract, 5%, 50ml	Concept not applicable
P9048	Plasma protein fract, 5% 250ml	Concept not applicable
P9050	Granulocytes, pheresis unit	Concept not applicable
P9010	Whole blood for transfusion	Freezing and thawing are separately billable
P9011	Blood split unit	Freezing and thawing are separately billable
P9019	Platelets, each unit	Freezing and thawing are separately billable
P9020	Platelet rich plasma unit	Freezing and thawing are separately billable
P9022	Washed red blood cells unit	Freezing and thawing are separately billable
P9031	Platelets leukocytes reduced	Freezing and thawing are separately billable
P9032	Platelets, irradiated	Freezing and thawing are separately billable
P9033	Platelets leukoreduced irradiated	Freezing and thawing are separately billable
P9034	Platelets pheresis	Freezing and thawing are separately billable
P9035	Platelets pheresis leukoreduced	Freezing and thawing are separately billable
P9036	Platelets pheresis irradiated	Freezing and thawing are separately billable
P9037	Platelets pheresis leukoreduced irradiated	Freezing and thawing are separately billable
P9038	RBD irradiated	Freezing and thawing are separately billable
P9051	Blood, l/r, cmv-neg	Freezing and thawing are separately billable
P9052	Platelets, hla-m, l/r, unit	Freezing and thawing are separately billable
P9053	Plt, pher, l/r, cmv-neg, irr	Freezing and thawing are separately billable
P9055	Plt, aph/pher, l/r, cmv-neg	Freezing and thawing are separately billable
P9056	Blood, l/r, irradiated	Freezing and thawing are separately billable
P9058	RBC, l/r, cmv-neg, irrad	Freezing and thawing are separately billable
P9012	Cryoprecipitate each unit	Freezing and thawing codes not separately billable
P9017	Plasma 1 donor frz w/in 8hr	Freezing and thawing codes not separately billable
P9023	Frozen plasma, pooled, sd	Freezing and thawing codes not separately billable
P9039	RBD deglycerolized	Freezing and thawing codes not separately billable
P9044	Cryoprecipitate reduced plasma	Freezing and thawing codes not separately billable
P9054	Blood, l/r, frozen/degly/wash	Freezing and thawing codes not separately billable
P9057	RBC, frz/deg/wash, l/r, irrad	Freezing and thawing codes not separately billable
P9059	Plasma, frz between 8-24 hour	Freezing and thawing codes not separately billable
P9060	Fr frz plasma donor retested	Freezing and thawing codes not separately billable

Lab and Blood Bank

- Acquired blood and blood products
  - Acquisition, processing and storage billed by blood bank
  - Use appropriate P code to represent product supplied
  - Bill only units transfused, not units acquired
  - Use Revenue Codes 039X to report blood/blood product processing and storage
    - Blood deductible does not apply
- Purchased blood
  - Bill only units transfused, not necessarily units ordered
  - Report modifier 038X
  - Report a separate line with Revenue Code 039X and the same corresponding HCPCS to represent storage and processing
  - Append modifier BL – Medicare blood deductible applies

Lab and Blood Bank

- Medicare OCE will return to provider any OPPS claim billed with revenue code 038X without a corresponding 039X
- Both lines must have the same
  - DOS
  - Number of units
  - HCPCS
  - Modifier BL
- Blood deductible applies for purchased blood, up to first three units processed
- OIG Fraud, Waste and Abuse team actively pursues claims where Medicare patient deductibles are inappropriately applied

Lab and Blood Bank

Example Purchased Blood

A hospital purchases 2 units of leukocyte-reduced red blood cells from a community blood bank and incurs a charge for the red cells themselves, **and** a charge for the blood bank's processing and storage of the red blood cell unit. The provider further incurs costs related to additional processing and storage of the red blood cell units. A Medicare beneficiary is transfused on DOS 01/01/2013 with the two units of leukocyte-reduced red blood cells.

	Rev Code	HCPCS	Modifier	Units	DOS	Fee
Blood Product	038X	P9016	BL	2	1/1/2020	$XX.00
Processing and Storage fee	0391	P9016	BL	2	1/1/2020	$XY.00

Blood Deductible applies per transfusion purchase and the processing/storage fee

Lab and Blood Bank

- Do not bill 86945 - Irradiation of blood product, each unit in conjunction with any P code describing irradiation
  - Do not unbundle. Report 86945 only if no acceptable P code exists to describe blood or blood product irradiated
  - Do not report irradiation if not medically necessary
    - Patient does not require irradiated blood cells

CPT	Description
P9032	Platelets, irradiated, each unit
P9033	Platelets, leukocytes reduced, irradiated, each unit
P9035	Platelets, pheresis, leukocytes reduced, each unit
P9036	Platelets, pheresis, irradiated, each unit
P9057	Red blood cells, frozen/deglycerolized/washed, leukocytes reduced, irradiated, each unit

Lab and Blood Bank

- Pooled Blood Units
  - Up to 8 units of platelets, each from a separate donor, can be pooled into a single bag for transfusion.
    - Platelets expire 4 hours after pooling.
  - The usual adult dose is 4-6 units of pooled random donor platelets.
  - No perfect match “P” code
    - Use code that would apply if not pooled
    - Report one unit 86465 – blood pooling
- Pheresis / Apheresis
  - Billed per visit
  - Includes autologous return of patient’s RBCs

Lab and Blood Bank

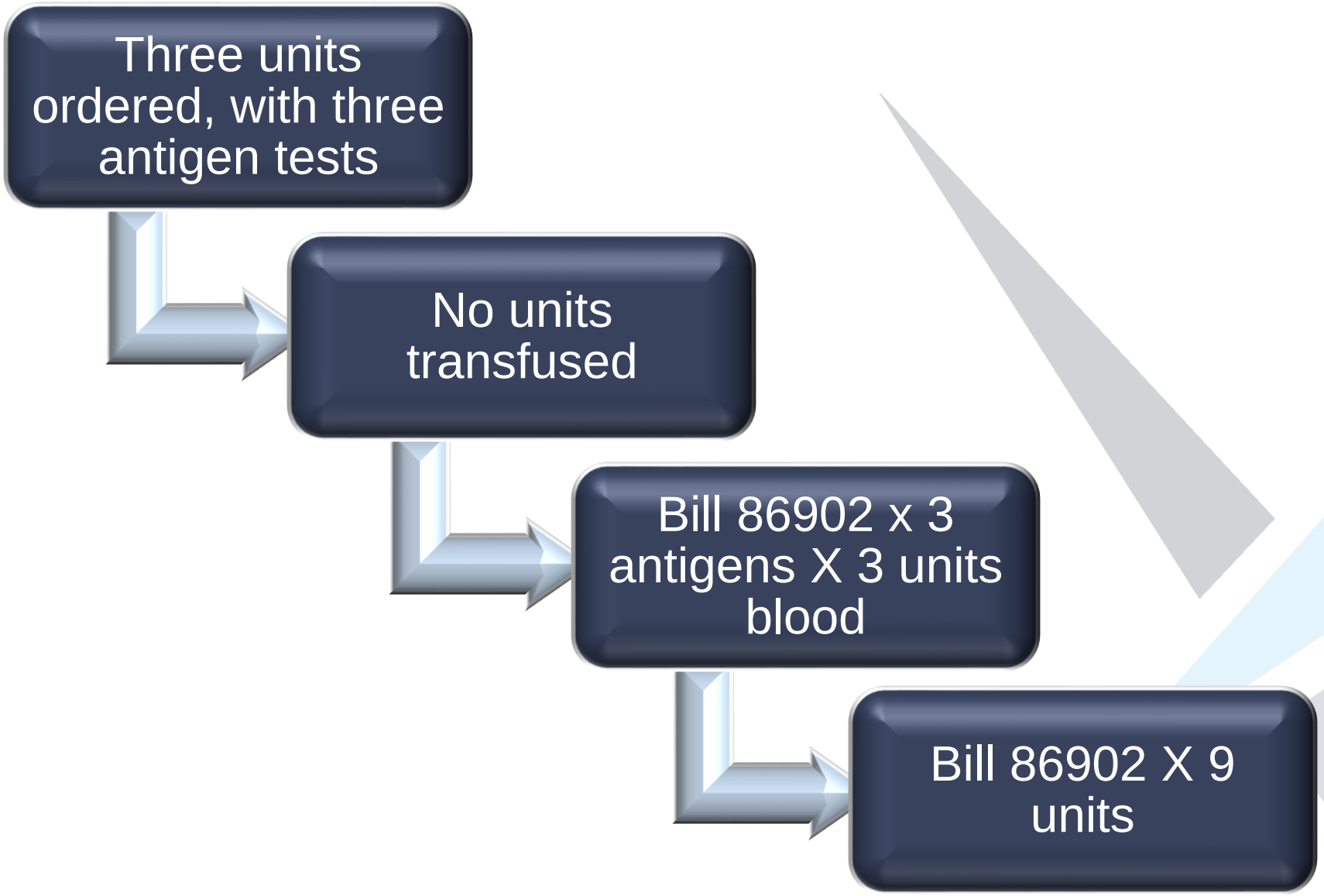
- Split Units
  - Report HCPCS P9011 to Medicare, along with CPT 86985 – splitting service initial patient
  - Subsequent patients, except the last patient receiving blood from this procurement, should be billed the same. The last patient did not require splitting service
  - All patients should be billed Transfusion
- Example
  - 100cc aliquot split from a 250 cc unit of leukocyte-reduced red blood cells for a transfusion to Patient X
  - 80cc aliquot of the remaining unit for a transfusion to Patient Y
  - The remaining 70cc from the unit is transfused to Patient Z

Patient	RC	Blood	Blood Unit	Lab	Lab Unit	Transfusion	Transfusion Unit
X	389	P9011	1	86985	1	36430	1
Y	389	P9011	1	86985	1	36430	1
Z	389	P9011	1			36430	1

Lab and Blood Bank

- Antigen testing not included in P-code descriptions
- Separately reportable whether units are transfused
- 86902 Blood typing; antigen testing of donor blood using reagent serum, each antigen test

Lab and Blood Bank



Lab and Blood Bank

- Proper coding and billing transfusion
  - Report Revenue code 0391
  - Each transfusion code can be billed only once per day, regardless of the number of units, or the number of sessions
    - At least one unit of blood must be administered
    - Use code that best describes service, only one unit per day
      - 36430 - Transfusion, blood or blood components
      - 36460 - Transfusion, intrauterine, fetal
      - 36440 - Push transfusion, blood, 2 years or younger
      - 36450 - Exchange transfusion, blood; newborn
      - 36455 - Exchange transfusion, blood; other than newborn
    - If service crosses into next day, bill only one unit one initial DOS
  - Cannot report transfusion if blood was ordered, prepared but not transfused
  - Units heavily audited by RAC, Medicare CERT, and many commercial payors

Lab and Blood Bank

CPT	Description	MUE	MAI/ Rationale
86890	Autologous blood or component, collection processing and storage; predeposited	2	3 DOS Nature of Analyte
86891	Autologous blood or component, collection processing and storage; intra- or postoperative salvage	2	3 DOS Nature of Analyte
86900	Blood typing; ABO	3	3 DOS Edit: Clinical
86901	Blood typing; Rh (D)	3	3 DOS Edit: Clinical
86904	Blood typing; antigen screening for compatible unit using patient serum, per unit screened		
86905	Blood typing; RBC antigens, other than ABO or Rh (D), each		
86906	Blood typing; Rh phenotyping, complete	1	2 DOS Edit: Policy
86910	Blood typing, for paternity testing, per individual; ABO, Rh and MN		
86911	Blood typing, for paternity testing, per individual; each additional antigen system		
86960	Volume reduction of blood or blood product (e.g., red blood cells or platelets), each unit	3	3 DOS Edit: Clinical
86965	Pooling of platelets or other blood products	4	3 DOS Edit: Clinical
86985	Splitting of blood or blood products, each unit		
86999	Unlisted transfusion medicine procedure		

AMA Cheat Sheet

	Irradiation	Freezing/Thawing	Autologous
CPT	86945 - Irradiation of blood product, each unit	86927 - FFP, thawing, each unit; 86930 Frozen blood each unit, freezing; 86931 - Frozen blood each unit, thawing; 86932 - Frozen blood each, freezing, includes preparation and thawing	86890 - Autologous blood or component, collection processing and storage; predeposited
DOS	Date on which the decision not to use the blood was made and indicated in the patient's medical record.	Date when the OPPS provider is certain the blood product will not be transfused (e.g., date of a procedure or date of outpatient discharge), rather than on the date of the freezing and/or thawing services.	Date when the OPPS provider is certain the blood product will not be transfused (e.g. date of procedure or outpatient discharge), rather than on the date of the products collection or receipt from supplier.
Special Notes:	If irradiated units are transfused, CPT 86495 may be used only if an appropriate irradiated HCPCS code is not available	86927 is the only CPT code that can be used with fresh frozen plasma. If frozen/thawed units are transfused, the above codes may be used only if the available HCPCS code does not specify "frozen," "cryoprecipitate," or "deglycerolized."	CPT code 86890 reflects the autologous surcharge or autologous collection; it does not reflect the product itself. The units of service for CPT code 86890 should equal the number of autologous units collected but not transfused. CPT code 86890 can never be billed if autologous units are transfused.

Lab and Blood Bank

- Create policy to determine in advance which codes are used for common products
  - Be consistent
  - Report correct blood HCPCS
  - Choose closest code that approximates service provided
  - Cannot be based on higher reimbursement
  - Billable units cannot exceed the description of the product infused

Questions?

References

- NCCI Edits MLN https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/How-To-Use-NCCI-Tools.pdf

Contact

Uniquely Qualified

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