



Blood Centers  
of the Pacific

# Update

Newsletter for Hospitals

June 2003

## Assigning Revenue Codes for Blood Products and Services

Since the advent of Medicare's Outpatient Prospective Payment System ("OPPS") the assignment of revenue codes to blood products has at best been confusing for hospitals. The challenge is to properly assign revenue codes to each blood product related line item charge on the claim form.

Using the wrong revenue code or not assigning the appropriate detailed revenue code can result in the claim being suspended or returned to the provider. The Medicare Outpatient Code Editor ("OCE") has several checks in place to validate revenue code assignment.

\* OCE edit 41 will return the claim to the provider for an invalid revenue code.

\* OCE edit 43 will return the claim to the provider if a blood transfusion is billed without specification of the blood product.

\* OCE edit 48 requires a HCPCS code with a blood related revenue code and will otherwise return the claim to the provider.

There are two general categories of revenue codes applicable to blood products and services. Revenue code 38X is used for the actual blood products while revenue code 39X applies to blood storage and processing. For clarification, the "X" indicates the general category; a valid numeric identifier must be reflected on the claim. The applicable detailed

revenue codes and the associated descriptions for both categories are outlined in Table 1.

BLOOD REVENUE CODES (TABLE 1)

Blood	38X
Blood - General	380
Blood - Packed Red Cells	381
Blood - Whole Blood	382
Blood - Plasma	383
Blood - Platelets	384
Blood - Leukocytes	385
Blood - Other Components	386
Blood - Other Derivative (Cryoprecipitates)	387
Blood - Other Blood	389
Blood Storage and Processing	39X
Blood Storage and Processing - General	390
Blood Storage and Processing -	391
Blood Administration	
Blood Storage and Processing -	399
Other Blood Storage and Processing	

*For simplicity, the terms pint and unit are used interchangeably throughout the text. A pint of whole blood is considered the equivalent to a unit of packed red cells.*



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## **Blood Product and the Use of 38X**

The 38X revenue codes are used to reflect the purchasing of the actual blood product. The appropriate valid third digit numeric identifier should be used to reflect the type of blood product.

The 38X revenue codes are used when the blood or blood product itself is actually purchased. This applies to states and counties where hospitals pay for the actual blood products, not just the associated processing of the blood.

When the 380, 381, or 382 revenue codes are used, additional billing information must be provided to Medicare on the claim form. The blood value codes 37-Pints of Blood Furnished, 38-Blood Deductible Pints, 39-Pints of Blood Replaced and/or 06-Medicare Blood Deductible are required in the value code section of the claim form (Form Locators 39-41). The purpose of the value codes is to provide additional information concerning the Medicare blood deductible (pints furnished and replaced and the associated charges) for proper processing of the claim.

The blood related value codes represent the applicable quantity of whole blood or packed red cells. For value code 37 enter the total number of pints or units regardless of whether the blood was replaced; this number is used for counting pints toward the blood deductible. Value code 38 reflects the total number of unreplaced deductible pints; there would be no entry if all deductible pints have been replaced. Value code 39 shows the total number of units donated or arranged to be donated on the patient's behalf. Other than for value code 06, the quantity indicated in the value codes should match the quantity billed under revenue codes 380, 381, or 382. Blood units are to be reported in whole numbers; therefore partial pints are to be rounded-up. Value code 06 represents the deductible amount and is based on the charges for the amount of non-replaced blood supplied to the patient.

Medicare has stated that a hospital with its own blood bank (i.e., drawing and processing donors) should not bill for the blood product under revenue code 38X as well as the storage

and processing fee under revenue code 39X. From Medicare's perspective, the cost of the blood product includes its processing and storage costs and should not be separately billed. (CMS Program Memorandum, A-01-50, April 12, 2001)

## **Blood Storage/Processing and Use of 39X**

The 39X revenue codes are to be used for the storage and processing of blood. Hospitals utilize this revenue code when procuring blood products from an outside source where there is no cost for the actual blood product. In this situation, the hospital may incur charges for storage and processing but there is no charge for the blood product itself. In donor states or counties where it is prohibited to charge for blood or blood products, the hospitals would use revenue code 390 to reflect the blood storage and processing charges of the blood bank.

## **Other Blood Processing Revenue Codes (When Procuring Blood Products from an Outside Vendor)**

These charges are for additional "patient-related" testing. The Blood Bank (vendor) charges for blood products include "donor-related" testing. A hospital can bill for the laboratory services associated with the patient receiving the blood (e.g., blood typing, cross-matching, etc.). The applicable lab revenue codes would be assigned (revenue code category 30X).

## **HCPCS Codes**

For claims with either the 38X or 39X revenue codes, the HCPCS code representing the blood product used must be included. The number of units on the claim is based on the units administered. For the actual blood administration, the 391 revenue code must be used with the appropriate HCPCS code. Blood administration is currently limited to one unit of service per day.

Refer to Table 2 for a listing of Blood related HCPCS codes and the associated revenue codes.

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**HCPCS TO REVENUE CODE: COMMON BLOOD RELATED SERVICES (TABLE 2)**

<b>CPT/HCPCS Code</b>	<b>Description</b>	<b>Revenue Code for Donated Blood</b>	<b>Revenue Code for Purchased Blood</b>
P9010	Whole blood for transfusion, each unit	390	382
P9012	Cryoprecipitate each unit	390	387
P9016	RBC leukocytes reduced, each unit	390	389
P9017	One donor fresh frozen plasma, each unit	390	383
P9019	Platelets, each unit	390	384
P9020	Platelet rich plasma, each unit	390	384
P9021	Red blood cells, each unit	390	381
P9022	Washed red blood cells, each unit	390	380
P9023	Frozen plasma, pooled, solvent/detergent treated, each unit	390	383
P9031	Platelets leukocytes reduced, each unit	390	384
P9032	Platelets, irradiated, each unit	390	384
P9033	Platelets leukoreduced irradi, each unit	390	384
P9034	Platelets, pheresis, each unit	390	384
P9035	Platelet pheresis leukoreduced, each unit	390	384
P9036	Platelet pheresis irradiated, each unit	390	384
P9037	Plt, aph/pher, L/R, irradi, each unit	390	384
P9038	RBC irradiated, each unit	390	381
P9039	RBC deglycerolized, each unit	390	381
P9040	RBC leukoreduced irradiated	390	381
P9041	Albumin (human), 5%, 50ml	390	386
P9043	Plasma protein fraction 5% 50ml infused	390	387
P9044	Cryoprecipitate reduced plasma, each unit	390	387
P9045	Infusion, albumin (human), 5%, 250 ml	390	386
P9046	Infusion, albumin (human), 25%, 20 ml	390	386
P9047	Infusion, albumin (human), 25%, 50 ml	390	386
P9048	Infusion, plasma protein fraction (human), 5%, 250 ml	390	386
P9050	Granulocytes, pheresis, each unit	390	386
C1010	Blood, L/R, CMV-neg, each unit	390	382
C1011	Platelets, HLA-m, L/R, each unit	390	384
C1016	Blood, L/R, froz/degly/washed, each unit	390	382
C1017	Plt, aph/pher, L/R, CMV-neg, each unit	390	384
C1018	Blood, leukoreduced, irradiated, each unit	390	381
C9503	Fresh frozen plasma, ea unit donor retested	390	383
36430	Transfusion blood or blood products	391	391
36440	Transfusion, push - 2 years or under	391	391
36450	Exchange transfusion service - newborn	391	391
36455	Exchange transfusion service	391	391
36460	Transfusion service, fetal	391	391
36511	Therapeutic apheresis, for white blood cells		A
36512	Therapeutic apheresis, for red blood cells		A
36513	Therapeutic apheresis, for platelets		A
36514	Therapeutic apheresis, for plasma pheresis		A
36515	Therapeutic apheresis, with extracorporeal immunoadsorption and plasma reinfusion		A
36516	Therapeutic apheresis with extracorporeal selective adsorption selective filtration and plasma reinfusion		A
36522	Photopheresis, extracorporeal		A

A - Providers are to report to Medicare the revenue code reflecting where the procedure is performed. 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