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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 your blood center with any questions pertaining to this newsletter.

Billing Platelets to Medicare in the Hospital Outpatient Setting

Reporting charges for blood and blood products under the Medicare Hospital Outpatient Prospective Payment System (OPPS) can create confusion. Gaining proficiency involves understanding the application of Healthcare Common Procedure Coding System (HCPCS) P-Codes and adhering to explicit coding instructions for not only the blood product but also the collection, processing, and storing of the blood product. In response to numerous requests, in 2005, the Centers for Medicare and Medicaid Services (CMS) released guidance clarifying billing and coding scenarios of blood products in the hospital outpatient department (HOPD) setting. Even after release of the guidance, some confusion remains. In this article, we take a closer look at reporting charges for a specific blood product – platelets.

A hospital can seek Medicare reimbursement for blood or blood products (that include platelets) purchased from a blood center, or for blood from its own blood bank if the hospital assesses a charge for the product itself. HCPCS P-codes are used to describe various blood products – including 11 that describe platelets (Table 1). It is important that providers use the HCPCS P-code that most appropriately describes the product transfused into the patient. Each of the platelet P-codes describes a different platelet product – for example, irradiated, leukocyte reduced, and HLA matched platelets are described by different P-codes. Part of the confusion in billing platelets is the fact that these codes not only describe the blood product but can include charges for procedures performed on them.

Table 1: Available HCPCS Codes for Platelets

P9019	Platelets, each unit
P9031	Platelets, leukocyte reduced, each unit
P9032	Platelets, irradiated, each unit
P9033	Platelets, leukocyte reduced, irradiated, each unit
P9034	Platelets, pheresis, each unit
P9035	Platelets, pheresis, leukocytes reduced, each unit
P9036	Platelets, pheresis, irradiated, each unit
P9037	Platelets, pheresis, leukocytes reduced, irradiated, each unit
P9052	Platelets, HLA-matched, leukoreduced, apheresis/pheresis
P9053	Platelets, pheresis, leukoreduced, CMV-negative, irradiated
P9055	Platelets, leukoreduced, CMV-negative, apheresis/pheresis

For example, a hospital that irradiates platelets before transfusion would use P9032 *Platelets, irradiated, each unit*. Irradiation would not be billed separately as the charges for irradiation are included in P9032.

In most cases, hospitals cannot charge for unused units of platelets. An exception is platelets that have been subject to patient-specific blood processing (e.g., blood-typing or cross-matching), since these platelets could not be used in other patients.

CMS has explicit billing instructions when an OPPS provider purchases blood from a blood bank or assesses a charge for the blood product collected in its own blood bank:

- OPPS provider must separate charges for the blood product and the processing and storage services, with each line having a unique revenue code reporting requirement:
 - OPPS provider reports blood product (P-code) using revenue code series 038X.
 - OPPS provider reports blood storage and process with the same P-code, but with revenue code 0390 or 0399. Revenue code choice depends upon individual financial institution's (FI) policy. Check with your FI to see which code is preferred.
- The same date of service, number of units, HCPCS code, and HCPCS modifier BL must be reported on both lines to indicate that it was purchased.

Hospitals must also bill separately for the transfusion Current Procedural Terminology (CPT) code (e.g., CPT 36430 *Transfusion, blood or blood components*, with revenue code 391). The transfusion procedure does not require the BL modifier.

On the next page, three scenarios have been provided to demonstrate how billing for various platelet transfusions might occur. Note that these are only suggestions and that you should check with facility and payer coding and payment policies.

Scenario 1: An OPPS provider transfuses a patient with a unit of platelets that was purchased from a local blood bank.

Because the OPPS provider was charged for the platelets, it can bill for the platelets in addition to the storage and processing charge, and administration charge. Note that each is reported with HCPCS P9019 with modifier BL appended, but on separate lines with different revenue codes. The transfusion procedure is billed separately with revenue code 391.

REVENUE CODE	DESCRIPTION	HCPCS/RATES	SERV. DATE	SERV. UNITS	TOTAL CHARGES
1 384	Platelets, each unit	P9019BL	MM/DD/YYYY	X	\$XX,XX
2 390	Blood Storage and Processing; general classification	P9019BL	MM/DD/YYYY	X	\$XX,XX
3					
4 391	Blood Storage and Processing; general classification	36430	MM/DD/YYYY	X	\$XX,XX
5					
6					

*In the examples provided, revenue code 390 is used for blood processing and storage. Some fiscal intermediaries (FIs) prefer the use of revenue code 399 instead of 390. Please check with your FI.

Scenario 2: An OPPS provider that purchases platelets from a blood bank and then pools two units of platelets before a patient transfusion.

Again, since the OPPS provider was charged for platelets, it can bill for the platelets. As in the case above, P9019 is the most appropriate HCPCS code in this case and the appropriate revenue codes and modifiers are used for the platelet product, blood storage and processing, and transfusion. The OPPS provider pooled the blood at the hospital using a blood pooling system. Since the hospital did not obtain the blood already pooled, there is a charge for pooling, CPT 86985. This code is used because the pooling charge is NOT included in the P9019 code. The OPPS provider does not need to separately list each unit pooled, instead, the hospital should list the CPT code for pooling once and put the number of units pooled in the Service Units column.

REVENUE CODE	DESCRIPTION	HCPCS/RATES	SERV. DATE	SERV. UNITS	TOTAL CHARGES
1 384	Platelets, each unit	P9019BL	MM/DD/YYYY	2	\$XX,XX
2 390	Blood Storage and Processing; general classification	P9019BL	MM/DD/YYYY	2	\$XX,XX
3					
4 399	Blood Storage and Processing; general classification	86985BL	MM/DD/YYYY	2	\$XX,XX
5					
6 391	Blood Storage and Processing; general classification	36430	MM/DD/YYYY	1	\$XX,XX
7					
8					

Scenario 3: An OPPS provider charges patients for blood products obtained from the hospital blood bank. A patient receives a transfusion of two units of platelets of a total of three that had been cross-matched for him.

Normally, a hospital cannot charge for unused units of platelets. However, hospitals can bill for the tests performed on the unused platelets. For example, in this scenario, three units were cross-matched, but only two units were transfused. Although the hospital can only bill for two units of the platelet product, it can bill for all three units of the cross-matching procedure, CPT code 86022 *Antibody identification, platelet antibodies, 86022*.

REVENUE CODE	DESCRIPTION	HCPCS/RATES	SERV. DATE	SERV. UNITS	TOTAL CHARGES
1 302	Immunology	86022	MM/DD/YYYY	3	\$XX,XX
2 384	Platelets, each unit	P9019BL	MM/DD/YYYY	2	\$XX,XX
3 390	Blood Storage and Processing; general classification	P9019BL	MM/DD/YYYY	2	\$XX,XX
4					
5 391	Blood Storage and Processing; general classification	36430	MM/DD/YYYY	1	\$XX,XX
6					
7					

Comment on the OPPS Proposed Rule... The OPPS proposed rule was posted on CMS's Web site on August 8, 2006. The proposed rule was published in the Federal Register on August 23, 2006. CMS will accept public comments on various provisions of the OPPS proposed rule until October 10, 2006.