Frequently Asked Questions

Reimbursement for Blood Products and Testing

April 2021

Q: What is the difference between HCPCS and CPT codes?
A: In the case of blood HCPCS (Healthcare Common Procedure Coding System) codes are product (e.g., RBC, platelets) codes and CPT (Current Procedural Terminology) codes are procedure codes that describes various types of procedures and services, including transfusions and laboratory tests/services (like crossmatching and antigen screening). HCPCS codes are often referred to as 'P codes'.

Q: What is the HCPCS code for PAS platelets?
A: PAS platelets have the same codes as the corresponding 'regular' (full plasma-containing) SDP (for example P9035 Platelets, pheresis, leukoreduced, each unit).

Q: Are HCPCS codes used to bill in the inpatient setting?
A: No. HCPCS codes are used in the outpatient setting where blood costs are itemized. Reimbursement for treatment in the inpatient setting is through DRG (Diagnosis Related Group) codes. In general, a DRG payment covers all charges associated with an inpatient stay from the time of admission to discharge.

Q: How do I bill for services with no CPT code?
A: Hospitals can incorporate the cost of the laboratory service into their processing charges for the blood units, which would be billed under:
– revenue code 0390 in the hospital inpatient setting, and
– revenue code 0390 + P-code in the hospital outpatient setting.

Q: What are the HCPCS codes for liquid plasma?
A: There is no plasma code that includes "liquid" in the descriptor; therefore, hospitals would need to review the available P-codes for plasma (those that apply to Red Cross-provided products are listed below) and select the code that they feel comes closest to describing the product. There is no single right answer -- because there is not an exact match, each hospital must make their own determination as to which code it thinks is most appropriate.

P9017 Fresh frozen plasma (single donor), frozen within 8 hours of collection, each unit
P9044 Plasma, cryoprecipitate reduced, each unit
P9059 Fresh frozen plasma between 8-24 hours of collection, each unit
P9060 Fresh frozen plasma, donor retested, each unit

Q: What is the CPT code for antigen screening?
A: The code is 86902, Blood typing; antigen testing of donor blood using reagent serum. Providers should bill for CPT code 86902 based on the number of antigen tests times the number of blood units screened.

Q: How do I get reimbursed for irradiated products?
A: Many irradiated blood products have a P code (e.g., P9037 Platelets, pheresis, leukoreduced, irradiated, each unit). For those that do it is not appropriate to bill irradiation CPT code 86945 (Irradiation of blood product, each unit) in addition to an irradiated P-code. However, hospitals may report CPT code 86945 in conjunction with a nonirradiated P-code if an appropriate irradiated P-code is not available. This guidance does not differentiate between irradiating units in-house vs. obtaining irradiated units from the blood supplier.

Q: How do I bill for CMV-negative blood?
A: If the physician specifically prescribed and the blood bank subsequently ordered a CMV-negative unit there are four P-codes available for CMV-negative products in the hospital outpatient setting:
– P9051, Whole blood or red blood cells, leukocytes reduced, CMV-negative, each unit
– P9053, Platelets, pheresis, leukocytes reduced, CMV-negative, irradiated, each unit
– P9055, Platelets, leukocytes reduced, CMV-negative, apheresis/pheresis, each unit
– P9058, Red blood cells, leukocytes reduced, CMV-negative, irradiated, each unit

Q: How do I bill for pooled products?
A: There is no specific blood product P-code to describe pooled blood Products. If a hospital uses a pooled product that includes five units of cryoprecipitate, the facility could bill:
– one unit of pooling CPT code 86965, and
– five units of HCPCS code P9012 (Cryoprecipitate, each unit)

Q: What is the HCPCS code for washed red cells?
A: There is no HCPCS P-code that says both "washed" and "leukoreduced" for RBCs, and it is not possible to bill separately for washing. An alternative option would be to use P9022 (RBCs, washed) instead of P9016; however, P9016 is the more commonly used code.

Q: If multiple units are antigen screened but only some of the units are transfused to the patient, can the hospital bill for the antigen screening for all of the units?
A: Yes, they can bill for medically necessary laboratory services related to a specific patient (such as antigen screening and cross matching), even if the blood is not transfused

Q: Where can I find additional reimbursement resources?

This communication is provided for informational purposes only and is not intended to serve as legal or regulatory advice. The American Red Cross disclaims all responsibility and liability for actions taken based on this communication. All decisions regarding reimbursement determinations are at the sole discretion of the recipient of this information.

A: Visit redcrossblood.org, specifically https://www.redcrossblood.org/biomedical-services/educational-resources/reimbursement-resources.html If you don't find what you need send an email to reimburse@redcross.org You can expect a response within 2 business days.

Q: When will blood centers start charging for COVID Convalescent Plasma (CCP)?
A: CCP will be provided at no charge to hospitals through August 31st, 2021. After that date Red Cross will no longer supply the product.

Q: How should I apply for reimbursement of LVDS platelets?
A: Requests for new code(s) were submitted to CMS and the agency declined to issue a HCPCS code at this time. A strategy that CMS has approved is the following:
– reporting the platelet P-code that would otherwise apply, and
– reporting HCPCS code P9100 (Pathogen test[s] for platelets). In CY21 this is reimbursed at a rate of $33.84.

Q: Can I claim reimbursement for unused blood?
A: No, you can never bill for this.

Q: I received an irradiated product that I didn't order. Can I claim reimbursement for the irradiated product?
A: Whether or not to do so is a decision each hospital must make for itself. However, once decided, policy should be consistent.