# Standard Blood Products and Services

## Policy

Mass General Brigham Health Plan reimburses contracted providers for the medically necessary administration (transfusion) of blood and standard blood products.

## Authorization, Notification and Referral

| Service | Requirement |
|---|---|
| Blood Products and Services | No authorization, notification or referral required |

*The Prior Authorization Guidelines are accessible via the following link:* Prior Authorization Guidelines

## Limitations

Cord blood collection and storage are not covered benefits.

## Exceptions to Policy Criteria

Currently, the only blood products providers purchase are derivatives, considered biologicals, such as **albumin** and **RhoGam**, coded with revenue code **0636** (Pharmacy Restrictive Prescription, requiring a HCPCS code) in a facility, or with a HCPCS code on a professional claim, whether distributed through the pharmacy or the clinical lab's blood bank.

## Member Cost-Sharing

The provider is responsible for verifying at each encounter and when applicable for each day of care when the patient is hospitalized, coverage, available benefits, and member out-of-pocket costs; copayments, coinsurance, and deductible required, if any.

## Definitions

**Autologous Blood Transfusion**: The pre-collection and subsequent infusion of a patient's own blood. The blood is stored at the hospital for the exclusive use of the patient, assuring that the blood type is an exact match and no blood borne infection will be transmitted by the blood transfusion. Autologous blood may *not* be used on other patients because it is not tested for infectious diseases

**Biologicals:** *Pharmacology:* any substance, as a serum or vaccine, derived from animal products or other biological sources and used to treat or prevent disease.

**Blood:** The familiar red fluid in the body that contains white and red blood cells, platelets, proteins, and other elements, that is pumped from the heart and circulates around the bodies of humans to remove waste materials and carbon dioxide and return nourishment and oxygen to the tissues.

**Blood Cross Matching**: A laboratory test done to confirm that blood from a donor and blood from the recipient are compatible.

**Blood Processing Cost**: The cost associated with collecting, testing, processing and storing, distributing and administering blood. Most U.S. non-profit blood suppliers, including The American Red Cross, charge *only* for blood processing costs and not for blood product costs.

**Blood Processing Fee**: The fee charged by blood suppliers to cover their blood *processing* costs. This fee *excludes* fees for the blood itself. The Red Cross's charges to the hospitals represent *only* blood processing fees, as the Red Cross does not charge for the blood itself.

**Blood Products:**

- **Component:** a product removed from whole blood by physical procedures.
- **Derivatives:** a product removed from whole blood by chemical procedures.

**Blood Typing**: A test to establish compatibility between two different types of blood. Blood types include A, B, AB, or O.

**Donor Directed Blood Transfusion:** The infusion of blood or blood components that have been pre-collected from a specific individual(s) other than the patient and subsequently infused into the specific patient for whom the blood is designated. For example, patient B's brother pre- deposits his blood for use by patient B during upcoming surgery.

**Hemophilia**: A bleeding tendency resulting from a genetically determined deficiency of a clotting factor in the blood.

**Homologous Blood Transfusion**: The infusion of blood or blood components that have been collected from the general public.

**Recombinant:** A DNA technique used to produce millions of copies of a DNA fragment. The fragment is spliced into a cloning vehicle (**plasmid**, bacteriophage, or animal virus).

**Transfusion**: The administration of whole blood or any of its components and/or derivatives by transfusion to humans to restore lost blood, to improve clotting time, and to improve the ability of the blood to deliver oxygen to the body's tissues. Coverage does not make a distinction between the transfusion of homologous, autologous, or donor-directed blood.

**Transfusion Service**: A service within a hospital designed, equipped, and staffed to dispense and/or administer whole blood and/or its components and/or derivatives by transfusion to humans.

### Mass General Brigham Health Plan Reimburses

- The administration of blood, blood products, including typing, cross matching, storage, processing, and the transfusion procedures
- Blood products required for diseases of the blood.

### Mass General Brigham Health Plan Does *Not* Reimburse

- Blood.
- Blood banking, including cord blood.
- Blood product donor fees (e.g., donors in exchange for their donation).
- Labs for services described as included in a product-specific P-code.
- Transportation of donated blood.
- Blood and/or blood products for experimental / investigational therapies.

### Procedure Codes Applicable to Guideline

| Code | Descriptor | Comments |
|---|---|---|
| 030x | Charges for performance of diagnostic and routine clinical laboratory tests | • Bill with the specific **CPT** code for blood typing, cross matching, and other patient-specific lab services performed on the unit of blood.<br>• **NOTE:** Services described as included in a product-specific P-code should **not** be separately billed with a lab service code. |
| 031x | Charges for diagnostic and routine laboratory tests on tissues and culture | |

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| 0390 | General Blood Processing Services | • Bill with the HCPCS product specific "**P**" series code when the hospital obtains blood and blood products from the Red Cross at no charge, but there is a charge for lab tests performed, storage and processing of the blood. |
| 0391 | Blood administration (transfusion services) | • Bill with the appropriate **CPT** codes **36430–36460** for blood administration;<br>• The hospital may also bill lab revenue codes 030X or 031X with a specific **CPT** code for blood typing and cross-matching and other laboratory services related to the patient receiving the blood. |
| 36430-36460 | Blood transfusion service | • Bill under Revenue code 0391. |
| 86000-86804 | Immunology lab services | |
| 86077-86079 | Blood bank physician services | |
| 86140-86804 | Immunology lab services | |
| 86850-86886 | Transfusion medicine lab services | |
| 86890-86891 | Autologous blood process | |
| 86900-86999 | Transfusion medicine lab services | |
| 90281-90399 | Immune globulins, Serum, or Recombinant Products | |
| P9010 | Blood (whole) for transfusion, per unit | |
| P9011 | Blood split unit | |
| P9012 | Cryoprecipitate each unit | |
| P9016 | RBC leukocytes reduced | |

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| P9017 | Plasma 1 donor frz w/in 8 hr | |
| P9019 | Platelets, each unit | |
| P9020 | Platelet rich plasma unit | |
| P9021 | Red blood cells unit | |
| P9022 | Washed red blood cells unit | |
| P9023 | Frozen plasma, pooled, sd | |
| P9031-P9037 | Platelets, varied, per unit | |
| P9038-P9040 | Red blood cells, varied, per unit | |
| P9043 | Plasma protein fract,5%,50ml | |
| P9044 | Cryoprecipitate reduced plasma | |
| P9048 | Plasma protein fract,5%,250ml | |
| P9050 | Granulocytes, pheresis unit | |
| P9051 | Blood, l/r, cmv-neg | |
| P9052-P9053 | Platelets, varied products, per unit | |
| P9054 | Blood, l/r, froz/degly/wash | |
| P9055 | Plt, aph/pher, l/r, cmv-neg | |
| P9056 | Blood, l/r, irradiated | |
| P9057 | RBC, frz/deg/wsh, l/r, irrad | |
| P9058 | RBC, l/r, cmv-neg, irrad | |
| P9059 | Plasma, frz between 8-24hour | Bill only for frozen plasma when the blood was frozen more than 8 but less than 24 hours from its collection. |
| P9060 | Fr frz plasma donor retested | Bill only for 1 unit of fresh frozen plasma indicating that the donor has been re-tested. |
| S2140-S2142 | Cord blood harvesting/transplantation | Prior Authorization Required |

### Provider Payment Guidelines and Documentation

- A claim for a transfusion must include BOTH a transfusion CPT code and a blood product P-code.
- Laboratory services that are NOT patient-specific should not be billed.
- Services described as included in a product-specific P-code should not be separately billed with a lab service code. (e.g., Irradiation, freezing/thawing, and leukocyte reduction are

examples of services often included in the charge for the unit of blood P-code.)

- Antigen screening is an example of a patient-specific lab service that is NOT included in a HCPCS code for the unit of blood. It is described by a specific CPT code and may be separately billed.
- Freezing and thawing are not separately reportable when fresh frozen plasma (FFP) is transfused.

### References


- American Red Cross Reimbursement for Blood, Blood Products, and Related Services 2018
- American Red Cross Reimbursement for Blood, Blood Products, and Related Services 2018 Updates
- American Red Cross 2013 Charge Master Worksheet for Blood and Blood Components Massachusetts
- Dept. of Public Health 105 CMR 135.000: Use of Blood, Blood Components, and
- Derivatives for the Purpose of Transfusion
- Mass Health Provider Manual Series: Chronic Disease and Rehab (a) Outpatient, and (b) Inpatient Hospital Manuals; Acute (a) Outpatient, and (b) Inpatient Hospital Manuals
- AMA CPT Manual Current Year
- CMS- HCPCS Level II Manual, Current Year
- Medicare National Coverage Determinations Manual, Chapter 1, Part 2 Coverage Determinations, 110.7


### Publication History

| **Topic: Blood Products and Services** | **Owner: Network Management** |
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| ***April 17, 2012*** | *Original documentation, effective 2012/04/17* |
| ***June 28, 2012*** | *Removal of P9041, P9045-P9047 from code list, effective 2012/06/28* |
| ***January 01, 2019*** | *Document restructure; codes, code descriptor and references updated. Update S2140-S2142 Coverage* |
| ***January 01, 2023*** | *Document rebrand; updated references* |

This document is designed for informational purposes only. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization/notification and utilization management guidelines when applicable, adherence to plan policies and procedures, claims editing logic, and provider contractual agreement. In the event of a conflict between this payment guideline and the provider's agreement, the terms and conditions of the provider's agreement shall prevail. Payment policies are intended to assist providers in obtaining Mass General Brigham Health Plan's payment information. Payment policy determines the rationale by which a submitted claim for service is processed and paid. Payment policy formulation takes into consideration a variety of factors including: the terms of the participating providers 'contract(s); scope of benefits included in a given member's benefit plan; clinical rationale, industry-standard procedure code edits, and industry-standard coding conventions.

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