Coding guidelines: Part A billing for blood and blood products

The following information explains how to bill for blood and blood products paid under the outpatient prospective payment system.

Purchased Blood and Blood Products

Hospitals that purchase blood from a blood bank or collect blood in their own blood bank and assess a charge should bill as follows:

* Value code 37 and the number of pints the patient received (only when billing revenue code 0381 (packed red cells) or 0382 (whole blood)).
* Revenue code 038X (excluding revenue code 0380) with the appropriate blood product HCPCS code (“P” code), BL modifier, number of units transfused and date of service.
* Revenue code 0390, 0392 or 0399 (processing and storage) with the same “P” code, BL modifier, number of units and date of service as reported for revenue code 038X.
* Revenue code 0391 (transfusion) with the appropriate CPT code, one unit and date of service.

**Example**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Revenue code | HCPCS / Modifier | Units | Value code / Amt | Line-item date of service |
| 038X | PXXXXBL | 3 | 37/3.00 | 100114 |
| 0390, 0392 or 0399 | PXXXXBL | 3 |  | 100114 |
| 0391 | CPT code | 1 |  | 100114 |

Non-purchased blood and blood products

Hospitals that do not purchase blood or blood products from a blood bank (i.e., donated) or do not assess a charge for blood from their own blood bank, should bill as follows:

* Revenue code 0390, 0392 or 0399 (processing and storage) with the appropriate blood product HCPCS code (“P” code) number of units transfused and date of service.
* Revenue code 0391 (transfusion) with the appropriate CPT code, one unit and date of service.

**Example**

|  |  |  |  |
| --- | --- | --- | --- |
| Revenue code | HCPCS / Modifier | Units | Line-item date of service |
| 0390, 0392 or 0399 | PXXXX | 2 | 100114 |
| 0391 | CPT code | 1 | 100114 |

Blood products

The following chart contains revenue codes for billing blood products.

|  |  |
| --- | --- |
| Revenue Code | Definition |
| 0381 | Packed red blood cells |
| 0382 | Whole blood |
| 0383 | Plasma |
| 0384 | Platelets |
| 0385 | Leukocytes |
| 0386 | Other components |
| 0387 | Other derivatives |
| 0389 | Other blood |

Blood storage and processing

The blood product revenue code and HCPCS code (“P” code) reported on the claim must match.

**Example**

Revenue code 0382 (whole blood) and HCPCS code P9010 (whole blood for transfusion, per unit).

|  |  |
| --- | --- |
| Revenue Code | Definition |
| 0390 | General |
| 0391 | Blood administration – transfusion |
| 0392 | Processing and storage |
| 0399 | Other blood storage and processing |

Value codes for blood deductible

|  |  |  |
| --- | --- | --- |
| Value Code | Description | Definition |
| 06 | Dollar amount for blood deductible | Amount shown is the product of the number of un-replaced deductible pints of blood supplied times the charge per pint. If all deductible pints have been replaced, this code is not used. When the provider gives a discount for un-replaced deductible blood, charges after the discount is applied are shown. |
| 37 | Number of pints of blood patient received | Total number of pints of whole blood or units of packed red cells furnished, whether or not they were replaced. |
| 38 | Number of pints of blood applied to deductible | Number of un-replaced deductible pints of blood supplied. If all deductible pints furnished have been replaced, no entry is made. |
| 39 | Number of pints replaced | Number of pints of blood that were donated on the patient’s behalf. If all blood has been replaced, all blood charges are shown under the 039X revenue code series (blood administration) or under the 030X revenue code series (laboratory). |

Note: Providers should not report value codes 38 or 06. If necessary, these will be applied by the Medicare Administrative Contractor.

Additional information

For additional information and HCPCS/CPT codes for blood products, please visit the [CMS IOM Publication 100-04, Claims Processing Manual, Chapter 4, Section 231](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c04.pdf).

Payment for blood and blood products is based on the ambulatory payment classification (APC) group to which the HCPCS code is assigned, multiplied by the number of units transfused. For APC pricing information, see [Addendum B](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates).