

Outpatient Hospital Blood and Blood Products Policy, Facility

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies may use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, the enrollee’s benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations. UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application
<p>This reimbursement policy applies to services reported using the UB04 claim form or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network outpatient facility claims, Ambulatory Surgical Centers (ASC), Outpatient Surgical Centers (OSC), including, but not limited to, non-network authorized, and percent of charge contract facilities.</p>
<p>United Healthcare Commercial This Reimbursement Policy applies to all UnitedHealthcare Commercial benefit plans.</p>
<p>UnitedHealthcare Individual Exchange This Reimbursement Policy applies to all Individual Exchange benefit plans.</p>

Policy
<p>Overview</p>
<p>The policy describes how UnitedHealthcare reimburses UB04 claims for outpatient blood and blood products when submitted for transfusion, freezing or thawing, irradiation and splitting of a unit of a blood or blood product. It also addresses the appropriate use of revenue codes.</p>
<p>Reimbursement Guidelines</p>
<p>According to Centers for Medicare and Medicaid Services when a revenue code is submitted for a blood or blood product, the appropriate HCPCS code must also be submitted on the same claim line.</p>

Transfusion Services

Transfusion services, CPT codes 36430–36460 should be reported with revenue code 0391. A single transfusion code is submitted once per service regardless of the number of units of blood or blood product transfused. In addition, the applicable code for the blood or blood product should be submitted on the same claim.

Transfusion Codes

36430	36440	36450	36455	36456	36460
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Irradiation of a Blood or Blood Product

Irradiation of a blood product, CPT code 86945, should not be separately reported in addition to a HCPCS code that includes the irradiated blood or blood product. Code 86945 should only be reported when a specific irradiated blood or blood product HCPCS code does not exist.

Freezing or Thawing of a Blood or Blood Product

When reporting services for the freezing or thawing of a blood or blood product, a HCPCS codes that includes both the freezing or thawing service and the blood or blood product should be submitted when available. A separate freezing or thawing procedure code should not be submitted in addition to the HCPCS code that includes these services.

Freezing and Thawing Code List

86927	86930	86931	86932
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Split Unit of Blood or Blood Product

A split unit of blood or blood product is where portions are given to different patients or the same patient at different times. HCPCS code P9011 for the split unit of blood must be submitted with the appropriate revenue code (0383, 0384, or 0389) that identifies the blood or blood product transfused.

CPT code 86985 should be submitted for each splitting procedure performed to prepare the blood product for a specific patient. The splitting of the blood or blood product should not be reported unless that service was performed for the specific patient receiving the transfusion.

Packed Red Blood Cells and Whole Blood

Packed red blood cells should be reported when appropriate under revenue code 0381. If a code is submitted with revenue code 0381 that does not represent packed red blood cells or if a HCPCS code is not submitted with revenue code 0381 it may be denied.

Whole blood should be reported when appropriate under revenue code 0382. If a code is submitted with revenue code 0382 that does not represent whole blood or if a HCPCS code is not submitted with revenue code 0382 it may be denied.

Packed Red Cells Code List

P9016	P9021	P9022	P9038	P9039	P9040	P9051	P9054	P9057	P9058
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Whole Blood Code List

P9010	P9051	P9054	P9056
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Questions and Answers

1	<p>Q: How should the outpatient hospital facility report a unit of packed red blood cells when it has been split for transfusion for a patient?</p> <p>A: Report CPT code 86985 (blood or blood product splitting), HCPCS code P9011 (blood, split unit) and the CPT code for the blood transfusion to the patient who received the initial blood or blood product after splitting.</p>
2	<p>Q: How should the outpatient hospital facility report the remaining portion of a unit of packed red blood cells that was previously split and transfused to a patient?</p> <p>A: Report HCPCS code P9011 (blood, split unit) and the CPT code for the blood transfusion to the patient. It would not be appropriate to report CPT code 86985 for this patient when the splitting of the blood was reported for the initial transfusion to a different patient.</p>
3	<p>Q: The blood product described by HCPCS code P9040 (Red blood cells, leukocytes reduced, irradiated, each unit) was transfused. Would it be appropriate to report CPT code 86945 for the irradiation in addition to P9040?</p> <p>A: No. HCPCS code P9040 includes the irradiation service, so it would not be appropriate to bill the additional CPT code.</p>
4	<p>Q: A unit of frozen plasma was thawed and reported under HCPCS code P9017. Would CPT code 86927 be reported in addition to HCPCS code P9017?</p> <p>A: No. HCPCS code P9017 includes the thawing service, so it would not be appropriate to bill the additional CPT code.</p>

Codes

86945	Blood Product Irradiation
86985	Blood or Blood Product Splitting
P9011	Blood, Split Unit

Resources

- American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
- Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
- Centers for Medicare and Medicaid Services (CMS), Manual System and Other CMS publications and services

Centers for Medicare and Medicaid Services (CMS) Integrated Outpatient Code Edit (IOCE)

Centers for Medicare and Medicaid Services, National Correct Coding Initiative (NCCI) publications

History	
4/14/2024	Policy Version Change Updated application section Entries prior to 6/18/2023 archived
4/1/2024	Template Update <ul style="list-style-type: none"> • Transferred content to shared policy template that applies to both UnitedHealthcare Commercial and Individual Exchange benefit plans. • Updated Application section to indicate this Reimbursement Policy applies to: <ul style="list-style-type: none"> ○ All UnitedHealthcare Commercial benefit plans ○ All Individual Exchange benefit plans
6/18/2023	Policy Version Change Logo Updated
10/1/2020	Policy implemented by UnitedHealthcare Employer & Individual
5/28/2020	Policy approved by Reimbursement Policy Oversight Committee