

Blood Product Reimbursement Report

In this Issue:

- ❑ Final Outpatient Payment Update...
...Rates Reflect 13 Percent Payment Increase Overall
- ❑ Payment Alert for "Low-Volume"
Products...
... Inexact Payment Calculations for Less Frequently-Billed Blood and Plasma Products

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 United Blood Services with any questions pertaining to this edition of BloodNEWS.

New Hospital Outpatient Reimbursement Rates Effective January 1, 2005

*Payment
Update*

Final rates for 2005 exceed proposed payment levels

In a Final Rule* released November 15, 2004, The Centers for Medicare and Medicaid Services (CMS) updated the ambulatory payment classification (APC) rates used by Medicare to reimburse for blood and blood products transfused to hospital outpatients.

- ⓘ Final rates for 2005 **preserved the payment increases** set forth in the Proposed Rule.
- ⓘ Excluding outliers (such as P9011, split unit, which doubled in payment), final 2005 rates reflected an average **13.4% increase** over final 2004 rates.

CPT/HCPCS	Descriptor	2004 Final APC Payment	2005 Final APC Payment	% Change 2004 vs. 2005 Final APC Payments	Notes
36430	Blood transfusion service	\$ 200.34	\$ 215.45	7.5%	
P9010	Whole blood for transfusion	\$ 87.93	\$ 112.85	28.3%	
P9011	Blood, split unit	\$ 41.44	\$ 82.81	99.8%	Assigned to new APC 0967 in CY 2005.
P9012	Cryoprecipitate, each unit	\$ 29.31	\$ 48.25	64.6%	
P9016	RBC leukocytes reduced	\$ 119.26	\$ 165.70	38.9%	
P9017	Plasma, single donor, frozen w/in 8 hrs	\$ 95.00	\$ 63.35	-33.3%	Removed from CMS-designated "low volume" blood products in Final Rule; rates set based on hospital claims 2003 alone. Assigned to new APC 9508 in CY 2005.
P9019	Platelets, each unit	\$ 41.44	\$ 48.17	16.2%	
P9020	Platelet rich plasma unit	\$ 53.56	\$ 151.35	182.6%	
P9021	Red blood cells unit	\$ 86.41	\$ 113.29	31.1%	
P9022	Washed red blood cells unit	\$ 160.69	\$ 193.82	20.6%	
P9023	Frozen plasma, pooled, s/d	\$ 124.31	\$ 78.00	-37.3%	Removed from CMS-designated "low volume" blood products in Final Rule; rates set based on hospital claims 2003 alone.
P9031	Platelets, leukocytes reduced	\$ 49.52	\$ 86.39	74.5%	
P9032	Platelets, irradiated	\$ 74.79	\$ 86.66	15.9%	
P9033	Platelets, leukoreduced irradiated	\$ 119.26	\$ 154.24	29.3%	Assigned to new APC 0968 in CY 2005.
P9034	Platelets, pheresis	\$ 408.81	\$ 437.76	7.1%	Assigned to new APC 9507 in CY 2005.
P9035	Platelet pheresis, leukoreduced	\$ 408.81	\$ 473.11	15.7%	
P9036	Platelet pheresis, irradiated	\$ 443.68	\$ 333.80	-24.8%	Removed from CMS-designated "low volume" blood products in Final Rule; rates set based on hospital claims 2003 alone.
P9037	Platelet pheresis, leukoreduced irradiated	\$ 406.28	\$ 587.39	44.6%	
P9038	RBC, irradiated	\$ 108.65	\$ 118.80	9.3%	

* For the downloadable *Federal Register* notice containing the CMS Final Rule in PDF® format, visit <http://a257.g.akamaitech.net/7/257/2422/15nov20040800/edocket.access.gpo.gov/2004/pdf/04-24759.pdf>

CPT/HCPCS	Descriptor	2004 Final APC Payment	2005 Final APC Payment	% Change 2004 vs. 2005 Final APC Payments	Notes
P9039	RBC, deglycerolized	\$ 183.44	\$ 296.93	61.9%	CMS-designated "low volume" blood product; rates set based on hospital claims from 2002 and 2003.
P9040	RBC, leukoreduced irradiated	\$ 183.44	\$ 205.59	12.1%	Assigned to new APC 0969 in CY 2005.
P9041	Albumin (human), 5%, 50ml	\$ 15.29	\$ 18.82	23.1%	
P9043	Plasma protein fract, 5%, 50ml	\$ 92.98	\$ 66.78	-28.2%	CMS-designated "low volume" blood product; rates set based on hospital claims from 2002 and 2003.
P9044	Cryoprecipitate reduced plasma	\$ 37.39	\$ 61.50	64.5%	
P9045	Albumin (human), 5%, 250 ml	\$ 59.48	\$ 60.54	1.8%	
P9046	Albumin (human), 25%, 20 ml	\$ 20.41	\$ 13.01	-36.3%	
P9047	Albumin (human), 25%, 50ml	\$ 48.39	\$ 52.32	8.1%	
P9048	Plasmaprotein fract, 5%, 250ml	\$ 464.90	\$ 323.38	-30.4%	CMS-designated "low volume" blood product; rates set based on hospital claims from 2002 and 2003.
P9050	Granulocytes pheresis, each unit	\$ 1,248.66	\$ 1,018.84	-18.4%	CMS-designated "low volume" blood product; rates set based on hospital claims from 2002 and 2003.
P9051	Blood, leukoreduced, CMV-neg	\$ 121.78	\$ 167.72	37.7%	
P9052	Platelets, HLA-matched, leukoreduced, each unit	\$ 499.77	\$ 568.17	13.7%	
P9053	Platelets pheresis, l/r, CMV-neg, irradiated	\$ 495.22	\$ 557.65	12.6%	CMS-designated "low volume" blood product; rates set based on hospital claims from 2002 and 2003.
P9054	Blood, leukoreduced, froz/degly/wash	\$ 301.68	\$ 268.30	-11.1%	CMS-designated "low volume" blood product; rates set based on hospital claims from 2002 and 2003.
P9055	Platelets, (a)pheresis, leukoreduced, CMV-neg	\$ 393.15	\$ 476.30	21.1%	CMS-designated "low volume" blood product; rates set based on hospital claims from 2002 and 2003.
P9056	Blood, leukoreduced, irradiated	\$ 132.40	\$ 182.71	38.0%	
P9057	RBCs, frz/deg/wsh, leukoreduced, irradiated	\$ 336.04	\$ 318.31	-5.3%	CMS-designated "low volume" blood product; rates set based on hospital claims from 2002 and 2003.
P9058	RBCs, leukoreduced, CMV-neg, irradiated	\$ 201.12	\$ 273.39	35.9%	CMS-designated "low volume" blood product; rates set based on hospital claims from 2002 and 2003.
P9059	Plasma, frozen between 8-24 hours	\$ 95.00	\$ 74.23	-21.9%	CMS-designated "low volume" blood product; rates set based on hospital claims from 2002 and 2003.
P9060	Fresh frozen plasma, donor retested	\$ 69.74	\$ 76.34	9.5%	CMS-designated "low volume" blood product; rates set based on hospital claims from 2002 and 2003.

Payment Alert

Uneven Payment Adjustments for "Low-Volume" Blood Products

In the previous issue of *Blood Product Reimbursement Report* (vol. 1, no. 3), we alerted blood banks to the disproportionate reimbursement cuts anticipated for those products provided to a limited number of patients (such as irradiated, CMV-negative platelets). CMS had planned to

Did you know... that APC payments are only one way to track trends in reimbursement for blood?

The vast majority of blood is transfused to hospital inpatients, and is paid under the DRG system—not separately according to the rates in this issue. Although DRG payments do not indicate how much blood contributed to the cost of care, hospitals should be sure to report processing charges on every unit of blood provided in this setting.

increase the number of claims analyzed in the rate-setting process for these products in order to prevent payment discrepancies. However, as evidenced in the final rates above, including an additional year of claims data did not necessarily result in an increase over the 2004 rates. Although these cuts are unfortunate, the experiment to set rates based on multiple years of claims data for these products yields a valuable lesson for providers. Because APC payments are most accurate when based upon a robust volume of claims, it is essential to report charges for every unit transfused in order to receive adequate reimbursement.

CODING SUPPLEMENT

❑ Updated Pocket Coding Reference...

...New Codes Effective in 2005 for Blood, Components

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 United Blood Services with any questions pertaining to this coding supplement to BloodNEWS.

Coding
Update

New HCPCS Codes

Effective January 1, 2005

Pocket-sized reference guides to all Healthcare Common Procedure Coding System (HCPCS) codes currently used for blood and blood components are provided below. See the boxes at bottom right for important information about the use of HCPCS codes.

WHOLE BLOOD AND RED BLOOD CELLS	
HCPCS	Description
P9010	BLOOD (WHOLE), FOR TRANSFUSION, PER UNIT
P9016	RED BLOOD CELLS, LEUKOCYTES REDUCED, EACH UNIT
P9021	RED BLOOD CELLS, EACH UNIT
P9022	RED BLOOD CELLS, WASHED, EACH UNIT
P9038	RED BLOOD CELLS, IRRADIATED, EACH UNIT
P9039	RED BLOOD CELLS, DEGLYCEROLIZED, EACH UNIT
P9040	RED BLOOD CELLS, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT
P9051	WHOLE BLOOD OR RED BLOOD CELLS, LEUKOCYTES REDUCED, CMV-NEGATIVE, EACH UNIT
P9054	WHOLE BLOOD OR RED BLOOD CELLS, LEUKOCYTES REDUCED, FROZEN, DEGLYCEROL, WASHED, EACH UNIT
P9056	WHOLE BLOOD, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT
P9057	RED BLOOD CELLS, FROZEN/DEGLYCEROLIZED/WASHED, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT
P9058	RED BLOOD CELLS, LEUKOCYTES REDUCED, CMV-NEGATIVE, IRRADIATED, EACH UNIT

PLASMA	
HCPCS	Description
P9017	FRESH FROZEN PLASMA (SINGLE DONOR), FROZEN WITHIN 8 HOURS OF COLLECTION, EACH UNIT
P9020	PLATELET RICH PLASMA, EACH UNIT
P9023	PLASMA, POOLED MULTIPLE DONOR, SOLVENT/DETERGENT TREATED, FROZEN, 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

OTHER	
HCPCS	Description
P9011	BLOOD (SPLIT UNIT), SPECIFY AMOUNT
P9012	CRYOPRECIPITATE, EACH UNIT
P9041	INFUSION, ALBUMIN (HUMAN), 5%, 50 ML
P9043	INFUSION, PLASMA PROTEIN FRACTION (HUMAN), 5%, 50 ML
P9045	INFUSION, ALBUMIN (HUMAN), 5%, 250 ML
P9046	INFUSION, ALBUMIN (HUMAN), 25%, 20 ML
P9047	INFUSION, ALBUMIN (HUMAN), 25%, 50 ML
P9048	INFUSION, PLASMA PROTEIN FRACTION (HUMAN), 5%, 250ML
P9050	GRANULOCYTES, PHERESIS, EACH UNIT

PLATELETS	
HCPCS	Description
P9019	PLATELETS, EACH UNIT
P9031	PLATELETS, LEUKOCYTES REDUCED, EACH UNIT
P9032	PLATELETS, IRRADIATED, EACH UNIT
P9033	PLATELETS, LEUKOCYTES 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 LEUKOCYTES REDUCED, APHERESIS/PHERESIS, EACH UNIT
P9053	PLATELETS, PHERESIS, LEUKOCYTES REDUCED, CMV-NEGATIVE, IRRADIATED, EACH UNIT
P9055	PLATELETS, LEUKOCYTES REDUCED, CMV-NEGATIVE, APHERESIS/PHERESIS, EACH UNIT

- Medicare, Medicaid, and private payers all require HCPCS codes on hospital outpatient claims.
- All codes listed here are used to report charges per unit, except P9011 which requires a specified amount.

SPECIAL NOTE RE: INFUSIONS OF PLASMA-DERIVED THERAPIES

- HCPCS code Q0081 (infusion therapy, non-chemo, per visit) will be de-activated January 1, 2005, with no grace period.
- Outpatient infusions should be reported with 90780 (IV Infusion therapy, up to 1 hour) and 90781 (IV Infusion therapy, each additional hour).

Street Address ❖ City, State ❖ Zip Code ❖ Telephone Number