Introduction to Medicare: Hospital Perspective

Suzanne H. Butch, MA, MLS(ASCP)SBB^{CM}, DLM ^{CM}, CQA(ASQ)

Michigan Medicine
butchs@umich.edu

Objectives

- Describe the Medicare program and payment policies.
- Explain general reimbursement principles related to transfusion medicine services and blood products.
- Explain basic reimbursement principles related to cellular therapies.

AABB BOSTON 18

What Should the Transfusion Service Manager Know About Billing

1. What are P, CPT, HCPCS, Revenue and ICD-10 Codes
2. How does billing work at your facility
    - How the transfusion service computer system assign internal and CMS billing codes
    - What happens to the billing after it leaves the transfusion service software
3. What percentage of patients are on Medicare and private pay

AABB BOSTON 18

More - What to Know

4. How much of what you bill is for outpatients?
5. How is the cost of a product or service determined and a price set in your facility
6. How to search the internet for billing information: CMS, AABB, CAP

AABB BOSTON 18

Definitions

- DRG – a statistical system of classifying any inpatient stay into groups for the purposes of payment
- APC – Used for outpatient billing
- Revenue Code – used for inpatient billing

Diagnosis Related Group (DRG)

- A statistical system of classifying any inpatient stay into groups for the purposes of payment
  - D60 Acquired pure red cell aplasia [erythroblastopenia]
  - D61 Other aplastic anemias and other bone marrow failure syndromes
  - D62 Acute posthemorrhagic anemia
  - D63 Anemia in chronic diseases classified elsewhere
  - D64 Other anemias

AABB BOSTON 18

Revenue Code

- Used for inpatient billing
  - 30x Laboratory-Clinical
    - 300 General
    - 301 Chemistry
    - 302 Immunology
    - 303 Renal Patient (home)
    - 304 Non-routine Dialysis
    - 305 Hematology
    - 306 Bacteriology & Microbiology
    - 307 Urology
    - 309 Other Laboratory

Ambulatory Procedure Codes (APC)

- 0110 Transfusion
- 0111 Blood Product Exchange
- 0112 Apheresis, Photopheresis, and Plasmapheresis
- 0123 Bone Marrow Harvesting and Bone Marrow/Stem Cell Transplant
- 0954 RBC leukocytes reduced
- 1017 Platelets, aph/pher, L/R, CMV-neg, unit
- 1019 Platelets, aph/pher, L/R, irradiated, unit

AABB BOSTON 18

Modifier

- Modifier – added to HCPCS code
- Modifier 90 – Referred Tests
- Modifier 91 - Repeat Tests
- QW – Waived test

Three Levels of HCPCS

- Level I codes - **AMA's CPT codes** and is numeric
- Level II - alphanumeric code set primarily non-physician products, supplies, and procedures not included in CPT
- Level III codes - “HCPCS local codes” developed by state Medicaid agencies, Medicare contractors, and private insurers for use in specific programs and jurisdictions

AABB BOSTON 18

HCPCS Billing Codes

- Laboratory Procedure Codes – CPT Codes
- Blood Components – P Codes
- Procedure Codes – Service Codes

AABB BOSTON 18

P Codes

Table 1. Blood and Blood Products								
HCPCS Code	**Short Descriptor**	**2019 SI**	**2018 APC**	**2019 APC**	**Final 2018 Payment[1]**	**Proposed 2019 Payment**	**$ Change 2018-2019****	**% Change 2018-2019****
P9010	Whole blood for transfusion	R	9510	9510	$156.91	$123.59	-$33.32	-21%
P9011	Blood split unit	R	9520	9520	$102.67	$125.88	$23.21	23%
P9012	Cryoprecipitate each unit	R	9511	9511	$44.00	$44.32	$0.32	0.7%
P9016	Rbc leukocytes reduced	R	9512	9512	$183.76	$183.54	-$0.22	-0.1%
P9017	Plasma 1 donor frz w/in 8 hr	R	9508	9508	$72.41	$73.02	$0.61	0.8%
P9019	Platelets, each unit	R	9515	9515	$114.94	$116.43	$1.49	1%
P9020	Plaelet rich plasma unit	R	9516	9516	$123.50	$131.65	$8.15	7%
P9021	Red blood cells unit	R	9517	9517	$142.78	$144.85	$2.07	1%
P9022	Washed red blood cells unit	R	9518	9518	$384.25	$343.35	-$40.90	-11%
P9023	Frozen plasma, pooled, sd	R	9509	9509	$60.57	$81.51	$20.94	35%
P9031	Platelets leukocytes reduced	R	9526	9526	$116.70	$125.75	$9.05	8%
P9032	Platelets, irradiated	R	9500	9500	$179.13	$180.17	$1.04	0.6%
P9033	Platelets leukoreduced irrad	R	9521	9521	$167.64	$165.17	-$2.47	-1%

Laboratory

	Table 3. Transfusion Laboratory Services							
HCPCS Code	**Short Descriptor**	**2019 SI**	**2018 APC**	**2019 APC**	**Final 2018 Payment[6]**	**Proposed 2019 Payment**	**$ Change 2018-2019****	**% Change 2018-2019****
86850	Rbc antibody screen	Q1	5671	5671	$44.70	$51.41	$6.71	15%
86860	Rbc antibody elution	Q1	5672	5672	$129.17	$144.65	$15.48	12%
86870	Rbc antibody identification	Q2	5673	5673	$215.42	$271.73	$56.31	26%
86880	Coombs test direct	Q1	5732	5732	$31.80	$32.89	$1.09	3%
86885	Coombs test indirect qual	Q1	5672	5672	$129.17	$144.65	$15.48	12%
86886	Coombs test indirect titer	Q1	5672	5672	$129.17	$144.65	$15.48	12%
86890	Autologous blood process	Q1	5673	5672[7]	$215.42	$144.65	-$70.77	-33%
86891	Autologous blood op salvage	Q1	5674	5674	$540.92	$532.66	-$8.26	-2%
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

AABB BOSTON 18

HCPCS Procedure Codes

	Table 2. Transfusion, Apheresis, and Stem Cell Procedures							
HCPCS Code	**Short Descriptor**	**2019 SI**	**2018 APC**	**2019 APC**	**Final 2018 Payment[4]**	**Proposed 2019 Payment**	**$ Change 2018-2019****	**% Change 2018-2019****
36430	Blood transfusion service	S	5241	5241	$375.05	$383.39	$8.34	2%
36440	Bl push transfuse 2 yr/<	S	5241	5241	$375.05	$383.39	$8.34	2%
36450	Bl exchange/transfuse nb	S	5241	5241	$375.05	$383.39	$8.34	2%
36455	Bl exchange/transfuse non-nb	S	5241	5241	$375.05	$383.39	$8.34	2%
36456	Prtl exchange transfuse nb	S	5241	5241	$375.05	$383.39	$8.34	2%
36460	Transfusion service fetal	S	5241	5241	$375.05	$383.39	$8.34	2%
36511	Apheresis wbc	S	5242	5242	$1,221.66	$1,222.97	$1.31	0.1%
36512	Apheresis rbc	S	5242	5242	$1,221.66	$1,222.97	$1.31	0.1%
36513	Apheresis platelets	S	5241	5241	$375.05	$383.39	$8.34	2%
36514	Apheresis plasma	S	5242	5242	$1,221.66	$1,222.97	$1.31	0.1%
36516	Apheresis immunoads slctv	S	5243	5243	$3,699.85	$3,912.23	$212.38	6%

AABB BOSTON 18

Reimbursement

Payer	Inpatient	Hospital Outpatient
Medicare	DRG Based prospective payment	APC or ASC classification
	Revenue Codes, ICD-10	CPT, HCPCS, ICD-10

Scenario 1

- A patient receives two units of leukocyte reduced red blood cells on the same day as the type and screen and electronic crossmatch.
- What “billing” does the transfusion service send to the hospital computer system?
  - A inpatient
  - B outpatient

Scenario 1 – CPT Codes for Outpatient

- 86900 x 1 ABO
- 86901 x 1 Rh
- 86850 x 1 Antibody Screen
- 86923 x 2 Electronic crossmatch
- P9016 x 2 Red Blood Cells Leukocyte-reduced
- **36430 x 1 Transfusion fee?**

AABB BOSTON 18

Inpatient Bill

Revenue Code	Description	Amount
0300	General Laboratory	004 (ABO, Rh, AS, XM)
0391	Blood Processing and Administration	001 (Infusion fee)
0390	Red Blood Cells	002 (blood component)

AABB BOSTON 18

Scenario 2

- Three units of leukocyte reduced irradiated red cells are crossmatched for a patient. Two of the three units are transfused. An Apheresis Leukocytereduced Irradiated Platelet is also transfused.
- What “bill” is issued from the transfusion service?

Scenario 2 CPT Codes for Outpatient

- 86900 x 1 ABO
- 86901 x 1 Rh
- 86850 x 1 Antibody Screen
- 86923 x 3 Electronic crossmatch
- P9040 x 2 red Blood Cells Leukocyte-reduced
- P9033 x 1 Apheresis leukocyte-reduced platelet
- **36430 x 1 Transfusion fee?**

AABB BOSTON 18

Inpatient Bill

Revenue Code	Description	Amount
0300	General Laboratory	006 (ABO, Rh, AS, 3-XM)
0391	Blood Processing and Administration	001 (Infusion fee)
0390	Red Blood Cells Platelets	002 (blood component) 001

AABB BOSTON 18

Pathogen Reduction /Testing Changes

- CMS deactivated the use of code P9072 for the Medicare program, and established two new codes, Q9987 and Q9988.
- Q9988 (platelets, pheresis, pathogen reduced, each unit) is a product code
- Q9987, pathogen test(s) for platelets is separately payable testing code

AABB BOSTON 18

Change Billing Date for Molecular

- 42 C.F.R. § 414.510(b) to establish that in the case of a molecular pathology test … that meets the criteria of Section 1834A(d)(5)(a), **the date of service must be the date the test was performed (the date of final report).**
- **Problem:** The testing agency bills Medicare directly.
- **Question:** Does this apply to blood centers?

AABB BOSTON 18

Billing Problem Areas

- Electronic Crossmatch
- Split Units
- Directed Donor Units
- Autologous Units
- Units transported with patients
- Antigen typing
- How much should I charge for blood

AABB BOSTON 18

Electronic Crossmatch

- Cannot bill with any other type of crossmatch
- Serologic Crossmatch
  - Bill for each phase performed and documented

Split Units

- Regardless of the component, the P code for the split product is P9011 (Blood, split unit)
- CPT 86985 may be used to bill for the process of splitting each unit each time it is done, cannot bill for the last part if it is not put in a syringe or bag as it was not “split”
- DO NOT bill any other blood component “P” code

AABB BOSTON 18

Directed Donor Units

- Bill for the product transfused as usual product “P” code

- There are no special CPT codes or “P” codes for additional “Directed Units” fees

Autologous - Transfused

- If the blood WAS transfused
  - Use Revenue Code 039X (0391 an option)
  - Bill CPT 36430 Transfusion Fee
  - P code for the product

Autologous – Not Transfused

- If the blood was NOT transfused
  - Use Revenue Code 039X (0391 an option)
  - Bill CPT 86890 (predeposit)
  - Do not bill a P code for the product
  - Do not bill Transfusion Code 36430

Service Date for Billing Autologous

- If transfused
  - Use the date of transfusion times the number of units transfused
- If not transfused
  - Us the intended date of transfusion times the number of units not transfused

AABB BOSTON 18

Antigen Typing of Donor Units

  - Bill per individual unit

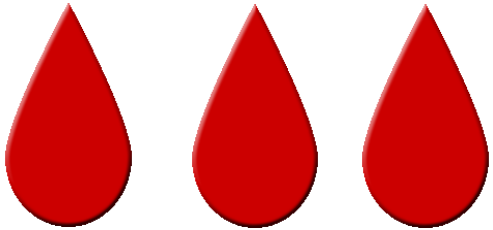
- 86902 antigen screening for compatible blood using reagent serum, per **antigen** screened
- 86904 antigen screening for compatible unit using patient serum, per unit screened

Which Patient Gets Billed?

- If antigen typing is done on one patient but the units are given to another patient who also needs antigen negative units, who gets billed?
- Ans: The first patient or the second patient but not both
- Whoever told you life was fair lied.

AABB BOSTON 18

Who Pays for Blood Wasted During the Transport of a Patient?



- Cannot bill the patient for wasted units
- Add the cost of outdated units to the overhead
- Receiving facility may accept unused units into inventory if properly stored until arriving in the blood bank

How much do I charge for Blood Components?

- It is not just what it cost from the supplier
- Answer: What it costs you to provide the product
  - Cost from blood supplier
  - Cost of waste
  - Processing
  - Handling
  - Dedicated equipment
  - Overhead (power, non-dedicated equipment)

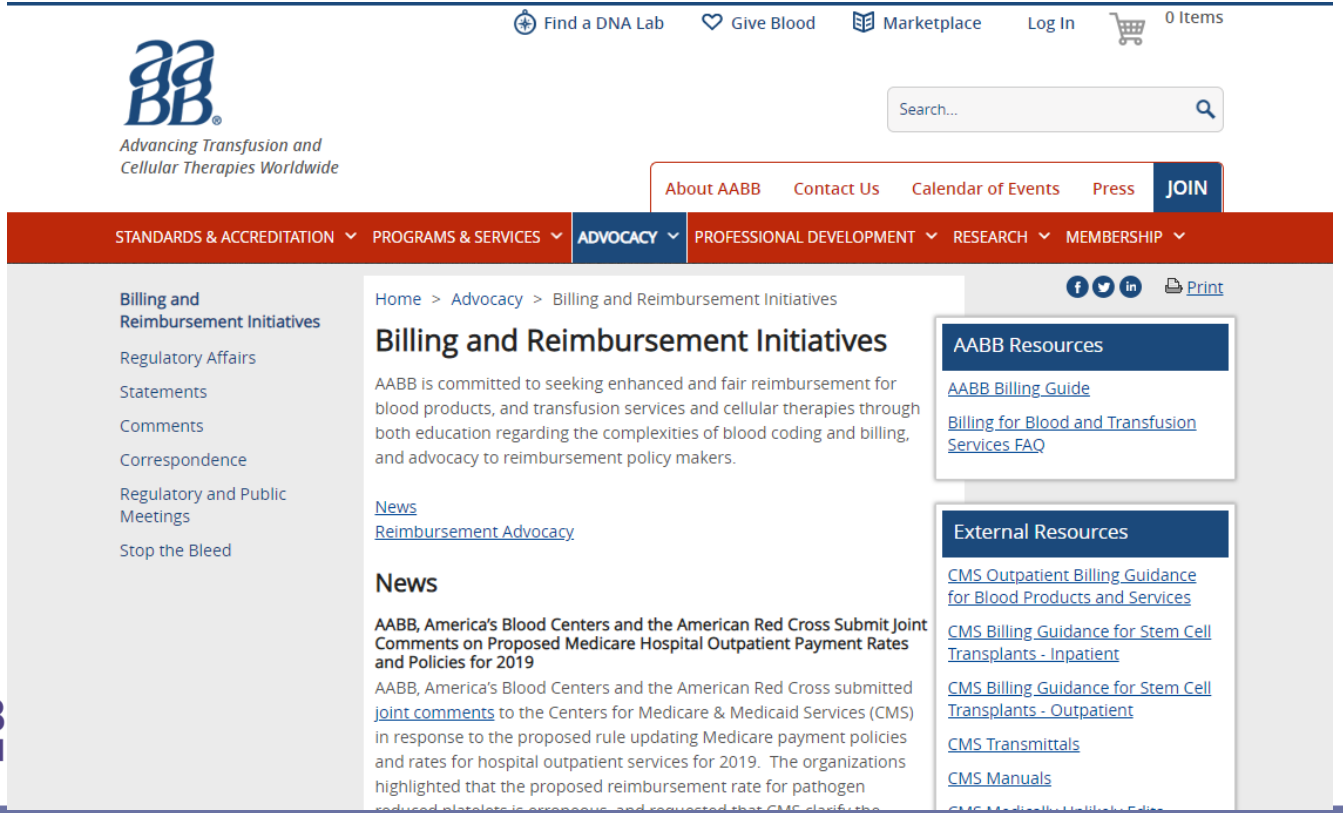
AABB BOSTON 18

What Should the Transfusion Service Manager Do

1. Review billing annually with hospital billing office to ensure billing is coded correctly
2. Make billing changes based on new information from CMS
3. Review denied claims
    - Billing errors
    - New interpretations

AABB BOSTON 18

Resource



AABB 18 BOSTON

QUESTIONS?

Decoding Medicare

Leah Mendelsohn Stone, JD
Director, Public Policy and Advocacy
AABB

October 16, 2018

Faculty Disclosure

(In compliance with ACCME policy, AABB requires the following disclosures to the session audience)

- No disclosures to report.

Objectives

- Establish a basic understanding of the Medicare program
- Understand Medicare hospital inpatient payment policy
- Understand Medicare hospital outpatient payment policy

"Ready to walk the Reimbursement Maze?"

AABB BOSTON 18

AABB Antitrust Policy

- AABB complies with all applicable antitrust laws and regulations.
- Accordingly, discussions regarding current or future pricing or price standardization, procedures, discounts, credit terms, allocation of markets, unfair refusals to deal with a community member, fair profit levels, and other price related topics must be avoided at AABB meetings.
- In the event that today's discussion appears to be headed into any such areas, I will raise the issue immediately, and ask that/invite you to do the same, so that further discussion of such matters can be suspended.

AABB 18 BOSTON

Health Care Payors

Payors

- Medicare
- Medicaid
- Private Health Insurers
  - Employer Sponsored
  - Marketplace
- Other
  - VA
  - DOD
  - CHIP

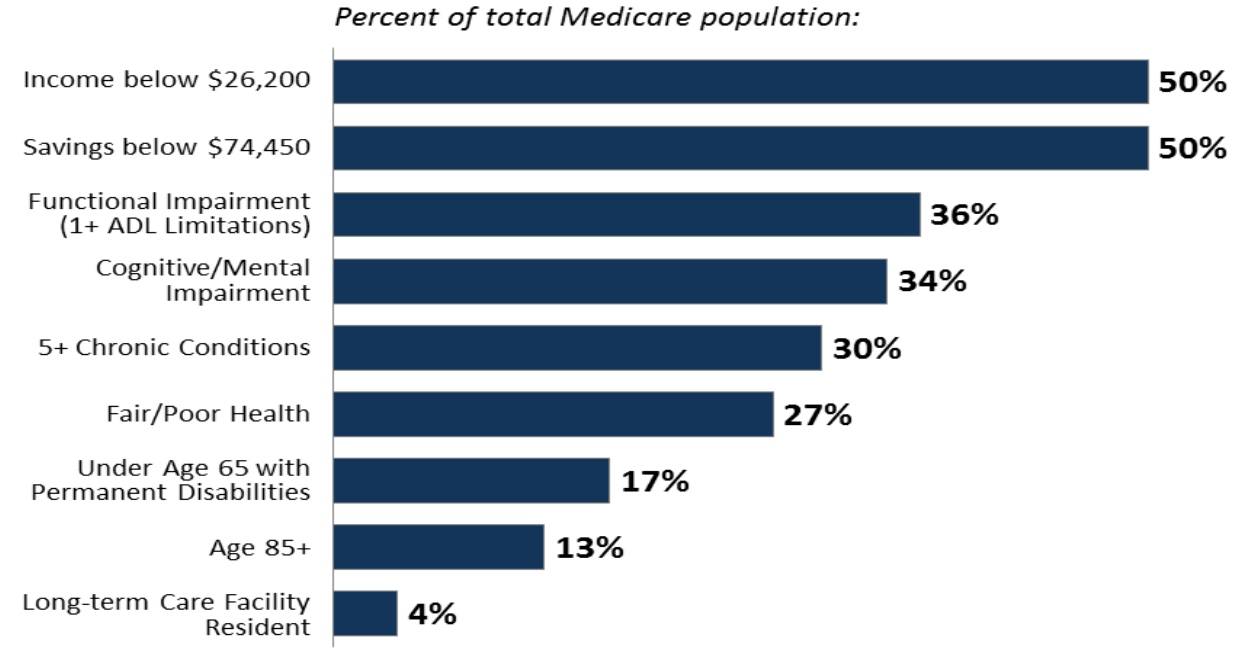
AABB BOSTON

Medicare Basics

AABB 18 BOSTON

Figure 1

Characteristics of the Medicare Population



NOTE: ADL is activity of daily living.
SOURCE: Kaiser Family Foundation analysis of the Centers for Medicare & Medicaid Services Medicare Current Beneficiary 2013 Cost and Use file; Urban Institute/Kaiser Family Foundation analysis of DYNASIM data, 2017 (for income and savings).

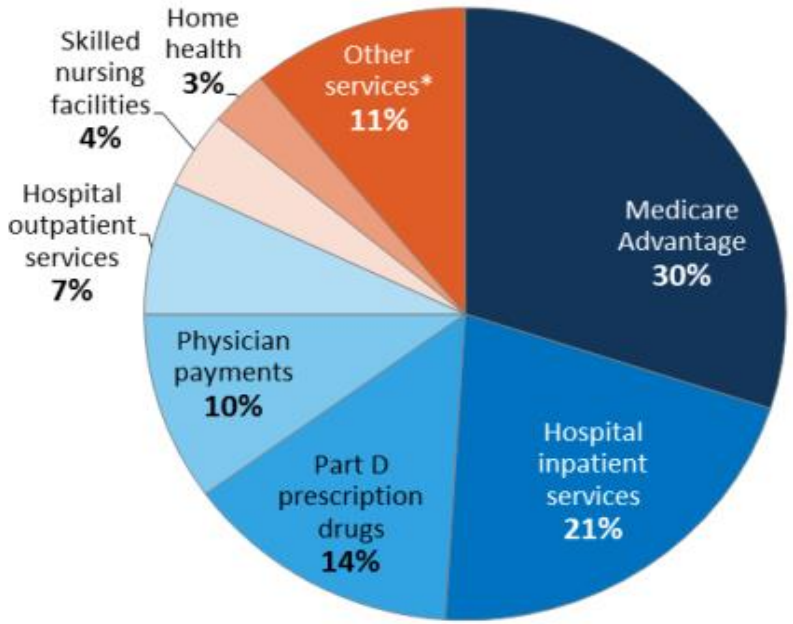
Medicare Framework

Part A	Part B	Part C	Part D
• Inpatient Hospital Services • Skilled Nursing Facility Services • Hospice Care • Home Health Services	• Hospital Outpatient Services • Physician Services • Therapy Services • Clinical Laboratory and Other Diagnostic Tests • Durable Medical Equipment, Prosthetics, Orthotics, and Supplies • Certain Drugs and Biologics	• Medicare Advantage • Administered by private companies • Must cover Part A and Part B services, except hospice • Often includes Part D benefits	• Administered by private companies • Covers certain prescription drugs

AABB 18 BOSTON

Figure 2

Medicare Benefit Payments by Type of Service, 2016



Total Medicare Benefit Payments, 2016: $675 billion

NOTE: *Consists of Medicare benefit spending on hospice, durable medical equipment, Part B drugs, outpatient dialysis, outpatient therapy, ambulance, lab, community mental health center, rural health clinic, federally qualified health center, and other Part B services.

SOURCE: Congressional Budget Office, June 2017 Medicare Baseline.

Medicare Coverage

- Medicare covers and pays for items and services that are “**reasonable and necessary** for the diagnosis or treatment of an illness or injury, or to improve the functioning of a malformed body member.”
- Medically necessary blood transfusion is generally a Medicare covered service under Medicare Parts A and B.

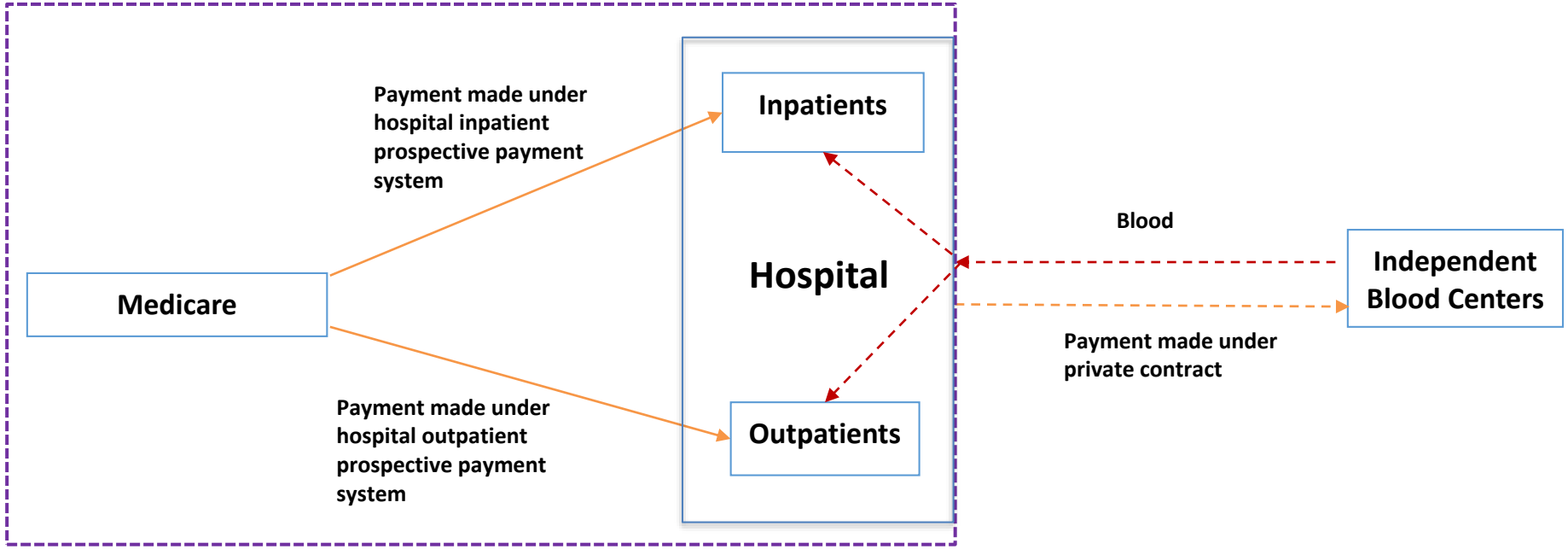
Sources:

Social Security Act §1862(a)(1)(A), 42 U.S.C. 1395y(a)(1)(A).

Medicare National Coverage Determinations Manual (CMS Pub 100-3), Chapter 1, Part 2, §110.7

AABB BOSTON 18

Payment for Blood



Unused Blood

- Hospitals cannot bill Medicare for blood that has not been transfused.

- For unused blood:
  - Processing and storage costs incurred by community blood bank and the hospital:
    - Cannot be charged to the beneficiary.
    - Can be reported as costs under cost centers for blood on hospital's Medicare Cost Report.
  - Hospitals can bill for certain patient-specific blood preparation costs (i.e., blood typing and cross-matching).
  - Hospitals can bill for splitting or irradiating a blood product with the specific intent of transfusion to a beneficiary.
    - Hospitals may not bill for the HCPCS code for the blood product that was not transfused.
  - Hospitals cannot bill for splitting or irradiating and storing a blood product without specific intent to administer it to a beneficiary at the time of splitting or irradiation.
    - No service to report.

Source: Medicare Claims Processing Manual (CMS Pub. 100-04), Chapter 4, §231.

Medicare Payment Terms

Medicare Severity Diagnosis Related Groups (MS-DRGs)

Prospective Payment System (PPS)

Ambulatory Payment Classifications (APCs)

ICD-10 Procedural Codes

Healthcare Common Procedure Coding System (HCPCS)

ICD-10 Diagnostic Codes

Current Procedural Terminology (CPT)

Revenue Codes

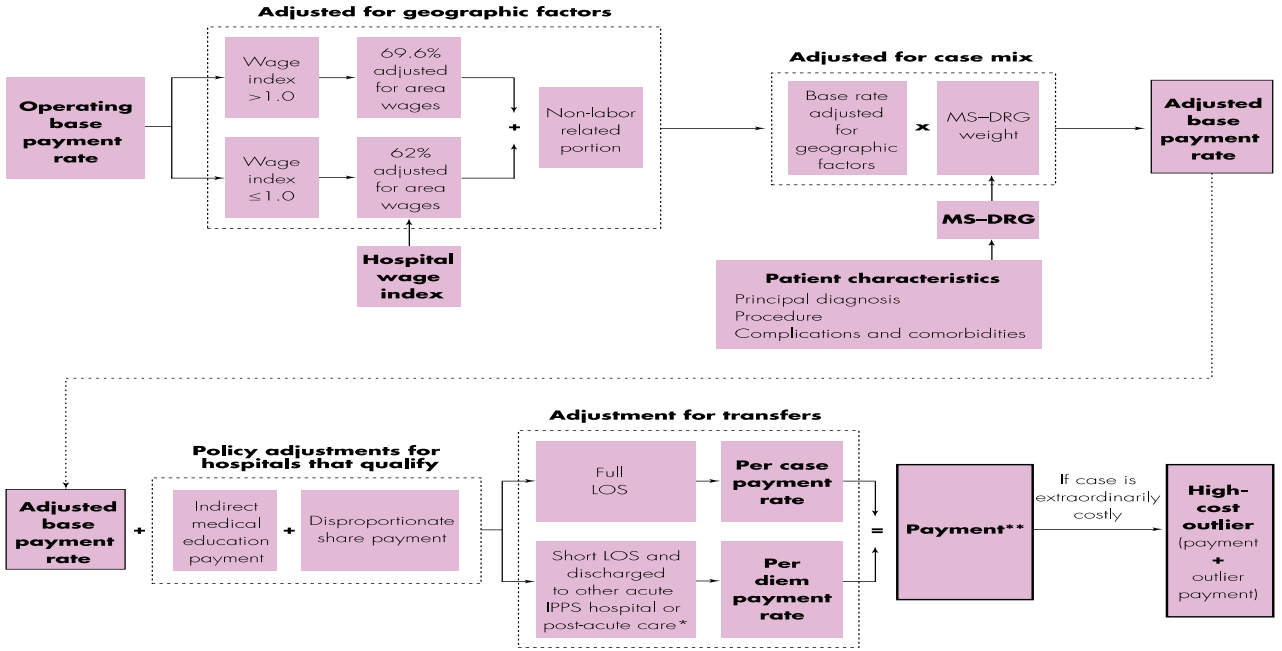
AABB BOSTON 18

"In one respect it is simpler than some of the other Medicare payment models."

Hospital Inpatient Prospective Payment System

Source: Medicare Payment Advisory Commission, Hospital Acute Inpatient Services Payment System, Payment Basics, Revised October 2016

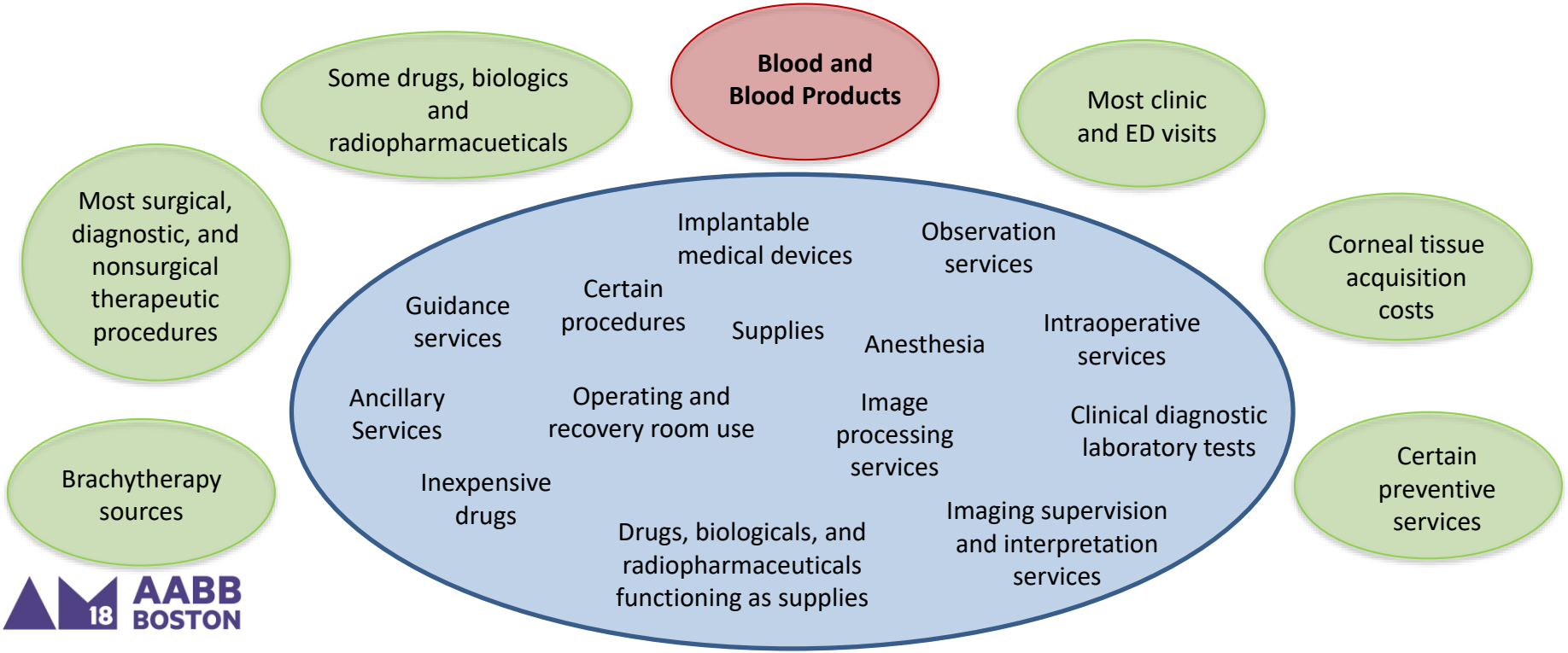
Figure 1 Acute inpatient prospective payment system



Note: MS–DRG (Medicare severity diagnosis related group), LOS (length of stay), IPPS (inpatient prospective payment system). Capital payments are determined by a similar system.
* Transfer policy for cases discharged to post-acute care settings applies for cases in 275 selected MS–DRGs.
** Additional payment made for certain rural hospitals.

AABB 18 BOSTON

Medicare: Hospital Outpatient Services



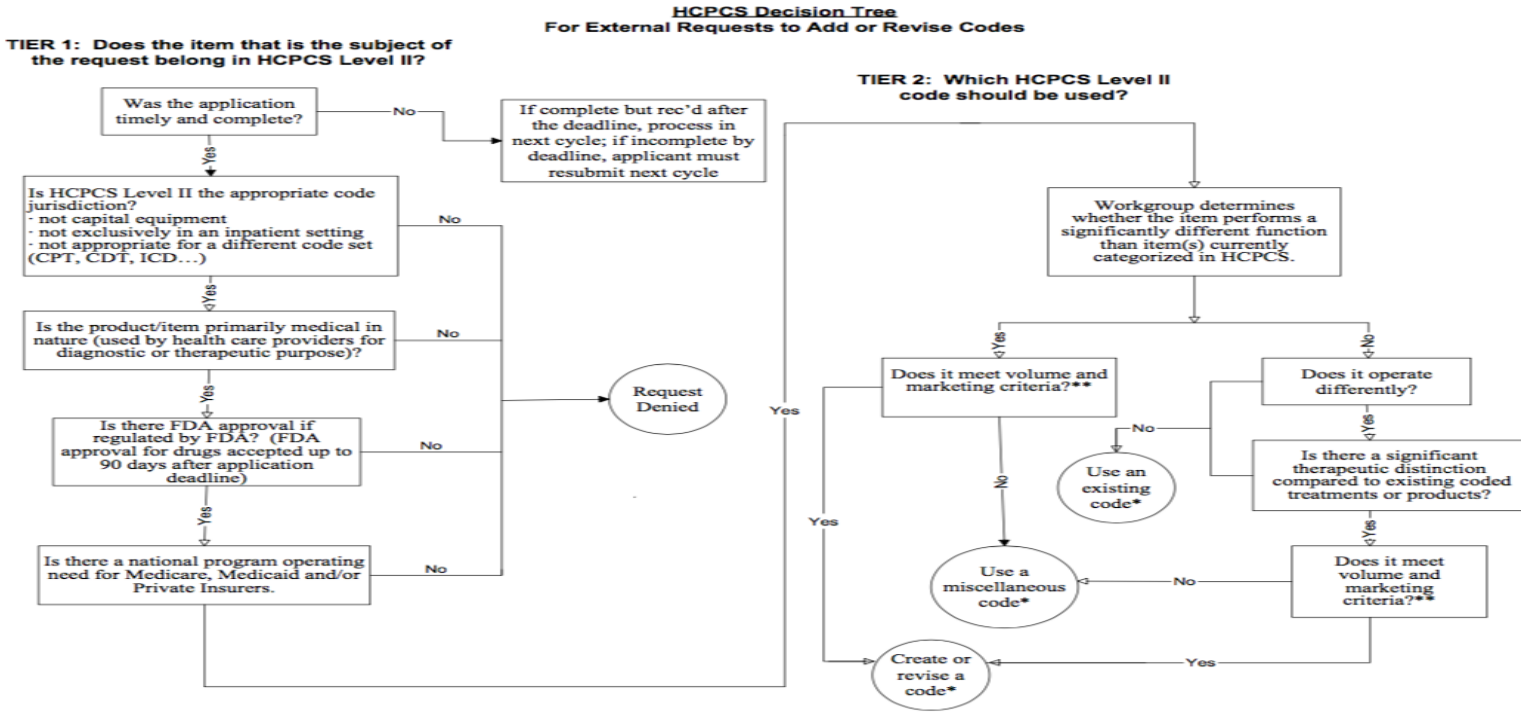
AABB BOSTON

Payment for Blood Furnished to Hospital Outpatients

- Specific blood product APCs
  - Each blood HCPCS code is assigned to an APC
  - Payment rates include costs of blood and blood products, as well as costs for collecting, processing and storage of blood and blood products
- Payment rates determined using blood-specific cost-to-charge ratio
  - Ratio of the cost divided by the charges
  - Uses actual or simulated CCRs from most recently available hospital cost reports
- Payment rates updated annually

AABB BOSTON

New Blood Products



*Subject to national program operating need

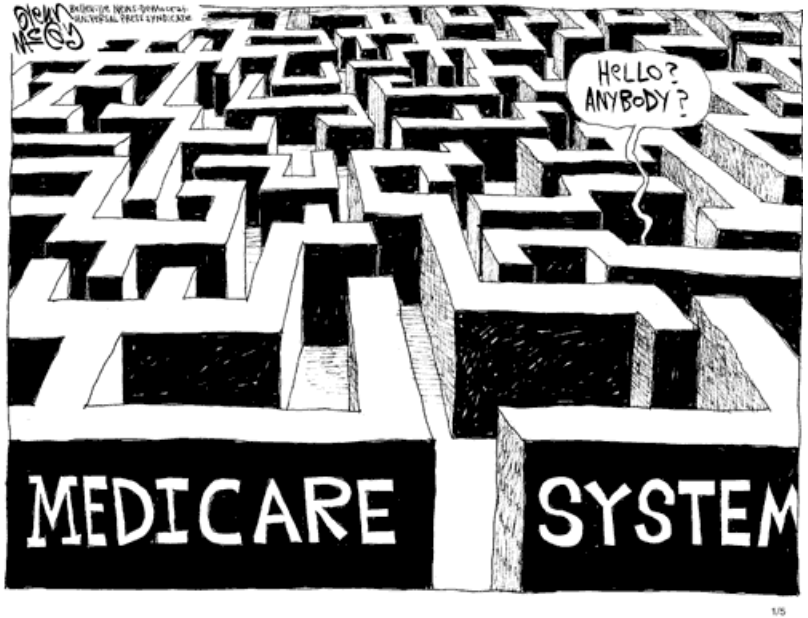
**For drugs, volume and marketing criteria are waived, and "yes" is assumed for the purpose of following the decision tree

Questions?

Leah Mendelsohn Stone

301-215-6554

lmstone@aabb.org



AABB BOSTON 18

Professional Billing & Apheresis

Mary Berg, MD
Professor of Pathology
University of Colorado

10/16/18

Faculty Disclosure

(In compliance with ACCME policy, AABB requires the following disclosures to the session audience)

- Nothing to disclose

AABB BOSTON 18

Objectives

- Describe the Medicare program and payment policies.
- Explain general reimbursement principles related to transfusion medicine services and blood products.
- Explain basic reimbursement principles related to cellular therapies.

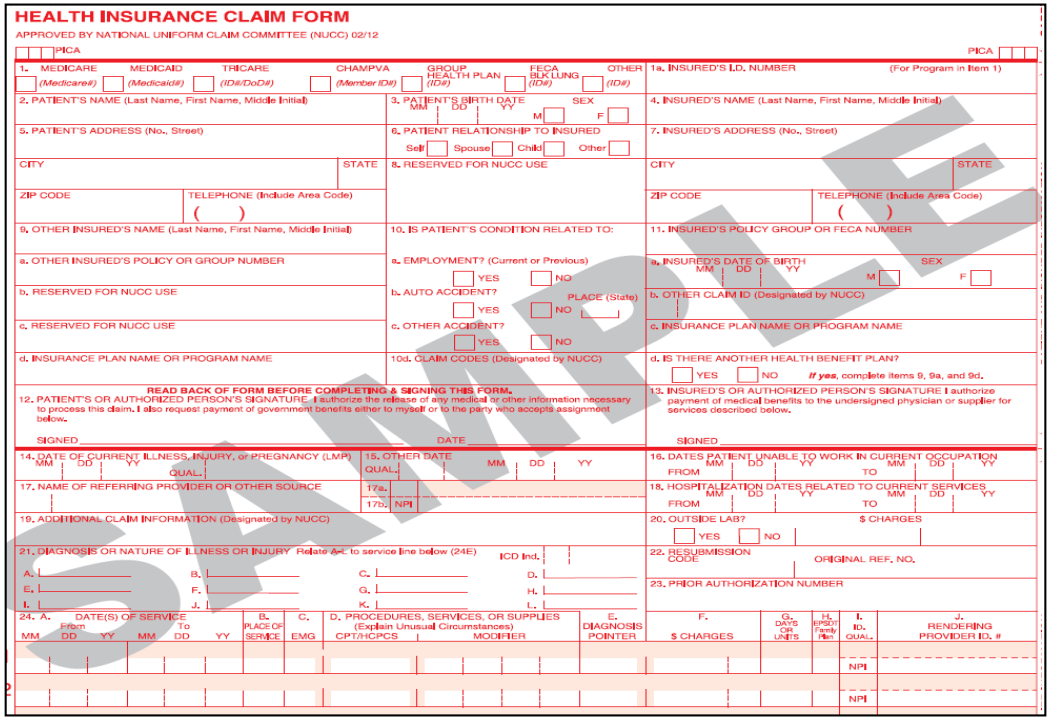
AABB BOSTON 18

How Do Transfusion Medicine Physicians Get Paid?

- General billing issues
- Transfusion Service
- Apheresis
  - Therapeutic procedures
  - Donor (especially stem cell) procedures
- Immune effector (CAR-T) cells

Professional (Physician) Billing

- Physicians use the CMS-1500 claim form to report their work in all settings



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

ZIP CODE TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES NO PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO *If yes*, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. B. C. D. E. F. G. H. I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
								NPI	
								NPI	

SAMPLE

AABB 18 BOSTON

Professional (Physician) Billing

- Claims for physician services must be billed with an appropriate CPT code (= level I HCPCS code) to describe the service.

CPT	APC	Descriptor
38205	*	Blood-derived hematopoietic progenitor cell harvesting for transplant: allogeneic
38206	5242	Blood-derived hematopoietic progenitor cell harvesting for transplant: autologous
36511	5242	Therapeutic apheresis; for white blood cells
36512	5242	Therapeutic apheresis; for red blood cells
36513	5241	Therapeutic apheresis; for platelets
36514	5242	Therapeutic apheresis; for plasma pheresis
36516	5243	Therapeutic apheresis; with extracorporeal selective adsorption or selective filtration and plasma reinfusion
36522	5243	Photopheresis, extracorporeal
86077	5732	Blood bank physician services: difficult crossmatch and/or evaluation of irregular antibody(s), interpretation and written report.
86078	5672	Investigation of transfusion reaction including suspicion of transmissible disease, interpretation and written report.
86079	5671	Authorization for deviation from standard blood banking procedures (e.g. use of outdated blood, transfusion of Rh incompatible units), with written report.

*No corresponding APC

Professional (Physician) Billing

- Each CPT code has a fee associated with it that is based on:
  - The physician work (effort)
  - Practice expenses
  - Liability costs required for that particular service
  - Adjustment for geographic variations associated with medical practice.

86077

- Interpretation of irregular red cell alloantibodies from antibody panels.
  - When red cells cannot be safely released without the review of a physician or when it is part of the laboratory policy to have a pathologist interpret incompatible crossmatches, etc.
  - Blood bank physician interpretation and / or recommendation for future transfusions for:
    - Red cell alloantibody panels
    - ABO discrepancies
    - Work-up of positive DATs in hemolytic disease of the newborn
    - Prenatal workup for Rh immune globulin administration

86078

- Evaluation of reported transfusion reactions includes:
  - Review of the patient's clinical history and events before and after the adverse reaction
  - Evaluation of post-reaction blood bank evaluation (e.g. visual inspection, clerical check) and laboratory studies (e.g. post-transfusion DAT, urinalysis, LDH, haptoglobin)
  - Impression of the underlying cause of the reaction or differential diagnosis
  - Recommendation for the treatment of the adverse reaction
  - Recommendation for future transfusions, which includes comments on prophylaxis or special product modifications

86079

- Use of Special Blood Products
- Medical consultation when a physician requests special products, which may or may not be part of hospital or laboratory policy or are contraindicated
- Includes reports / recommendations for:
  - Transfusion of mismatched Rh products (i.e. Rh positive products to an Rh negative patient)
  - Irradiated products
  - Components for transplants when the donor and recipient have different ABO types
  - Use of blood beyond its normal expiration time

Professional (Physician) Billing in Apheresis

- Medicare and some private insurers reimburse physicians for inpatient and outpatient care according to a resource-based relative value scale (RBRVS) fee schedule.
  - CMS publishes the Physician Fee Schedule, updated annually
- Billing for inpatient stays are based on Diagnostic Related Groups (DRGs)
  - Modifiers can be used to increase reimbursement, if justified based on documentation (e.g. complications)
  - Separate billing for physician services is not allowed

Therapeutic Apheresis Codes

- Coding for apheresis services varies depending on whether it is a therapeutic procedure or donor collection.
- Different types of therapeutic apheresis involve different levels of work & so are assigned different RVUs.

CPT Code	APC	DESCRIPTION	Work RVU 2018
36511	5242	Therapeutic apheresis; for white blood cells	2.00
36512	5242	Therapeutic apheresis; for red blood cells	2.00
36513	5241	Therapeutic apheresis; for platelets	2.00
36514	5242	Therapeutic apheresis; for plasmapheresis	1.81
36516	5243	Therapeutic apheresis; with extracorporeal selective adsorption or selective filtration and plasma reinfusion (ie, LDL apheresis)	1.56
36522	5243	Photopheresis, extracorporeal	1.75

Stem Cell Apheresis Codes

- Other costs for services necessary for a stem cell transplant are part of the reimbursement for the transplant (separate from the collection code)

CPT	APC	DESCRIPTION	Work RVU 2018
38205	*	Blood-derived hematopoietic progenitor cell harvesting for transplant: allogeneic	1.50
38206	5242	Blood-derived hematopoietic progenitor cell harvesting for transplant: autologous	1.50

Immune Effector Cells

- CMS only offers codes for products that are FDA-approved
- HCPCS codes include:
  - Collection
  - Processing
  - Infusion

HCPCS Code	APC	Short Descriptor
Q2040	9081	Tisagenlecleucel* car-pos t
Q2041	9035	Axicabtagene ciloleucel** car+

Questions?

- Thank you!

Excerpt from ‘An Ode to a Code’

You might think water skiing’s fun
ICD sees it differently, son.
They imagine things dire
Like skis catching fire
Thank goodness there’s a code for that one!

V91.07XA Burn due to water-skis on fire, initial encounter

Love fishing? What could go wrong?
For ICD-10, it doesn’t take long
For your boat to be crushed
All its passengers flushed
Submerged, drowned, and gone.

V90.32XA Drowning and submersion due to falling or jumping from crushed fishing boat, initial encounter

Robert H. Shmerling, MD
the-rheumatologist.org/article/icd-10-an-ode-to-code

Introduction to Reimbursement for Transfusion Medicine, Blood Products and Cellular Therapy Services

10/16/2018

Faculty Disclosures

The following faculty have no relevant financial relationships to disclose:

- Leah Stone JD
- Mary Berg MD

The following faculty have a relevant financial relationship:

- Suzanne Butch MLS(ASCP)SBBCM

  Cardinal Health: Stock Shareholder (self- managed)

  BC Solutions: Consultant

  Becton Dickinson: Stock Shareholder (self-managed)

AABB BOSTON 18

Learning Objectives

- Describe the Medicare program and payment policies
- Explain general reimbursement principles related to transfusion medicine services and blood products
- Explain basic reimbursement principles related to cellular therapies

AABB BOSTON 18