

Washington State Health Care Authority

Medicaid Provider Guide

Blood Bank Services



Washington State
Health Care Authority

A Billing Instruction

About This Publication

This publication supersedes all previous Blood Bank Services Medicaid Provider Guides published by the Medicaid Program of the Health Care Authority (the Agency).

Effective Date

The effective date for this publication is: 01/01/2013

What has changed?

Reason for Change	Effective Date	Page No.	Subject	Change
PN 12-116	01/01/2013	All	Housekeeping	Added automated Table of Contents, fixed and added hyperlinks, removed old “effective dates” from Coverage table.
		9	Coverage Table/ Radiology/Laboratory Services	Added procedure code 86711, John cunningham antibody.
		13	Coverage Table/ Injectable Drugs and Anti-Hemophilic Factors	Added procedure code J7178 Human fibrinogen con inj. This code replaces Q2045.

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How Can I Get Agency Provider Documents?

To download and print Agency Provider Notices and Medicaid Provider Guides, go to the Agency’s [Provider Publications](#) website.

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Alert! The page numbers in this table of contents are now “clickable”—simply hover over on a page number and click to go directly to the page. As an Adobe (.pdf) document, the guide also is easily navigated by using bookmarks  on the left side of the document. (If you don’t immediately see the bookmarks, right click on the document and select Navigation Pane Buttons. Click on the bookmark icon on the left of the document.)

Important Contacts

Topic	Contact Information
Becoming a provider or submitting a change of address or ownership	See the Agency Resources Available web page.
Finding out about payments, denials, claims processing, or Agency managed care organizations	
Electronic or paper billing	
Finding Agency documents (e.g., billing instructions, # memos, fee schedules)	
Private insurance or third-party liability, other than Agency managed care	

Definitions

This section defines terms and abbreviations, including acronyms, used in these billing instructions. Please refer to the Agency [ProviderOne Billing and Resource Guide](#) for a more complete list of definitions.

Benefit Service Package - A grouping of benefits or services applicable to a client or group of clients.

Blood Bank - A health care facility that draws blood from voluntary donors, and tests, processes, stores, and distributes human blood and blood components.

Maximum Allowable – The maximum dollar amount the Agency will reimburse a provider for specific services, supplies, or equipment.

Medical Identification card(s) – See *Services Card*.

National Provider Identifier (NPI) – A federal system for uniquely identifying all providers of health care services, supplies, and equipment.

Services Card – A plastic “swipe” card that the Agency issues to each client on a “one-time basis.” Providers have the option to acquire and use swipe card technology as one method to access up-to-date client eligibility information.

- The Services Card replaces the paper Medical Assistance ID Card that was mailed to clients on a monthly basis.
- The Services Card will be issued when ProviderOne becomes operational.
- The Services Card displays only the client’s name and ProviderOne Client ID number.

- The Services Card does not display the eligibility type, coverage dates, or managed care plans.
- The Services Card does not guarantee eligibility. Providers are responsible to verify client identification and complete an eligibility inquiry.

STAT Charges – Stat charges are payable when sudden unexpected event occurs which requires immediate action and is needed to manage the patient in a true emergency situation. Limited to one STAT charge per episode; not once per test.

Transaction Control Number (TCN) - A unique field value that identifies a claim transaction assigned by ProviderOne.

Blood Bank Services

What Services Do Blood Banks Offer?

Blood banks collect, process, store and supply blood and blood products to facilities that provide blood transfusions. The processing of blood includes all laboratory work required to prepare the product for use. Blood banks also provide blood transfusions if the client is in their facility and provide anti-hemophilic factor to hemophilic clients.

Who Is Eligible?

All Agency clients are eligible for Blood Bank Services.

Please see the Agency [ProviderOne Billing and Resource Guide](#) for instructions on how to verify a client's eligibility.

Note: Refer to the [Scope of Coverage Chart](#) for an up-to-date listing of Benefit Service Packages.

Are Clients Enrolled in an Agency-Contracted Managed Care Organization Eligible?

[Refer to [WAC 182-538-060](#) and [-095](#) or [WAC 182-538-063](#) for Medical Care Services clients]

YES! When verifying eligibility using ProviderOne, if the client is enrolled in an Agency-contracted managed care organization (MCO), managed care enrollment will be displayed on the Client Benefit Inquiry screen. All services must be requested directly through the client's Primary Care Provider (PCP). Clients can contact their Agency-contracted MCO by calling the telephone number provided to them.

All medical services covered under an Agency-contracted MCO must be obtained by the client through designated facilities or providers. The MCO is responsible for:

- Payment of covered services; and
- Payment of services referred by a provider participating with the plan to an outside provider.

Note: To prevent billing denials, please check the client's eligibility **prior** to scheduling services and at the **time of the service** and make sure proper authorization or referral is obtained from the plan. See the Agency [ProviderOne Billing and Resource Guide](#) for instructions on how to verify a client's eligibility.

Notifying Clients of Their Rights to Make Their Own Healthcare Decisions

All Medicare-Medicaid certified hospitals, nursing facilities, home health agencies, personal care service agencies, hospices, and managed care organizations are federally mandated to give **all adult clients** written information about their rights, under state law, to make their own health care decisions.

Clients have the right to:

- Accept or refuse medical treatment;
- Make decisions concerning their own medical care; and
- Formulate an advance directive, such as a living will or durable power of attorney, for their health care.

Coverage

What Is Covered?

- The Agency will pay for whole blood or blood derivatives only when they are **not available** to the patient from other sources.

Limitations:

- ✓ For clients who are covered by Medicare and Medicaid, the Agency will pay up to the first three pints of blood or plasma in any spell of illness.
- ✓ The Agency will not pay for blood or blood derivatives that are donated.
- The Agency will pay for the service charges necessary in handling and processing blood, plasma, or blood derivatives.

Limitations:

- ✓ If the patient is hospitalized, all charges must be included in the hospital's charges.
- ✓ After-hours charges, "stat" charges, and weekend charges are not reimbursable.
- Administration of blood or blood derivatives on an outpatient basis in a hospital may be added to the total billing for outpatient service.

Coverage Table

Legend for Code Status Indicator	
U =Update	N=New
P= Policy Update	D=Discontinued

Procedure Code	Code Status Indicator	Modifier	Brief Description	EPA/ PA	Policy/ Comments
Radiology and Laboratory Services					
36415			Drawing blood		
36416			Capillary blood draw		
36430			Blood transfusion service		
36450			Exchange transfusion service		
36511			Apheresis wbc		
36512			Apheresis rbc		
36516			Apheresis, selective		
36522			Photopheresis		
36593			Declot vascular device		
38205			Harvest allogenic stem cells		
38206			Harvest auto stem cells		
38207			Cryopreserve stem cells		
38208			Thaw preserved stem cells		
38209			Wash harvest stem cells		
38210			T-cell depletion of harvest		
38211			Tumor cell deplete of harvest		
38212			Rbc depletion of harvest		
38213			Platelet deplete of harvest		
38214			Volume deplete of harvest		
38215			Harvest stem cell concentrate		
78120			Red cell mass, single		
78120		26	Red cell mass, single		
78120		TC	Red cell mass, single		
78121			Red cell mass, multiple		
78121		26	Red cell mass, multiple		
78121		TC	Red cell mass, multiple		
82143			Amniotic fluid scan		
82247			Bilirubin, total		
82248			Bilirubin, direct		
82668			Assay of erythropoietin		
82784			Assay, iga/igd/igg/igm each		

Blood Bank Services

Procedure Code	Code Status Indicator	Modifier	Brief Description	EPA/PA	Policy/Comments
82803			Blood gases: pH, pO ₂ & pCO ₂		
83020			Hemoglobin electrophoresis		
83020		26	Hemoglobin electrophoresis		
83030			Fetal hemoglobin, chemical		
83890			Molecule isolate		
83892			Molecular diagnostics		
83894			Molecular gel electrophoresis		
83896			Molecular diagnostics		
83898			Molecular nucleic amplification		
83912			Genetic examination		
83912		26	Genetic examinations		
84460			Alanine amino (ALT) (SGPT)		
85002			Bleeding time test		
85013			Hematocrit		
85014			Hematocrit		
85018			Hemoglobin		
85032			Manual cell count, each		
85049			Automated platelet count		
85130			Chromogenic substrate assay		
85210			Blood clot factor II test		
85220			Blood clot factor V test		
85230			Blood clot factor VII test		
85240			Blood clot factor VIII test		
85245			Blood clot factor VIII test		
85246			Blood clot factor VIII test		
85247			Blood clot factor VII test		
85250			Blood clot factor IX test		
85260			Blood clot factor X test		
85270			Blood clot factor XI test		
85280			Blood clot factor XII test		
85290			Blood clot factor XIII test		
85291			Blood clot factor XII test		
85292			Blood clot factor assay		
85293			Blood clot factor assay		
85300			Antithrombin III test		
85301			Antithrombin III test		
85302			Blood clot inhibitor antigen		
85303			Blood clot inhibitor test, protein C		

Blood Bank Services

Procedure Code	Code Status Indicator	Modifier	Brief Description	EPA/PA	Policy/Comments
85305			Blood clot inhibitor assay, protein S		
85306			Blood clot inhibitor test, protein S		
85307			Assay activated protein c		
85335			Iron stain, blood cells		
85362			Fibrin degradation products		
85366			Fibrinogen test		
85370			Fibrinogen test		
85378			Fibrin degradation		
85384			Fibrinogen		
85385			Fribrinogen		
85410			Fibrinolytic antiplasminogen		
85420			Fibrinolytic plasminogen		
85421			Fibrinolytic plasminogen		
85460			Hemoglobin, fetal		
85461			Hemoglobin, fetal		
85475			Hemolysin		
85520			Heparin assay		
85576			Blood platelet aggregation		
85576		26	Blood platelet aggregation		
85597			Platelet neutralization		
85610			Prothrombin time		
85635			Reptilase test		
85660			RBC sickle cell test		
85670			Thrombin time, plasma		
85705			Thromboplastin inhibition		
85730			Thromboplastin time, partial		
85732			Thromboplastin time, partial		
85999			Unlisted hematology procedure		
86021			WBC antibody identification		
86022			Platelet antibodies		
86023			Immunoglobulin assay		
86078			Physician blood bank service		
86317			Immunoassay, infectious agent		
86329			Immunodiffusion		
86592			Blood serology, qualitative		
86593			Blood serology, quantitative		
86644			CMV antibody		
86645			CMV antibody, IgM		

Blood Bank Services

Procedure Code	Code Status Indicator	Modifier	Brief Description	EPA/PA	Policy/Comments
86687			HTLV-I antibody		
86688			HTLV-II antibody		
86689			HTLV/HIV confirmatory test		
86701			HIV-1		
86702			HIV-2		
86703			HIV-1/HIV-2, single assay		
86704			Hep B core antibody, total		
86705			Hep B core antibody, IgM		
86706			Hep B surface antibody		
86711	N		John Cunningham antibody		Effective 1/1/13
86793			Yersinia antibody		
86803			Hep C ab test		
86804			Hep C ab test, confirm		
86805			Lymphocytotoxicity assay		
86807			Cytotoxic antibody screening		
86821			Lymphocyte culture, mixed		
86849			Immunology procedure		
86850			RBC antibody screen		
86860			RBC antibody elution		
86870			RBC antibody identification		
86880			Coombs test		
86885			Coombs test		
86886			Coombs test		
86890			Autologous blood process		
86891			Autologous blood, op salvage		
86900			Blood typing, ABO		
86901			Blood typing, Rh (D)		
86902			Blood typing antigen testing of donor blood using reagent serum, each antigen test		
86904			Blood typing, patient serum		
86905			Blood typing, RBC antigens		
86906			Blood typing, Rh phenotype		
86920			Compatibility test		
86921			Compatibility test		
86922			Compatibility test		
86923			Compatibility test		
86927			Plasma, fresh frozen		
86930			Frozen blood prep		
86931			Frozen blood thaw		
86932			Frozen blood freeze/thaw		
86940			Hemolysins/agglutinins, auto		

Blood Bank Services

Procedure Code	Code Status Indicator	Modifier	Brief Description	EPA/PA	Policy/Comments
86941			Hemolysins/agglutinins		
86945			Blood product/irradiation		
86950			Leukocyte transfusion		
86960			Volume reduction, each unit		
86965			Pooling blood platelets		
86970			RBC pretreatment		
86971			RBC pretreatment		
86972			RBC pretreatment		
86975			RBC pretreatment, serum		
86976			RBC pretreatment, serum		
86977			RBC pretreatment, serum		
86978			RBC pretreatment, serum		
86985			Split blood or products		
86999			Transfusion procedure		
87340			Hepatitis B surface ag, eia		
87390			HIV-1 ag, eia		
87391			HIV-2 ag, eia		
87449			Ag detect nos, eia, mult		
88240			Cell cryopreserve/storage		
88241			Frozen cell preparation		

Immune Globulins and Immunizations

90281			Human Ig, IM		
90283			Human Ig, IV		
90287			Botulinum antitoxin		
90288			Botulism Ig, IV		
90291			CMV Ig, IV		
90296			Diphtheria antitoxin		
90371			Hep B Ig, IM		
90375			Rabies Ig, IM/SC		
90376			Rabies Ig, heat treated		
90378			RSV Ig, IM, 50mg		
90384			Rh Ig, full-dose, IM		
90385			Rh Ig, mini-dose, IM		
90386			Rh Ig, IV		
90389			Tetanus Ig, IM		
90393			Vaccinia Ig, IM		
90396			Varicella-zoster Ig, IM		
90399			Immune globulin		
96360			Hydration IV Infusion, Init		
96361			Hydrate IV Infusion, Add-on		

Procedure Code	Code Status Indicator	Modifier	Brief Description	EPA/PA	Policy/Comments
96365			Ther/Proph/Diag IV Infusion, Init		
96366			Ther/Proph/Diag IV Infusion Add-on		
96367			TX/Proph/DG Add'l Seq IV infusion		
96368			Ther/Diag Concurrent Inf		
96372			Ther/Proph/Diag Injection, SC/IM		
96373			Ther/Proph/Diag Injection, IA		
96374			Ther/Proph/Diag Injection, IV Push		
99001			Specimen handling		
99090			Computer data analysis		
99195			Phlebotomy		

Processing of Blood Derivatives

P9010			Blood (whole), each unit		
P9011			Blood (split unit), specify amount		
P9012			Cryoprecipitate, each unit		
P9016			Leukocyte poor blood, each unit		
P9017			Plasma, fresh frozen, each unit		
P9019			Platelet concentrate, each unit		
P9020			Platelet, rich plasma, each unit		
P9021			Red blood cells (RBC), packed cells, each unit		
P9022			Washed RBC, washed platelets, each unit		
P9023			Plasma, pooled multiple donor, solvent/detergent treated, frozen, 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		

Procedure Code	Code Status Indicator	Modifier	Brief Description	EPA/PA	Policy/Comments
P9035			Platelets, pheresis, leukocytes reduced, each unit		
P9036			Platelets, pheresis, irradiated, each unit		
P9037			Platelets, pheresis, leukocytes reduced, irradiated, 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		
P9041			Infusion, albumin (human), 5%, 50 ml		
P9043			Infusion, plasma protein fraction (human), 5%, 50 ml		
P9044			Plasma, cryoprecipitate reduced, each unit		
P9045			Infusion, albumin (human), 5%, 250 ml		
P9046			Infusion, albumin (human), 25%, 20ml		
P9047			Infusion, albumin (human). 25%, 50ml		
P9048			Infusion, plasma protein fraction (human), 5%, 250ml		
P9050			Granulocytes, phereis, each unit		

Injectable Drugs and Anti-Hemophilic Factors

J0850			Injection, cytomegalovirus immune globulin intravenous (human), per vial		
J1460			Injection, gamma globulin, intramuscular, 1 cc		
J1559			Injection , Immune Globulin (Hizentra), 100mg		
J1560			Injection, gamma globulin, intramuscular, over 10 cc		
J1561			Gamunex injection		
J1566			Immune globulin, powder		
J1568			Octagam Injection		
J1569			Gammagard liquid injection		

Blood Bank Services

Procedure Code	Code Status Indicator	Modifier	Brief Description	EPA/ PA	Policy/ Comments
J1599			Injection, immune globulin, intravenous non-lyophilized (e.g. liquid), not otherwise specified, 500mg		
J1670			Injection, tetanus immune globulin, human, up to 250 units		
J2597			Inj desmopressin acetate		
J2790			Injection, Rho D Immune globulin, human, full dose, 300 micrograms (1500 I.U.)		
J2792			Injection, Rho D immune globulin, intravenous, human solvent detergent		
J7178	N		Injection, Human Fibrinogen Concentrate, 1 Mg		Effective 1/1/13 Replaces Q2045
J7180			Injection, factor XIII (antihemophilic factor, human), 1 I.U.		Limit 1 per client per month
J7183			Injection, von Willebrand factor complex (human), wilate, per 1 I.U. vwf:rc0		
J7185			Injection, factor VIII (antihemophilic factor, recombinant) (xyntha), per I.U.		
J7186			Injection, antihemophilic factor, VIII/Von Willebrand Factor complex (Human), per factor VIII I.U.		
J7187			Injection, Von Willebrand Factor Complex, ristocetin cofactor, per IU		
J7189			Factor VIIA, per mcg		
J7190			Factor VIII		
J7191			Factor VIII (porcine)		
J7192			Factor VIII recombinant NOS		
J7193			Factor IX non-recombinant		
J7194			Factor IX complex		
J7195			Factor IX recombinant		
J7197			Antithrombin III injection		
J7198			Anti-inhibitor		

Blood Bank Services

Procedure Code	Code Status Indicator	Modifier	Brief Description	EPA/PA	Policy/Comments
J3490			Unclassified Drug		Claims billed with unlisted drug code J3490 must include the 11 digit National Drug Code (NDC) and the dosage of the drug given, in the <i>Comments</i> section of the claim form. In addition, billed units must equal one (1) .

Fee Schedule

You may view the Agency [Blood Bank Services Fee Schedule](#).

Billing and Claim Forms

Billing for Blood Transfusions

- Health Care Financing Administration (HCFA) regulations require blood banks to bill the outpatient provider performing a blood transfusion for the blood product processing charge.
- Under Medicaid fee-for-service (FFS), the outpatient provider performing the transfusion must bill the Agency for each unit of blood. The relevant blood product procedure codes and the current maximum allowable fees are listed in the fee schedule.
- The HCPCS blood codes include the collection, processing, and storage of blood. The processing includes all lab work required to prepare the product for use.
- If a blood bank also performs (staff, physician, etc) blood transfusions in its facility, bill using the P-codes found in the [Coverage Table](#).

What Are the General Billing Requirements?

Providers must follow the Agency's [ProviderOne Billing and Resource Guide](#).

These billing requirements include, but are not limited to:

- Time limits for submitting and resubmitting claims and adjustments;
- What fee to bill the Agency for eligible clients;
- When providers may bill a client;
- How to bill for services provided to primary care case management (PCCM) clients;
- Billing for clients eligible for both Medicare and Medicaid;
- Third-party liability; and
- Record keeping requirements.

Completing the CMS-1500 Claim Form

Note: Refer to the Agency [ProviderOne Billing and Resource Guide](#) for general instructions on completing the CMS-1500 claim form.

The following CMS-1500 claim form instructions relate to blood bank services:

Field No.	Name	Entry						
24.B	Place of Service	<p>The following is the only appropriate code(s) for Washington State Medicaid:</p> <table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: left;">Code Number</th> <th style="text-align: left;">To Be Used For</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">11</td> <td>Office or center</td> </tr> <tr> <td style="text-align: center;">99</td> <td>Other</td> </tr> </tbody> </table>	Code Number	To Be Used For	11	Office or center	99	Other
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