

MLN Matters Number: MM5867

Related Change Request (CR) #: 5867

Related CR Release Date: May 2, 2008

Effective Date: October 1, 2008

Related CR Transmittal #: R1495CP

Implementation Date: October 6, 2008

## Billing Blood and Blood Products

### Provider Types Affected

All providers who submit claims for blood and blood products to Medicare Administrative Contractors (A/B MACs), and Fiscal Intermediaries (FIs) for services provided to Medicare beneficiaries

### Provider Action Needed

The Centers for Medicare & Medicaid Services (CMS) issued Change Request (CR) 5867 to clarify for providers that:

- Medicare does not pay for the first three units of whole blood or packed red cells that are furnished under Part A or Part B in a calendar year.
- The Part B blood deductible is reduced to the extent that it has been met under Part A, and vice versa.
- The blood deductible does not apply to the costs of processing, storing, and administering blood.
- To meet the blood deductible, beneficiaries have the option of paying the hospital's charges for the blood or packed red cells or arranging for it to be replaced.
- Beneficiaries are not responsible for the blood deductible if the provider obtained the whole blood or packed red cells at no charge other than the processing charge.

### Background

#### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

CMS became aware that inconsistencies exist among billing/claim processing requirements for blood services. CR5867 instructs Medicare system maintainers to modify blood edits to align with existing Part A and hospital Part B policies for paying blood services and assigning blood deductible, as well as with current revenue code standards set by the National Uniform Billing Committee (NUBC). Key points of CR5867 are:

- Hospitals shall report charges for **red blood cells using revenue code 381**, and charges for **whole blood using revenue code 382**. **Failure to report the correct revenue code will cause your claim to be returned.**
- Revenue code 380 is not a valid revenue code for Medicare.

### Additional Information

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To see the official instruction (CR5867) issued to your Medicare FI or A/B MAC refer to <http://www.cms.hhs.gov/Transmittals/downloads/R1495CP.pdf> on the CMS website.

If you have questions, please contact your Medicare FI or A/B MAC at their toll-free number which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

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