

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

**Note:** This article was updated on July 6, 2013, to reflect current Web addresses. All other information remains unchanged.

### 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.

#### Disclaimer

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## Background

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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.gov/Regulations-and-Guidance/Guidance/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.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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