
CMS Manual System

Pub. 100-01 Medicare General Information, Eligibility, and Entitlement

Department of Health & Human Services (DHHS)
Centers for Medicare & Medicaid Services (CMS)

Transmittal 18

Date: MARCH 4, 2005

CHANGE REQUEST 3681

SUBJECT: Billing for Blood and Blood Products Under the Hospital Outpatient Prospective Payment System (OPPS)

I. SUMMARY OF CHANGES: This transmittal updates language found in the Medicare General Information, Eligibility, and Entitlement Manual, Pub. 100-01, Chapter 3, §20.5.3, and Chapter 5, §10.1.4.

NEW/REVISED MATERIAL - EFFECTIVE DATE*: July 1, 2005
IMPLEMENTATION DATE: July 5, 2005

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual not updated.)
(R = REVISED, N = NEW, D = DELETED) – (Only One Per Row.)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	3/20.5.3/Items Subject to Blood Deductibles
R	5/10.1.4/Blood

III. FUNDING: Medicare contractors shall implement these instructions within their current operating budgets.

IV. ATTACHMENTS:

	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification
	Recurring Update Notification

*Unless otherwise specified, the effective date is the date of service.

20.5.3 – Items Subject to Blood Deductibles

(Rev. 18, Issued: 03-04-05, Effective: 07-01-05, Implementation: 07-05-05)

The blood deductibles apply only to whole blood and packed red cells. The term whole blood means human blood from which none of the liquid or cellular components have been removed. Where packed red cells are furnished, a unit of packed red cells is considered equivalent to a pint of whole blood. Other components of blood such as platelets, fibrinogen, plasma, gamma globulin, and serum albumin are not subject to the blood deductible. However, these components of blood are covered as biologicals.

Refer to Pub. 100-04, Medicare Claims Processing Manual, Chapter 4, §231 regarding billing for blood and blood products under the Hospital Outpatient Prospective Payment System (OPPS).

10.1.4 – Blood

(Rev. 18, Issued: 03-04-05, Effective: 07-01-05, Implementation: 07-05-05)

This section is a further explanation of §10.1.1.

A provider may charge the beneficiary (or other person on his or her behalf) only for the first three pints of blood or units of packed red cells furnished during the calendar year. The charges may not exceed the provider's customary charges.

The provider may not charge for any whole blood or packed red cells in any of the following circumstances:

- The provider obtained the blood or red cells at no charge other than a processing or service charge;
- The blood or packed red cells have been replaced; or
- The provider (or its blood supplier) receives from an individual, or a blood bank, a replacement offer. This offer is applicable if the replacement blood would not endanger the health of a recipient and if the prospective donor's health would not be endangered by making a blood donation. In this case the provider is precluded from charging even if it or its blood supplier rejects the replacement offer.

Refer to Pub. 100-04, Medicare Claims Processing Manual, Chapter 4, §231 regarding billing for blood and blood products under the Hospital Outpatient Prospective Payment System (OPPS).