

MEDICARE PART A BULLETIN

January 15, 1999

End Stage Renal Disease
Medicare E-40

TO: All End Stage Renal Disease (ESRD) Facilities

FROM: Program Relations

**SUBJECT: ESRD BLOOD PRICING UPDATE: EFFECTIVE FOR SERVICES
RENDERED ON AND AFTER JANUARY 1, 1999**

ATTENTION MEDICARE BUSINESS OFFICE MANAGER: Please distribute to all appropriate health care facility personnel.

This bulletin provides new End Stage Renal Disease (ESRD) Blood Pricing. The new pricing will be effective for services rendered on and after January 1, 1999.

The attached pages may be used to update Section 23 of the existing Medicare Part A ESRD Processing Manual. At a minimum, providers should use this pricing update to reconcile Medicare claim payments for applicable services rendered on and after January 1, 1999.

Please note that a Blood HCPCS Crosswalk, from CPT codes to locally assigned "X" codes, is furnished via the appendix (page 23.4).

Questions regarding this bulletin may be addressed to the Medicare Part A Customer Service Department by calling (904) 355-8899.

END STAGE RENAL DISEASE BLOOD PRICING

This section contains procedure codes for Blood and Blood Related Services, which are billable by ESRD providers to Medicare Part A (type of bill 72X) on the HCFA 1450 (UB-92) billing format.

LEGEND

DESCRIPTION	=	Name/Description of blood and/or blood related service.
PROCEDURE CODE	=	HCFA Common Procedure Coding System (HCPCS) and/or CPT code reportable on the HCFA 1450 (UB-92) billing format.
REVENUE CODE	=	Code which identifies a specific accommodation, ancillary service or billing calculation; (Appropriate revenue code must be used with procedure code for reimbursement).
ALLOWABLE PRICE	=	Medicare Part A's reimbursement allowance for the blood and/or blood related service.

* When a procedure code indicates "diagnosis code required", it should be noted that the diagnosis coding requirement is exclusive of diagnosis code 585 (Chronic Renal Disease).

END STAGE RENAL DISEASE
BLOOD PRICING

<u>DESCRIPTION</u>	<u>PROCEDURE CODE</u>	<u>REVENUE CODE</u>	<u>ALLOWABLE PRICE</u>
BLOOD TUBING, ARTERIAL OR VENOUS, EACH	A4750	390	\$9.41
BLOOD (WHOLE), FOR TRANSFUSION, PER UNIT	P9010	382	\$120.00
LEUKOCYTE POOR BLOOD (EACH UNIT)	P9016	385	\$144.50
PLASMA, SINGLE DONOR, FRESH FROZEN (EACH UNIT)	P9017	383	\$60.00
PLATELET CONCENTRATE (EACH UNIT)	P9019	384	\$56.00
PLATELET-RICH PLASMA, (EACH UNIT)	P9020	384	\$46.38
WASHED RED BLOOD CELLS (EACH UNIT)	P9022	380	\$137.00
PROCESSING PACKED RBC'S	P9030	390	\$60.00
BLOOD TYPING; ANTIGEN SCREENING FOR COMPATIBLE BLOOD UNIT USING REAGENT SERUM, PER UNIT SCREENED	X0079	390	\$31.25
BLOOD TYPING; ABO	X0080	390	\$23.00
BLOOD TYPING; RBC, ANTIGENS OTHER THAN ABO OR RH(D),EACH	X0081	390	\$28.00

END STAGE RENAL DISEASE
BLOOD PRICING

<u>DESCRIPTION</u>	<u>PROCEDURE CODE</u>	<u>REVENUE CODE</u>	<u>ALLOWABLE PRICE</u>
ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	X0086	390	\$42.65
ANTIBODY IDENTIFICATION, RBC ANTIBODIES, EACH PANEL FOR EACH SERUM TECHNIQUE	X0087	390	\$80.00
COMPATIBILITY TEST EACH UNIT; IMMEDIATE SPIN TECHNIQUE	X0088	390	\$59.00
BLOOD TYPING; RH(D)	X0089	390	\$22.00
FROZEN BLOOD, PREPARATION FOR FREEZING, EACH UNIT; WITH FREEZING & THAWING	X0090	390	\$137.00
HTLV OR HIV ANTIBODY, CONFIRMATORY TEST (WESTERN BLOT)	X0091	390	\$ 96.00
HEPATITIS B SURFACE ANTIGEN (HbsAg)	X0093	390	\$37.50
HEPATITIS C ANTIBODY	X0094	390	\$50.20
LEUKOCYTE TRANSFUSION	X0096	390	\$538.65

END STAGE RENAL DISEASE
BLOOD PRICING

APPENDIX

Listed below is a Blood HCPCS Crosswalk which lists the current CPT codes for blood processing and the corresponding local X codes required for proper reimbursement.

CURRENT CPT CODE	LOCAL "X" CODE
86903	X0079
86900	X0080
86905	X0081
86850	X0086
86870	X0087
86920	X0088
86901	X0089
86932	X0090
86689	X0091
87340	X0093
86803	X0094
86950	X0096