



Policy Information

Policy Title	Blood Products and Blood Services	Current Version Publish Date	12/2025
Policy Manual	Provider Reimbursement Policy Manual	Original Effective Date	12/2025
Policy Number	17	Next Review Date	Annual

Policy Applicability (LOB)

<input checked="" type="checkbox"/> Medicare Inc	<input checked="" type="checkbox"/> Commercial IA	<input checked="" type="checkbox"/> Commercial IL	<input checked="" type="checkbox"/> Health Choices
<input checked="" type="checkbox"/> Medicare WI	<input checked="" type="checkbox"/> Commercial WI	<input checked="" type="checkbox"/> CPPHP (Kansas)	

Policy Statement and Purpose

This policy addresses the criteria for reimbursement for the blood products and blood services including administration, collection, testing, processing and transportation. The stipulations are based on CMS coding and payment guidelines. If coding is inconsistent with CMS guidelines, payment may be denied. Where CMS is silent, industry standards have been applied. Adhering to these guidelines does not imply payment, only eligibility for reimbursement. Actual payment for services will be guided by the services documented in the medical record and the coverage criteria in the patient’s contracted medical plan for whom the services are rendered.

This policy is expressly incorporated into and made a part of all reimbursement agreements and will provide context and clarity to the extent there is ambiguity in payment terms and notwithstanding contrary claims with regard to industry standards or practices.

Policy Definitions

Apheresis (also known as pheresis or therapeutic pheresis): A medical procedure utilizing specialized equipment to remove selected blood constituents (plasma, leukocytes, platelets, or cells) from whole blood. The remainder is retransfused into the person from whom the blood was taken.

Autologous Blood Transfusion: The pre-collection and subsequent infusion of a patient's own blood.

Blood Transfusion: A procedure in which donated blood or blood components are administered to a patient through an intravenous line.

CMS: Centers for Medicare and Medicaid Services

Covered Services: Those health care services and supplies that qualify for payment according to the applicable Health Plan and Subscriber Agreement.

CPT: Current Procedural Terminology. A medical code set maintained by the American Medical Association (AMA) that is used to report medical, surgical, and diagnostic procedures and services to entities such as physicians, health insurance companies and accreditation organizations. CPT is included in Level I Healthcare Common Procedure Coding System (HCPCS).

Donor Directed Blood Transfusion: The infusion of blood or blood components that have been pre-collected from a specific individual(s) other than the patient and subsequently infused into the specific patient for whom the blood is designated.

Health Plan: The group or individual contract, employee benefit plan or government program offered by Medical Associates Health Plan, Inc., or The Medical Associates Clinic Health Plan of Wisconsin, identified as the MAHP Products in Exhibit A to this Agreement.

Homologous Blood Transfusion: The infusion of blood or blood components that have been collected from the general public.

Outpatient: Facility care that a person receives without being admitted or for a stay of less than 24 hours even if this stay occurs overnight.

Perioperative Blood Salvage: The collection and reinfusion of blood lost during and immediately after surgery.

Revenue Code: A three or four digit numeric code used to categorize the location or department for a type of service, procedure, or item provided to a patient within a healthcare facility.

Policy Provisions and Required Procedures

INPATIENT FACILITIES

- BLOOD/BLOOD PRODUCTS
 - Each unit of blood or blood product is eligible for reimbursement that is supported by the medical records and is in compliance with the stipulations of this policy. Supplies to administer the blood/blood product are not eligible for separate reimbursement.
 - **CODING GUIDELINES for Blood/Blood Product**
 - **HOMOLOGOUS BLOOD**
 - Bill the blood product with the appropriate **revenue code** (see below)
 - 0381: Packed red blood cells
 - 0382: Whole blood and blood products
 - 0383: Plasma
 - 0384: Platelets
 - 0385: Leucocytes
 - 0387: Cryoprecipitates and other derivatives
 - **The following revenue codes are not payable:**
 - 0380: General
 - 0391: Administration (transfusions)
 - Charge the total number of units for each date of service.
 - **AUTOLOGOUS BLOOD AND DONOR DIRECTED BLOOD**
 - The blood or blood product itself and the processing costs are not eligible for reimbursement when the blood is provided by the patient (autologous) or by a designated donor for a designated recipient.
 - **Exception:** If the blood is not transfused into the designated patient then collection, processing and storage fees are eligible for reimbursement. See **BLOOD PROCESSING AND STORAGE** section below on billing requirements.
- TRANSFUSION SERVICES
 - Blood transfusion services regardless of the type of transfusion (homologous, autologous, donor directed, perioperative) are a component of the room and board/surgical procedure and not separately payable.
- BLOOD PROCESSING AND STORAGE
 - **Blood acquired through an independent blood supplier:** All services required to collect, process, test, transport and store blood are covered in the reimbursement of the blood product itself and not separately reimbursable whether or not the blood is used. For additional information on blood preparation services

and supplies that are not reimbursable, see ***Reimbursement Policy: Items, Services and Therapies that are Not Payable.***

- **Hospital-owned blood collection activities:** Only one fee for processing and storage may be billed for each date of service regardless of how many units and how many fees were incurred to prepare the blood.
- **Perioperative blood salvage** is a component of the surgical procedure and not separately reimbursable.
- **Autologous blood**
 - If the blood is not transfused into the designated patient **and** the hospital performed the collection and processing activities then collection, processing and storage fees are eligible for reimbursement. Bill as appropriate:
 - Revenue code:
 - 0392: Processing and Storage
 - 0399: Other Processing and Storage
 - CPT Code
 - CPT 86890: Autologous blood or component, collection, processing and storage; pre-deposited, OR
 - CPT 86891: Autologous blood or component, collection, processing and storage; intra or post operative salvage.
 - **Bill** the date of service that the blood/blood product was administered. **Do not bill** the date that the autologous blood was collected

- UNUSED BLOOD

- Blood and blood products that have not been used are not eligible for reimbursement. This includes all fees required to collect, process, transport and store any blood or blood product. See exception above for autologous blood collection and processing.

- APHERESIS (THERAPEUTIC PHERESIS) SERVICES

- For the purposes of this policy, Apheresis is defined as an **autologous** procedure. Apheresis services eligible for reimbursement for the following indications:
 - Plasma exchange for acquired myasthenia gravis;
 - Leukapheresis in the treatment of leukemia;
 - Plasmapheresis in the treatment of primary macroglobulinemia (Waldenstrom);
 - Treatment of hyperglobulinemia, including (but not limited to) multiple myelomas, cryoglobulinemia and hyper viscosity syndromes;
 - Plasmapheresis or plasma exchange as a last resort treatment of thrombotic thrombocytopenic purpura (TTP);
 - Plasmapheresis or plasma exchange in the last resort treatment of life threatening rheumatoid vasculitis;
 - Plasma perfusion of charcoal filters for treatment of pruritis of cholestatic liver disease;
 - Plasma exchange in the treatment of Goodpasture's Syndrome;
 - Plasma exchange in the treatment of glomerulonephritis associated with antiglomerular basement membrane antibodies and advancing renal failure or pulmonary hemorrhage;
 - Treatment of chronic relapsing polyneuropathy for patients with severe or life threatening symptoms who have failed to respond to conventional therapy;
 - Treatment of life threatening scleroderma and polymyositis when the patient is unresponsive to conventional therapy;
 - Treatment of Guillain-Barre Syndrome;
 - Treatment of last resort for life threatening systemic lupus erythematosus (SLE) when conventional therapy has failed to prevent clinical deterioration.

OUTPATIENT FACILITIES

- BLOOD/BLOOD PRODUCTS

- Each unit of blood or blood product is eligible for reimbursement that is supported by the medical records and is in compliance with the stipulations of this policy. Supplies to administer the blood/blood product are not eligible for separate reimbursement.

- **CODING GUIDELINES for Blood/Blood Product**

- **HOMOLOGOUS BLOOD**

- Bill the blood product with the appropriate **revenue code** (see below)

- 0381: Packed red blood cells
- 0382: Whole blood and blood products
- 0383: Plasma
- 0384: Platelets
- 0385: Leucocytes
- 0387: Cryoprecipitates and other derivatives

- **Revenue code 0380 (General) is not payable**

- Charge the total number of units for each date of service.

- **AUTOLOGOUS BLOOD AND DONOR DIRECTED BLOOD**

- The blood or blood product itself and the processing costs are not eligible for reimbursement when the blood is provided by the patient (autologous) or by a designated donor for a designated recipient.

- **Exception:** If the blood is not transfused into the designated patient then collection, processing and storage fees are eligible for reimbursement. See **BLOOD PROCESSING AND STORAGE** section below on billing requirement.

- TRANSFUSION SERVICES

- Blood transfusion services regardless of type of transfusion (homologous, autologous, donor directed) may be billed as **one unit for each date of service** regardless of the number of blood units transfused on that date.

- **CODING GUIDELINES for the Transfusion**

- Bill with revenue code 0391 (Blood Administration)
- Bill the appropriate CPT code: 36430, 36440, 36450, and 36455
- Bill only one unit for each date of service regardless of the number of units transfused.

- **CODING GUIDELINES for the Blood/Blood Product**

- **HOMOLOGOUS BLOOD**

- Bill the blood product with the appropriate **revenue code** (see below)

- 0381: Packed red blood cells
- 0382: Whole blood and blood products
- 0383: Plasma
- 0384: Platelets
- 0385: Leucocytes
- 0387: Cryoprecipitates and other derivatives

- **Revenue code 0380 (General) is not payable**

- Charge the total number of units for each date of service.

- **AUTOLOGOUS BLOOD**

- The blood or blood product itself is not reimbursable as the blood. Processing and storage fees may be eligible for reimbursement. See **BLOOD PROCESSING AND STORAGE** section.

- BLOOD PROCESSING AND STORAGE

- HOMOLOGOUS BLOOD

- Processing and storage of blood or blood products is payable with the proper revenue code: 0392 (Processing and Storage) or 0399 (Other Processing and Storage)

- AUTOLOGOUS BLOOD

- If the blood is not transfused into the designated patient **and** the hospital performed the collection and processing activities then collection, processing and storage fees are eligible for reimbursement. Bill as appropriate:
 - Revenue code:
 - 0392: Processing and Storage
 - 0399: Other Processing and Storage
 - CPT Code
 - CPT 86890: Autologous blood or component, collection, processing and storage; pre-deposited, OR
 - CPT 86891: Autologous blood or component, collection, processing and storage; intra or post operative salvage.
 - **Bill** the date of service that the blood/blood product was administered. **Do not bill** the date that the autologous blood was collected

- UNUSED BLOOD

- Blood and blood products that have not been used are not eligible for reimbursement. This includes all fees required to collect, process, transport and store any blood or blood product. See exception above for autologous blood.

- APHERESIS (PHERESIS) SERVICES

- Apheresis is defined as an autologous procedure for the purposes of this policy. Apheresis services eligible for reimbursement for the following indications:
 - Plasma exchange for acquired myasthenia gravis;
 - Leukapheresis in the treatment of leukemia;
 - Plasmapheresis in the treatment of primary macroglobulinemia (Waldenstrom);
 - Treatment of hyperglobulinemia, including (but not limited to) multiple myelomas, cryoglobulinemia and hyper viscosity syndromes;
 - Plasmapheresis or plasma exchange as a last resort treatment of thrombotic thrombocytopenic purpura (TTP);
 - Plasmapheresis or plasma exchange in the last resort treatment of life threatening rheumatoid vasculitis;
 - Plasma perfusion of charcoal filters for treatment of pruritis of cholestatic liver disease;
 - Plasma exchange in the treatment of Goodpasture's Syndrome;
 - Plasma exchange in the treatment of glomerulonephritis associated with antiglomerular basement membrane antibodies and advancing renal failure or pulmonary hemorrhage;
 - Treatment of chronic relapsing polyneuropathy for patients with severe or life threatening symptoms who have failed to respond to conventional therapy;
 - Treatment of life threatening scleroderma and polymyositis when the patient is unresponsive to conventional therapy;
 - Treatment of Guillain-Barre Syndrome;
 - Treatment of last resort for life threatening systemic lupus erythematosus (SLE) when conventional therapy has failed to prevent clinical deterioration.

Related Policies			
Related Policies	Items, Services and Therapies that are Not Payable		
Related Training/ Job Aids			
NCQA Standard			
References	Medicare Billing Guidelines Chapter 4 Section 231 https://www.govinfo.gov/content/pkg/FR-2008-08-19/html/E8-17914.htm CMS National Coverage Determination: Blood Transfusions CMS National Coverage Determination: Apheresis		
Exhibits			
Policy Owners / Reviewers			
Department Owner	Lisa Kuhls	Date Reviewed	12/2025
Department Reviewer	Network Strategy Committee	Date Reviewed	12/2025
Approving Committee if applicable	<input type="checkbox"/> Compliance <input checked="" type="checkbox"/> UMC <input type="checkbox"/> QIC <input checked="" type="checkbox"/> Board of Directors <input type="checkbox"/> Other: _____	Date Approved	2/2026 3/2026
History			
Date of revision	<i>Summary of changes</i> <u>Prior Reviews:</u> Revised: Reviewed:		