

Blood Transfusions (NCD 110.7)

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Policy Summary

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Overview

Blood transfusions are used to restore blood volume after hemorrhage, to improve the oxygen carrying capacity of blood in severe anemia, and to combat shock in acute hemolytic anemia.

Guidelines

For Medicare coverage purposes, it is important to distinguish between a transfusion itself and preoperative blood services; e.g., collection, processing, storage. Medically necessary transfusion of blood, regardless of the type, may generally be a covered service under both Part A and Part B of Medicare. Coverage does not make a distinction between the transfusions of homologous, autologous, or donor-directed blood. With respect to the coverage of the services associated with the preoperative collection, processing, and storage of autologous and donor-directed blood, the following policies apply:

- **Hospital Part A and B Coverage and Payment**
Under §1862(a) (14) of the Act, non-physician services furnished to hospital patients are covered and paid for as hospital services. As provided in §1886 of the Act, under the prospective payment system (PPS), the diagnosis related group (DRG) payment to the hospital includes all covered blood and blood processing expenses, whether or not the blood is eventually used.

In a situation where the hospital operates its own blood collection activities, rather than using an independent blood supplier, the costs incurred to collect autologous or donor-directed blood are recorded in the whole blood and packed red blood cells cost center. Because the blood has been replaced, Medicare does not recognize a charge for the blood itself. Under PPS, the DRG payment is intended to pay for all covered blood and blood services, whether or not the blood is eventually used.

Under its provider agreement, a hospital is required to furnish or arrange for all covered services furnished to hospital patients. Medicare payment is made to the hospital, under PPS or cost reimbursement, for covered inpatient and outpatient services, and it is intended to reflect payment for all costs of furnishing those services.

- **Nonhospital Part B Coverage**
Under Part B, to be eligible for separate coverage, a service must fit the definition of one of the services authorized by §1832 of the Act. These services are defined in 42 CFR 410.10 and do not include a separate category for a supplier's

services associated with blood donation services, either autologous or donor-directed. That is, the collection, processing, and storage of blood for later transfusion into the beneficiary is not recognized as a separate service under Part B. Therefore, there is no avenue through which a blood supplier can receive direct payment under Part B for blood donation services.

- **Perioperative Blood Salvage**
When the perioperative blood salvage process is used in surgery on a hospital patient, payment made to the hospital (under PPS or through cost reimbursement) for the procedure in which that process is used is intended to encompass payment for all costs relating to that process.

Nationally Non-Covered Indications

Compliance with the provisions in this policy is subject to monitoring by post payment data analysis and subsequent medical review. Title XVIII of the Social Security Act, Section 1862(a)(1)(A) states " ...no Medicare payment shall be made for items or services which are not reasonable and necessary for the diagnosis and treatment of illness or injury...". Furthermore, it has been longstanding CMS policy that "tests that are performed in the absence of signs, symptoms, complaints, or personal history of disease or injury are not covered unless explicitly authorized by statute".

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

| CPT Code | Description |
|----------|---|
| 86890 | Autologous blood or component, collection processing and storage; pre-deposited |
| 86891 | Autologous blood or component, collection processing and storage; intra- or postoperative salvage |
| 86985 | Splitting of blood or blood products, each unit |

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| HCPCS Code | Description |
|------------|---|
| P9010 | Blood (whole), for transfusion, per unit |
| P9011 | Blood, split unit |
| P9012 | Cryoprecipitate, each unit |
| P9016 | Red blood cells, leukocytes reduced, each unit |
| P9017 | Fresh frozen plasma (single donor), frozen within 8 hours of collection, each unit |
| P9021 | Red blood cells, each unit |
| P9022 | Red blood cells, washed, each unit |
| P9023 | Plasma, pooled multiple donor, solvent/detergent treated, frozen, each unit |
| P9038 | Red blood cells, irradiated, each unit |
| P9039 | Red blood cells, deglycerolized, each unit |
| P9040 | Red blood cells, leukocytes reduced, irradiated, each unit |
| P9043 | Infusion, plasma protein fraction (human), 5%, 50 ml |
| P9044 | Plasma, cryoprecipitate reduced, each unit |
| P9048 | Infusion, plasma protein fraction (human), 5%, 250 ml |
| P9051 | Whole blood or red blood cells, leukocytes reduced, CMV-negative, each unit |
| P9054 | Whole blood or red blood cells, leukocytes reduced, frozen, deglycerol, washed, each unit |

| HCPCS Code | Description |
|------------|--|
| P9056 | Whole blood, leukocytes reduced, irradiated, each unit |
| P9057 | Red blood cells, frozen/deglycerolized/washed, leukocytes reduced, irradiated, each unit |
| P9058 | Red blood cells, leukocytes reduced, CMV-negative, irradiated, each unit |
| P9059 | Fresh frozen plasma between 8-24 hours of collection, each unit |
| P9060 | Fresh frozen plasma, donor retested, each unit |
| P9070 | Plasma, pooled multiple donor, pathogen reduced, frozen, each unit |
| P9071 | Plasma (single donor), pathogen reduced, frozen, each unit |
| P9099 | Blood component or product not otherwise classified (Effective 01/01/2020) |

| Modifier | Description |
|----------|---|
| BL | Special acquisition of blood and blood products |

Non-Covered Diagnosis Code

[Non-Covered Diagnosis Codes List](#)

This list contains diagnosis codes that are never covered when given as the primary reason for the test. If a code from this section is given as the reason for the test and you know or have reason to believe the service may not be covered, call UnitedHealthcare to issue an Integrated Denial Notice (IDN) to the member and you. The IDN informs the member of their liability for the non-covered service or item and appeal rights. You must make sure the member has received the IDN prior to rendering or referring for non-covered services or items in order to collect payment.

Definitions

Autologous Blood Transfusion: An autologous blood transfusion is the precollection and subsequent infusion of a patient's own blood.

Donor Directed Blood Transfusion: A donor directed blood transfusion is the infusion of blood or blood components that have been precollected from a specific individual(s) other than the patient and subsequently infused into the specific patient for whom the blood is designated. For example, patient B's brother predeposits his blood for use by patient B during upcoming surgery.

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

Perioperative Blood Salvage: Perioperative blood salvage is the collection and reinfusion of blood lost during and immediately after surgery.

References

CMS National Coverage Determinations (NCDs)

[NCD 110.7 Blood Transfusions](#)

Related NCDs: [NCD 110.5 Granulocyte Transfusions](#), [NCD 110.8 Blood Platelet Transfusions](#)

CMS Benefit Policy Manual

[Chapter 15; § 50 Drugs and Biologicals](#)

CMS Claims Processing Manual

[Chapter 4; § 231-231.8 Billing and Payment for Blood, Blood Products, and Stem Cells and Related Services Under the Hospital Outpatient Prospective Payment System \(OPPS\)](#)

MLN Matters

[Article MM5867, Updated July 2013, Billing Blood and Blood Products](#)

[Article MM11605 Revised, January 2020 Update of the Hospital Outpatient Prospective Payment System \(OPPS\)](#)

Other(s)

[Medicare General Information, Eligibility, and Entitlement Manual; Chapter 3; § 20.5 Blood Deductibles](#)

[Blood and Blood Products Billing Guide; Noridian website](#)

[Blood Coverage; Medicare.gov website](#)

[Coding Guidelines: Part A Billing for Blood and Blood Products; Novitas Solutions website](#)

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

| Date | Summary of Changes |
|------------|--|
| 04/01/2021 | Template Update <ul style="list-style-type: none">Reformatted policy; transferred content to new template |
| 08/12/2020 | Applicable Codes <ul style="list-style-type: none">Added HCPCS codes P9070, P9071, and P9099 Supporting Information <ul style="list-style-type: none">Updated <i>References</i> section to reflect the most current informationArchived previous policy version MPG031.05 |

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

Medicare Advantage Policy Guidelines are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).