



CMS Finalizes Hospital Outpatient Payment Changes for CY 2019

[Download the OPPS final rule.](#)

On November 21, 2018, the Centers for Medicare and Medicaid Services (CMS) published the calendar year (CY) **2019 Medicare hospital outpatient prospective payment system (OPPS) final rule**. This rule finalizes ambulatory payment classification (APC) payment changes for blood products and blood-related services, as well as clinical services like therapeutic apheresis and cellular therapy, furnished in the hospital outpatient setting.¹

Final OPPS Payment Changes for Blood and Blood Products

The impact of the CY 2019 payment changes varies based on the type of blood product.

- As compared to the 2018 rates, payments have increased for approximately half of the blood product P-codes.
- The final 2019 payment rate for leukoreduced red blood cell code P9016—the most frequently transfused blood product—is \$184.78 (a slight increase from the 2018 rate).
- The final CY 2019 APC payment rates for all blood product P-codes are listed in Appendix A.

Final OPPS Payment Changes for Blood-Related Services

The APC payment rates for transfusion CPT code 36430 and most therapeutic apheresis and cellular therapy services have increased by approximately 2 percent as compared to the 2018 rates.

- Final CY 2019 unadjusted APC payment rates for these services are listed in Appendix B.

Importance of Reporting Appropriate Charges

CMS continues to base APC payment rates for most blood products on the charges that hospitals have reported on past Medicare claims.

- CMS's commitment to its charge-based ratesetting methodology makes it crucial for hospitals to ensure that their processing charges for blood products are set at appropriate levels.
- Hospital processing charges for blood products always should reflect acquisition cost (that is, the blood supplier's processing fees for the units) plus an appropriate mark-up.
- Reporting appropriate charges now will help to ensure that future Medicare payment rates reflect more accurately the true costs of blood and blood products.

Reminder: Billing for Pathogen Reduced Blood Units

In recent years, CMS has created three P-codes that specifically describe pathogen reduced blood products:

- **P9070** – Plasma, pooled multiple donor, pathogen reduced, frozen, each unit
- **P9071** – Plasma (single donor), pathogen reduced, frozen, each unit
- **P9073** – Platelets, pheresis, pathogen reduced, each unit

When billing for pathogen reduced units, it is important for hospitals to use the codes listed above, and to ensure that they set their charges for these codes at appropriate levels.

In the CY 2019 OPPS final rule, CMS expressed concerns that the charges reported by hospitals for HCPCS code P9073 may not have reflected the full costs of pathogen reduced platelets, resulting in “aberrancies in the data ... available for ratesetting.”

- Without CMS intervention, the APC payment rate for P9073 likely would have decreased by nearly 30% in 2019.
- Fortunately, CMS responded to feedback from multiple stakeholders and made an exception to its standard ratesetting methodology for pathogen reduced platelets, which averted a drastic drop in payment for P9073. (The final 2019 payment is relatively unchanged from the 2018 rate.)
- CMS is likely to return to charge-based ratesetting for this code in 2020, which means hospitals need to be especially vigilant about using P9073 and ensuring that their charges capture the full costs of pathogen reduced platelets.

For more information.

More information on billing for blood products and related services can be found on our [website](#).

Please send reimbursement inquiries or requests for reimbursement assistance to: reimburse@redcross.org.

¹OPPS, APCs, and MS-DRGs do not apply to critical access hospitals, which are reimbursed based on reasonable costs.

²83 Federal Register 225, November 21, 2018, p. 58834.

Appendix A

Comparison of Final CY 2019 and CY 2018 Medicare APC Payment Rates for Blood and Blood Products

HCPCS Code	Description	Final CY 2019 APC Payment	Final CY 2018 APC Payment	% Change 2019 vs. 2018
P9010	Whole blood for transfusion	\$111.18	\$156.92	-29.1%
P9011	Blood split unit	\$126.06	\$102.68	22.8%
P9012	Cryoprecipitate each unit	\$49.40	\$44.01	12.2%
P9016	Rbc leukocytes reduced	\$184.78	\$183.77	0.5%
P9017	Plasma 1 donor frz w/in 8 hr	\$71.53	\$72.41	-1.2%
P9019	Platelets, each unit	\$107.96	\$114.95	-6.1%
P9020	Platelet rich plasma unit	\$125.23	\$123.51	1.4%
P9021	Red blood cells unit	\$140.12	\$142.79	-1.9%
P9022	Washed red blood cells unit	\$355.93	\$384.28	-7.4%
P9023	Frozen plasma, pooled, sd	\$75.96	\$60.57	25.4%
P9031	Platelets leukocytes reduced	\$136.61	\$116.70	17.1%
P9032	Platelets, irradiated	\$171.91	\$179.14	-4.0%
P9033	Platelets leukoreduced irradiated	\$167.14	\$167.65	-0.3%
P9034	Platelets, pheresis	\$337.08	\$421.20	-20.0%
P9035	Platelet pheres leukoreduced	\$486.30	\$477.00	1.9%
P9036	Platelet pheresis irradiated	\$552.91	\$554.45	-0.3%
P9037	Plate pheres leukoredu irradiated	\$624.93	\$624.66	0.0%
P9038	Rbc irradiated	\$221.36	\$213.79	3.5%
P9039	Rbc deglycerolized	\$331.14	\$420.83	-21.3%
P9040	Rbc leukoreduced irradiated	\$255.58	\$260.20	-1.8%
P9043	Plasma protein fract,5%,50ml	\$26.95	\$15.40	75.0%
P9044	Cryoprecipitate reduced plasma	\$88.73	\$105.54	-15.9%
P9048	Plasma protein fract,5%,250ml	\$76.98	\$46.90	64.1%
P9050	Granulocytes, pheresis unit	Not paid by Medicare		
P9051	Blood, l/r, cmv-neg	\$175.94	\$192.67	-8.7%
P9052	Platelets, hla-m, l/r, unit	\$844.83	\$769.32	9.8%
P9053	Plt, pher, l/r cmv-neg, irr	\$492.31	\$539.83	-8.8%
P9054	Blood, l/r, froz/degly/wash	\$298.37	\$283.50	5.2%
P9055	Plt, aph/pher, l/r, cmv-neg	\$445.06	\$339.95	30.9%
P9056	Blood, l/r, irradiated	\$225.47	\$155.24	45.2%
P9057	Rbc, frz/deg/wsh, l/r, irradiated	\$224.51	\$281.75	-20.3%
P9058	Rbc, l/r, cmv-neg, irradiated	\$229.29	\$238.05	-3.7%
P9059	Plasma, frz between 8-24hour	\$76.66	\$74.24	3.3%
P9060	Fr frz plasma donor retested	\$62.81	\$48.35	29.9%
P9070	Pathogen reduced plasma pool	\$41.43	\$74.24	-44.2%
P9071	Pathogen reduced plasma sing	\$78.35	\$72.41	8.2%

Appendix A continued

HCPSC Code	Description	Final CY 2019 APC Payment	Final CY 2018 APC Payment	% Change 2019 vs. 2018
P9010	Whole blood for transfusion	\$1111.18	\$156.92	-29.1%
P9073	Platelets pheresis path redu	\$624.93	\$624.66	0.0%
P9100*	Pathogen test for platelets	\$25.50	\$25.50	0.0%

*Note that P9100 is a testing code and not a product code.

Appendix B

Comparison of Final CY 2019 and CY 2018 Medicare Unadjusted APC Payment Rates for Transfusion Procedure, Therapeutic Apheresis, and Cellular Therapy

CPT Code	Description	Final CY 2019 APC Payment	Final CY 2018 APC Payment	% Change 2019 vs. 2018
Transfusion Procedure:				
36430	Blood transfusion service	\$382.90	\$375.07	2.1%

Therapeutic Apheresis:

36511	Apheresis wbc	\$1,247.00	\$1,221.74	2.1%
36512	Apheresis rbc	\$1,247.00	\$1,221.74	2.1%
36513	Apheresis platelets	\$382.90	\$375.07	2.1%
36514	Apheresis plasma	\$1,247.00	\$1,221.74	2.1%
36516	Apheresis immunoads slctv	\$3,922.50	\$3,700.11	6.0%
36522	Photopheresis	\$3,922.50	\$3,700.11	6.0%

Cellular Therapy Services:

38205	Harvest allogeneic stem cell	Not paid separately		
38206	Harvest auto stem cells	\$1,247.00	\$1,221.74	2.1%
38207	Cryopreserve stem cells	\$382.90	\$375.07	2.1%
38208	Thaw preserved stem cells	\$382.90	\$375.07	2.1%
38209	Wash harvest stem cells	\$382.90	\$375.07	2.1%
38210	T-cell depletion of harvest	\$382.90	\$375.07	2.1%
38211	Tumor cell deplete of harvst	\$382.90	\$375.07	2.1%
38212	Rbc depletion of harvest	\$382.90	\$375.07	2.1%
38213	Platelet deplete of harvest	\$382.90	\$375.07	2.1%
38214	Volume deplete of harvest	\$382.90	\$375.07	2.1%
38215	Harvest stem cell concentrte	\$382.90	\$375.07	2.1%

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All codes and payment rates are provided for informational purposes only. Providers must determine the appropriate setting in which to furnish a service, as well as the appropriate and proper way in which to code and bill for all products and services that they provide to patients.

All payment amounts for procedures are Medicare national unadjusted rates. Actual payment amounts for procedures (but not for blood products) are subject to geographic adjustments.

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