



**American
Red Cross**

**2019 Chargemaster
Worksheet for Blood
and Blood Components**

**Reimbursement Policy
and Provider Support**

*Helping to ensure appropriate
reimbursement to providers
for Red Cross products and services*

Importance of Updated Codes and Accurate Billing

In order to receive adequate payment for blood products and services, hospitals rely upon two separate processes:

- accurate coding of diagnoses, procedures, and products; and
- automated claims processing systems used to generate bills to third-party payers.

This document focuses on the second of these two processes—the generation of bills that reflect the hospital’s current charges for blood and blood products.

Role of the Hospital Chargemaster

The American Red Cross is committed to providing in-depth instruction on accurate coding for blood and blood components. However, it is important to note that even if proper codes are assigned, these codes must also be linked to updated payment amounts in the hospital’s chargemaster (described in detail in the box at right). Unfortunately, hospitals do not always have staff available—or the time!—to routinely update charge amounts in their claims processing systems. While certainly understandable, this oversight can be devastating for appropriate reimbursement, as changes to payment amounts occur frequently.

A hospital chargemaster is a file that includes billing rates for all procedures, services, and products on hospital bills and claims. Each line item has several corresponding data elements, in various columns. Each service or item recorded on the file is usually assigned a 6- to 12-digit identification code, which is listed on patient charge slips and used to generate bills. Hospitals use their own unique methodologies to calculate and update their charges.

Coding and Billing Resource for Customers

To aid hospitals in the complex process of updating their own chargemasters, the Red Cross has developed a Chargemaster Worksheet, available at the end of this document. This Worksheet should help hospital customers to determine if the billing rates currently assigned to selected blood product codes are set at adequate levels.

For ethical and legal reasons, the Red Cross cannot and does not recommend particular charge amounts for its products. It is the provider's responsibility to determine the appropriate charges for all of the services it delivers, including blood and blood components. It is our hope that the Chargemaster Worksheet tool will provide an educational opportunity for hospital customers to reassess their own charges.

Instructions for Use

The Chargemaster Worksheet is easy to use. Please follow the directions below.

1. In Column E, fill in the Red Cross's charge for each product listed in the worksheet.
2. In Column D, fill in the chargemaster description code , and, in Column F, fill in the chargemaster billing rate for each listed product.
3. Review the difference between the Red Cross's charge and the hospital charge to third-party payers to determine if the chargemaster needs updating.

Additional Factors Impacting Reimbursement

Even if chargemasters are updated and providers submit claims properly, there are many factors outside the hospital that can affect reimbursement. Payment may be denied due to local Medicare review policies, varying definitions of medical necessity, and the details of contracts arranged between providers and non-Medicare payers.

However, it is important to remember that preventing denials and securing appropriate payment is only one of the goals of routine chargemaster updates. Because the Centers for Medicare and Medicaid Services (CMS), the federal agency that administers the Medicare program, bases future payment rates on claims data submitted by hospitals, an out-of-date chargemaster can produce claims that under-report the costs to hospitals of supplying blood and blood components.

Red Blood Cells and Whole Blood

A	B	C	D	E	F	G
Product	HCPCS Code	Revenue Code	Description Code (6-12 Digits)	Red Cross Charge to Customer	Hospital Charge to Insurer	Update Needed (Y/N)
Blood (whole), for transfusion, per unit	P9010	390				
Red blood cells, leukocytes reduced, each unit	P9016	390				
Red blood cells, each unit	P9021	390				
Red blood cells, washed, each unit	P9022	390				
Red blood cells, irradiated, each unit	P9038	390				
Red blood cells, deglycerolized, each unit	P9039	390				
Red blood cells, leukocytes reduced, irradiated, each unit	P9040	390				
Whole blood or red blood cells, leukocytes reduced, CMV-negative, each unit	P9051	390				
Whole blood or red blood cells, leukocytes reduced, frozen, deglycerol, washed, each unit	P9054	390				
Whole blood, leukocytes reduced, irradiated, each unit	P9056	390				
Red blood cells, frozen/deglycerolized/washed, leukocytes reduced, irradiated, each unit	P9057	390				
Red blood cells, leukocytes reduced, CMV-negative, irradiated, each unit	P9058	390				

Platelets

A	B	C	D	E	F	G
Product	HCPCS Code	Revenue Code	Description Code (6-12 Digits)	Red Cross Charge to Customer	Hospital Charge to Insurer	Update Needed (Y/N)
Platelets, each unit	P9019	390				
Platelets, leukocytes reduced, each unit	P9031	390				
Platelets, irradiated, each unit	P9032	390				
Platelets, leukocytes reduced, irradiated, each unit	P9033	390				
Platelets, pheresis, each unit	P9034	390				
Platelets, pheresis, leukocytes reduced, each unit	P9035	390				
Platelets, pheresis, irradiated, each unit	P9036	390				
Platelets, pheresis, leukocytes reduced, irradiated, each unit	P9037	390				
Platelets, HLA-matched leukocytes reduced, apheresis/pheresis, each unit	P9052	390				
Platelets, pheresis, leukocytes reduced, CMV-negative, irradiated, each unit	P9053	390				
Platelets, leukocytes reduced, CMV-negative, apheresis/pheresis, each unit	P9055	390				
Platelets, pheresis, pathogen-reduced, each unit*	P9073	390				
Pathogen test(s) for platelets**	P9100	0300				

* The previous codes for pathogen reduced platelets (P9072 and Q9988) have been deleted, and should not be used for dates of service on or after January 1, 2018.

** The previous codes related to pathogen testing for platelets (P9072 and Q9987) have been deleted, and should not be used for dates of service on or after January 1, 2018. Note that P9100 is a testing code and not a product code.

Plasma

A	B	C	D	E	F	G
Product	HCPCS Code	Revenue Code	Description Code (6-12 Digits)	Red Cross Charge to Customer	Hospital Charge to Insurer	Update Needed (Y/N)
Fresh frozen plasma (single donor), frozen within 8 hours of collection, each unit	P9017	390				
Platelet rich plasma, each unit	P9020	390				
Plasma, pooled multiple donor, solvent/detergent treated, frozen, each unit	P9023	390				
Plasma, cryoprecipitate reduced, each unit	P9044	390				
Fresh frozen plasma between 8-24 hours of collection, each unit	P9059	390				
Fresh frozen plasma, donor retested, each unit	P9060	390				
Plasma, pooled multiple donor, pathogen reduced, frozen, each unit	P9070	390				
Plasma (single donor), pathogen reduced, frozen, each unit	P9071	390				

Other

A	B	C	D	E	F	G
Product	HCPCS Code	Revenue Code	Description Code (6-12 Digits)	Red Cross Charge to Customer	Hospital Charge to Insurer	Update Needed (Y/N)
Blood, split unit	P9011	390				
Cryoprecipitate, ea. unit	P9012	390				
Granulocytes, pheresis, each unit	P9050	390				

Resources Available for Red Cross Customers

To access additional reimbursement resources, customers are encouraged to visit the Reimbursement Policy and Provider Support website at www.redcrossblood.org/hospitals/educational-resources/reimbursement.

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

Disclaimer: The enclosed information is provided for informational purposes only. Healthcare providers should make the ultimate determination as to when to use a specific product based on clinical appropriateness. In addition, providers must determine the most appropriate and proper way in which to code and bill for all products and services that they provide to patients. The American Red Cross cannot guarantee success in obtaining insurance payments. Third-party payment for medical products and services is affected by numerous factors, not all of which can be anticipated or resolved by the American Red Cross.