

TRANSFUSION SERVICES FOR WHOLE BLOOD, BLOOD COMPONENTS AND BLOOD DERIVATIVES

ISSUE DATE: March 27, 1991

AUTHORITY: 32 CFR 199.4(b)(2)(ix) and (c)(2)(x)

I. CPT¹ PROCEDURE CODES

36430 - 36460, 86077 - 86079, 86900 - 86906, 86920 - 86922

II. DESCRIPTION

Transfusions are the introductions of either whole blood, and blood components (red cells, platelets, plasma, or leukocytes), or blood derivatives (albumin, gamma globulin, Factors VIII and IX, or Rho (D) immune globulins (RhoGAM), and prothrombin) directly into the bloodstream. Transfusion services are those services necessary to test donor blood and administer transfusions. Transfusion services include equipment, supplies, storage, administration, processing, typing and cross-matching.

III. POLICY

A. Whole blood and blood components are covered when the whole blood and blood components are actually administered to the patient.

B. Transfusion services for whole blood and blood components are covered as supplies or laboratory services for transfusions of both allogeneic and autologous blood when the whole blood or blood components are used by the patient.

C. Blood derivatives, outlined above under DESCRIPTION, which are classified as formulary drugs are covered as prescription drugs.

IV. EXCLUSIONS

A. Blood typing for paternity testing (CPT¹ procedure codes 86910, 86911) is not covered.

B. Unused whole blood and blood components are not covered.

C. Preoperative collection, processing, and storage of autologous blood (CPT¹ procedure codes 86890, 86891) are included within the DRG payment. No separate payment is allowed. Charges for the collection and storage of autologous blood by other than an inpatient facility

¹ CPT only © 2006 American Medical Association (or such other date of publication of CPT). All Rights Reserved.

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

CHAPTER 6, SECTION 2.1

TRANSFUSION SERVICES FOR WHOLE BLOOD, BLOOD COMPONENTS AND BLOOD DERIVATIVES

are to be reimbursed by the inpatient facility since they are included in the DRG payment. This policy does not apply to claims for outpatient services.

D. The testing of autologous blood is not covered.

E. Transfusion services for autologous blood and blood components in the absence of a scheduled covered surgical procedure is not covered.

- END -