



Advancing Transfusion and
Cellular Therapies Worldwide

Centers for Medicare & Medicaid Services Finalizes Hospital Outpatient Payment Policies for 2020; Exempts Blood Centers from the Laboratory Date of Service Exception

On November 1, the Centers for Medicare & Medicaid Services (CMS) released a [final rule](#) updating the Medicare payment rates and policies under the hospital outpatient prospective payment system (OPPS) for 2020. The final rule (1) excludes blood banks and blood centers from the laboratory date of service exception; (2) updates payment rates and policies for items and services furnished under the Medicare hospital outpatient payment system for FY 2020; and (3) establishes a new billing code for “not otherwise classified” blood products. The final rule becomes effective on January 1, 2019.

Blood Center Exemption from Laboratory Date of Service Exception

As a result of advocacy by AABB, America’s Blood Centers and the American Red Cross, CMS finalized its proposal to exclude molecular pathology tests performed by blood banks and blood centers from the laboratory date of service (DOS) exception. The laboratory DOS exception requires a performing laboratory to bill Medicare directly for advanced diagnostic laboratory tests (ADLTs) and molecular pathology tests provided to beneficiaries furnished services under the OPPS when certain requirements are satisfied. As a result of the new exclusion, the DOS for molecular pathology testing performed by blood banks or blood centers on specimens collected from Medicare beneficiaries during a hospital outpatient encounter will be the date of specimen collection, unless another exception to the DOS policy applies. Hospitals can continue to bill Medicare for these molecular pathology tests, and the blood bank or blood center performing the test can continue seeking payment from the hospital.

CMS clarified that the final rule excluding blood banks and blood centers from the laboratory DOS exception “categorically excludes molecular pathology testing performed by laboratories that are blood banks or blood centers from the laboratory DOS exception. Under [CMS’] final policy, molecular pathology testing performed by blood banks or centers on a specimen collected during a hospital outpatient encounter is never subject to the laboratory DOS exception.... [T]he burden on hospitals will be mitigated with the policy we are finalizing.”

Additionally, consistent with feedback submitted by AABB, America’s Blood Centers, and the American Red Cross, CMS agreed to define the term “blood bank or center” as “an entity whose primary function is the performance or responsibility for the performance of, the collection, processing, testing, storage and/or distribution of blood or blood components intended for transfusion and transplantation.”

CMS did not finalize the two other proposed revisions to the laboratory date of service exception including: (1) requiring the ordering physician to determine whether the results of a molecular pathology test or ADLT are intended to guide treatment during a hospital outpatient encounter and (2) limiting the laboratory DOS policy exception to ADLTs only.

2020 Payment Rates and Policies

As detailed in the below Tables, CMS finalized 2020 payment rates and policies for all items and services furnished under the OPPS, including blood products, transfusion, apheresis,

and stem cell procedures, and transfusion laboratory services. For 2020, CMS reassigned P9100, the code for “pathogen test for platelets,” to New Technology APC 1494 (New Technology – Level 1D (\$31 - \$40), with a payment rate of \$35.50. In addition, CMS finalized its decision to calculate the payment rate for pathogen reduced platelets (P9073) for 2020 and subsequent years using the standard claims-based methodology, which relies on data from claims submitted two years prior to the year in question. Thus, the final payment rate for pathogen reduced platelets for 2020 is based on the 2018 claims data submitted for P9073 and equals \$611.94.

CMS finalized its proposal to continue pass-through payment status for the HCPCS codes assigned to the two FDA-approved chimeric antigen receptor (CAR) T-cell therapies, KYMPRIA® (Q2042) and YESCARTA® (Q2041), for 2020. CMS will use its average sales price (ASP) methodology to determine the pass-through payment rates for Q2042 and Q2041. Additionally, CMS clarified that because the existing CAR T-cell therapies were approved as biologicals, the provisions of the Medicare statute providing for payment for biologicals apply. Thus, HCPCS codes Q2042 and Q2041 include leukapheresis and dose preparation procedures, since these services are included in manufacturing these biologicals. Similarly, CMS declined to make separate or packaged payments under the OPPS for the CPT codes that describe steps required to collect and prepare genetically modified T-cells because Medicare does not pay separately for each step to manufacture a biological product.

New Billing Code for “Not Otherwise Specified” Blood Products

Consistent with an application AABB spearheaded in January 2019, CMS established a billing code for new blood products – P9099 (Blood component/product not otherwise classified). However, CMS assigned the code a status indicator of E2, which is intended for items, codes and services for which pricing information and claims data are not available. Claims with this payment status are not paid by Medicare when submitted on outpatient claims. AABB will continue to advocate for CMS to provide improved billing and reimbursement mechanisms to facilitate the timely adoption of new products and technologies.

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If you have any questions or would like additional information about the final rule, please contact AABB’s Department of Public Policy and Advocacy at govt_and_legal@aabb.org

Table 1. Blood and Blood Products								
HCPCS Code	Short Descriptor	2020 SI	2019 APC	2020 APC	Final 2019 Payment ¹	Final 2020 Payment	\$ Change 2019-2020	% Change 2019-2020
P9010	Whole blood for transfusion	R	9510	9510	\$111.18	\$127.19	\$16.01	14.4%
P9011	Blood split unit	R	9520	9520	\$126.06	\$134.46	\$8.40	6.7%
P9012	Cryoprecipitate each unit	R	9511	9511	\$49.40	\$50.43	\$1.03	2.1%
P9016	Rbc leukocytes reduced	R	9512	9512	\$184.78	\$188.33	\$3.55	1.9%
P9017	Plasma 1 donor frz w/in 8 hr	R	9508	9508	\$71.53	\$83.74	\$12.21	17.1%
P9019	Platelets, each unit	R	9515	9515	\$107.96	\$108.02	\$0.06	0.1%
P9020	Platelet rich plasma unit	R	9516	9516	\$125.23	\$141.22	\$15.99	12.8%
P9021	Red blood cells unit	R	9517	9517	\$140.12	\$139.75	-\$0.37	-0.3%
P9022	Washed red blood cells unit	R	9518	9518	\$355.93	\$379.68	\$23.75	6.7%
P9023	Frozen plasma, pooled, sd	R	9509	9509	\$75.96	\$80.13	\$4.17	5.5%
P9031	Platelets leukocytes reduced	R	9526	9526	\$136.61	\$126.34	-\$10.27	-7.5%
P9032	Platelets, irradiated	R	9500	9500	\$171.91	\$139.64	-\$32.27	-18.8%
P9033	Platelets leukoreduced irradiated	R	9521	9521	\$167.14	\$217.10	\$49.96	29.9%
P9034	Platelets, pheresis	R	9507	9507	\$337.08	\$323.98	-\$13.10	-3.9%
P9035	Platelet pheresis leukoreduced	R	9501	9501	\$486.30	\$499.55	\$13.25	2.7%
P9036	Platelet pheresis irradiated	R	9502	9502	\$552.91	\$692.30	\$139.39	25.2%
P9037	Platelet pheresis leukoreduced irradiated	R	9530	9530	\$624.93	\$634.62	\$9.69	1.6%
P9038	Rbc irradiated	R	9505	9505	\$221.36	\$190.80	-\$30.56	-13.8%
P9039	Rbc deglycerolized	R	9504	9504	\$331.14	\$320.42	-\$10.72	-3.2%
P9040	Rbc leukoreduced irradiated	R	9522	9522	\$255.58	\$262.73	\$7.15	2.8%
P9043	Plasma protein fract,5%,50ml	R	9514	9514	\$26.95	\$18.43	-\$8.52	-31.6%
P9044	Cryoprecipitate reduced plasma	R	9523	9523	\$88.73	\$91.40	\$2.67	3.0%
P9048	Plasma protein fract,5%,250ml	R	9519	9519	\$76.98	\$111.68	\$34.70	45.1%
P9050	Granulocytes, pheresis unit	E2						

¹ Payment rates are updated by CMS on a quarterly basis. These payment rates reflect the 2019 final rule, and 2020 final rule.

Table 1. Blood and Blood Products								
HCPCS Code	Short Descriptor	2020 SI	2019 APC	2020 APC	Final 2019 Payment ¹	Final 2020 Payment	\$ Change 2019-2020	% Change 2019-2020
P9051	Blood, l/r, cmv-neg	R	9524	9524	\$175.94	\$188.09	\$12.15	6.9%
P9052	Platelets, hla-m, l/r, unit	R	9525	9525	\$844.83	\$854.32	\$9.49	1.1%
P9053	Plt, pher, l/r cmv-neg, irr	R	9531	9531	\$492.31	\$502.19	\$9.88	2.0%
P9054	Blood, l/r, froz/degly/wash	R	9527	9527	\$298.37	\$281.07	-\$17.30	-5.8%
P9055	Plt, aph/pher, l/r, cmv-neg	R	9528	9528	\$445.06	\$485.12	\$40.06	9.0%
P9056	Blood, l/r, irradiated	R	9529	9529	\$225.47	\$203.31	-\$22.16	-9.8%
P9057	Rbc, frz/deg/wsh, l/r, irradiad	R	9532	9532	\$224.51	\$241.62	\$17.11	7.6%
P9058	Rbc, l/r, cmv-neg, irradiad	R	9533	9533	\$229.29	\$246.78	\$17.49	7.6%
P9059	Plasma, frz between 8-24hour	R	9513	9513	\$76.66	\$75.90	-\$0.76	-1.0%
P9060	Fr frz plasma donor retested	R	9503	9503	\$62.81	\$49.98	-\$12.83	-20.4%
P9070	Pathogen reduced plasma pool	R	9534	9534	\$41.43	\$32.30	-\$9.13	-22.0%
P9071	Pathogen reduced plasma sing	R	9535	9535	\$78.35	\$80.10	\$1.75	2.2%
P9073	Platelets pheresis path redu	R	9536	9536	\$624.93	\$611.94	-\$12.99	-2.1%
P9099 ²	Blood component/product noc	E2						

² P9099 is a new code effective for dates of service on or after January 1, 2020

Table 2. Transfusion, Apheresis, and Stem Cell Procedures

HCPCS Code	Short Descriptor	2020 SI	2019 APC	2020 APC	Final 2019 Payment³	Final 2020 Payment	\$ Change 2019-2020	% Change 2019-2020
36430	Blood transfusion service	S	5241	5241	\$382.90	\$388.00	\$5.10	1.3%
36440	Bl push transfuse 2 yr/<	S	5241	5241	\$382.90	\$388.00	\$5.10	1.3%
36450	Bl exchange/transfuse nb	S	5241	5241	\$382.90	\$388.00	\$5.10	1.3%
36455	Bl exchange/transfuse non-nb	S	5241	5241	\$382.90	\$388.00	\$5.10	1.3%
36456	Prtl exchange transfuse nb	S	5241	5241	\$382.90	\$388.00	\$5.10	1.3%
36460	Transfusion service fetal	S	5241	5241	\$382.90	\$388.00	\$5.10	1.3%
36511	Apheresis wbc	S	5242	5242	\$1,247.00	\$1,323.47	\$76.47	6.1%
36512	Apheresis rbc	S	5242	5242	\$1,247.00	\$1,323.47	\$76.47	6.1%
36513	Apheresis platelets	S	5241	5241	\$382.90	\$388.00	\$5.10	1.3%
36514	Apheresis plasma	S	5242	5242	\$1,247.00	\$1,323.47	\$76.47	6.1%
36516	Apheresis immunoads slctv	S	5243	5243	\$3,922.50	\$3,817.93	-\$104.57	-2.7%
36522	Photopheresis	S	5243	5243	\$3,922.50	\$3,817.93	-\$104.57	-2.7%
38205	Harvest allogeneic stem cell	B	-	-	-	-	-	-
38206	Harvest auto stem cells	S	5242	5242	\$1,247.00	\$1,323.47	\$76.47	6.1%
38207	Cryopreserve stem cells	S	5241	5241	\$382.90	\$388.00	\$5.10	1.3%
38208	Thaw preserved stem cells	S	5241	5241	\$382.90	\$388.00	\$5.10	1.3%
38209	Wash harvest stem cells	S	5241	5241	\$382.90	\$388.00	\$5.10	1.3%
38210	T-cell depletion of harvest	S	5241	5241	\$382.90	\$388.00	\$5.10	1.3%
38211	Tumor cell deplete of harvst	S	5241	5241	\$382.90	\$388.00	\$5.10	1.3%
38212	Rbc depletion of harvest	S	5241	5241	\$382.90	\$388.00	\$5.10	1.3%
38213	Platelet deplete of harvest	S	5241	5241	\$382.90	\$388.00	\$5.10	1.3%
38214	Volume deplete of harvest	S	5241	5241	\$382.90	\$388.00	\$5.10	1.3%

³ Payment rates are updated by CMS on a quarterly basis. These payment rates reflect the 2019 final rule, 2020 final rule.

38215	Harvest stem cell concentrte	S	5241	5241	\$382.90	\$388.00	\$5.10	1.3%
38220	Dx bone marrow aspirations	J1	5072	5072	\$1,375.50	\$1,372.45	-\$3.05	-0.2%
38221	Dx bone marrow biopsies	J1	5072	5072	\$1,375.50	\$1,372.45	-\$3.05	-0.2%
38222	Dx bone marrow bx & aspir	J1	5072	5073 ⁴	\$1,375.50	\$2,318.63	\$943.13	68.6%
38230	Bone marrow harvest allogene	S	5242	5242	\$1,247.00	\$1,323.47	\$76.47	6.1%
38232	Bone marrow harvest autolog	S	5243	5243	\$3,922.50	\$3,817.93	-\$104.57	-2.7%
38240	Transplt allo hct/donor	J1	5244	5244	\$37,892.76	\$37,431.71	-\$461.05	-1.2%
38241	Transplt autol hct/donor	S	5242	5242	\$1,247.00	\$1,323.47	\$76.47	6.1%
38242	Transplt allo lymphocytes	S	5242	5242	\$1,247.00	\$1,323.47	\$76.47	6.1%
38243	Transplj hematopoietic boost	S	5242	5242	\$1,247.00	\$1,323.47	\$76.47	6.1%
88184	Flowcytometry/ tc 1 marker	Q2	5673	5673	\$274.22	\$283.37	\$9.15	3.3%
88185	Flowcytometry/tc add-on	N						
88187	Flowcytometry/read 2-8	B						
88188	Flowcytometry/read 9-15	B						
88189	Flowcytometry/read 16 & >	B						

⁴ Code 38222 had the APC code 5072 in 2019 and has been changed to 5073 in 2020.

Table 3. Transfusion Laboratory Services								
HCPCS Code	Short Descriptor	2020 SI	2019 APC	2020 APC	Final 2019 Payment ⁵	Final 2020 Payment	\$ Change 2019-2020	% Change 2019-2020
86850	Rbc antibody screen	Q1	5671	5671	50.98	\$49.46	-\$1.52	-3.0%
86860	Rbc antibody elution	Q1	5672	5672	144.73	\$143.48	-\$1.25	-0.9%
86870	Rbc antibody identification	Q2	5673	5673	274.22	\$283.37	\$9.15	3.3%
86880	Coombs test direct	Q1	5732	5732	32.12	\$33.43	\$1.31	4.1%
86885	Coombs test indirect qual	Q1	5672	5672	144.73	\$143.48	-\$1.25	-0.9%
86886	Coombs test indirect titer	Q1	5672	5672	144.73	\$143.48	-\$1.25	-0.9%
86890	Autologous blood process	Q1	5672	5672	144.73	\$143.48	-\$1.25	-0.9%
86891	Autologous blood op salvage	Q1	5674	5674	558.12	\$628.13	\$70.01	12.5%
86900	Blood typing serologic abo	Q1	5734	5734	106.48	\$109.02	\$2.54	2.4%
86901	Blood typing serologic rh(d)	Q1	5732	5732	32.12	\$33.43	\$1.31	4.1%
86902	Blood type antigen donor ea	Q1	5673	5673	274.22	\$283.37	\$9.15	3.3%
86904	Blood typing patient serum	Q1	5732	5732	32.12	\$33.43	\$1.31	4.1%
86905	Blood typing rbc antigens	Q1	5673	5673	274.22	\$283.37	\$9.15	3.3%
86906	Bld typing serologic rh phnt	Q1	5732	5732	32.12	\$33.43	\$1.31	4.1%
86920	Compatibility test spin	Q1	5672	5672	144.73	\$143.48	-\$1.25	-0.9%
86921	Compatibility test incubate	Q1	5672	5672	144.73	\$143.48	-\$1.25	-0.9%
86922	Compatibility test antiglob	Q1	5672	5672	144.73	\$143.48	-\$1.25	-0.9%
86923	Compatibility test electric	Q1	5672	5672	144.73	\$143.48	-\$1.25	-0.9%
86927	Plasma fresh frozen	S	5672	5672	144.73	\$143.48	-\$1.25	-0.9%
86930	Frozen blood prep	Q1	5673	5673	274.22	\$283.37	\$9.15	3.3%

⁵ Payment rates are updated by CMS on a quarterly basis. These payment rates reflect the 2019 final rule, 2020 final rule.

Table 3. Transfusion Laboratory Services

HCPCS Code	Short Descriptor	2020 SI	2019 APC	2020 APC	Final 2019 Payment⁵	Final 2020 Payment	\$ Change 2019-2020	% Change 2019-2020
86931	Frozen blood thaw	Q1	5673	5673	274.22	\$283.37	\$9.15	3.3%
86932	Frozen blood freeze/thaw	Q1	5732	5732	32.12	\$33.43	\$1.31	4.1%
86945	Blood product/irradiation	Q1	5732	5732	32.12	\$33.43	\$1.31	4.1%
86950	Leukocyte transfusion	Q1	5672	5672	144.73	\$143.48	-\$1.25	-0.9%
86960	Vol reduction of blood/prod	Q1	5672	5672	144.73	\$143.48	-\$1.25	-0.9%
86965	Pooling blood platelets	Q1	5672	5672	144.73	\$143.48	-\$1.25	-0.9%
86970	Rbc pretx incubatj w/chemicl	Q1	5732	5732	32.12	\$33.43	\$1.31	4.1%
86971	Rbc pretx incubatj w/enzymes	Q1	5673	5673	274.22	\$283.37	\$9.15	3.3%
86972	Rbc pretx incubatj w/density	Q1	5672	5672	144.73	\$143.48	-\$1.25	-0.9%
86975	Rbc serum pretx incubj drugs	Q1	5732	5734 ⁶	32.12	\$109.02	\$76.90	239.4%
86976	Rbc serum pretx id dilution	Q1	5731	5731	17.17	\$22.98	\$5.81	33.8%
86977	Rbc serum pretx incubj/inhib	Q1	5672	5672	144.73	\$143.48	-\$1.25	-0.9%
86978	Rbc pretreatment serum	Q1	5732	5732	32.12	\$33.43	\$1.31	4.1%
86985	Split blood or products	Q1	5672	5672	144.73	\$143.48	-\$1.25	-0.9%
86999	Transfusion procedure	Q1	5731	5731	17.17	\$22.98	\$5.81	33.8%
P9100	Pathogen test for platelets	S	1493	1494 ⁷	\$25.50	\$35.50	\$10.00	39.2%

⁶ Code 86975 had the APC code 5732 in 2019 and has been changed to 5734 in 2020.

⁷ Code P9100 had the APC code 1493 in 2019 and has been changed to 1494 in 2020.

Table 4. CAR T-Cell Therapies								
HCPCS Code	Short Descriptor	2020 SI	2019 APC	2020 APC	Final 2019 Payment ⁸	Final 2020 Payment	\$ Change 2019-2020	% Change 2019-2020
Q2041	Axicabtagene ciloleucel car+	G	9035	9035	\$395,380.000	\$395,380.000	\$0.00	0.0%
Q2042	Tisagenlecleucel car-pos t	G	9194	9194	\$439,388.306	\$441,508.391	\$2,120.085	0.5%

⁸ Payment rates are updated by CMS on a quarterly basis. These payment rates reflect the 2019 final rule, 2020 proposed rule.