

# Billing for Laboratory Services without a CPT Code

When billing for patient-specific laboratory services performed on blood units, hospitals may encounter a situation where an appropriate Current Procedural Terminology (CPT) code is not available for a service. This fact sheet describes a recommended approach for billing in these situations.

Examples of blood-related services without a CPT code include (but are not limited to):



**Note:** A specific CPT code should only be used if the code exactly describes the service being billed. The American Medical Association (AMA)—the organization that updates and maintains CPT codes—instructs providers to select a CPT code with a descriptor “that accurately identifies the service performed,” rather than a code “that merely approximates the service provided.”<sup>1</sup> If no code is an exact match for a service, then it should be assumed that the service does not have a CPT code.

## Recommended Approach

If a specific CPT is not available for a blood-related laboratory service, hospitals should not bill separately for the service. Instead, hospitals can incorporate the cost of the laboratory service into their charge for the blood units. For Medicare hospital outpatient claims, this would entail including the laboratory service in the facility’s charge for the line item containing revenue code 0390\* and the applicable blood product P-code, as illustrated in the following example.

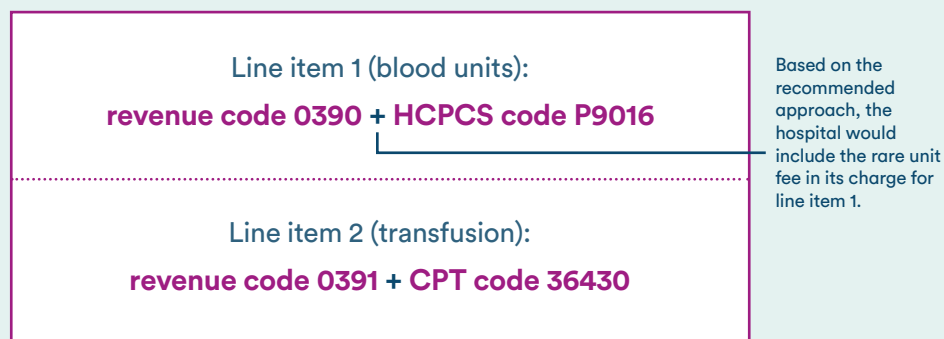
\* The use of revenue code 0390 assumes that the hospital bills only for blood processing and not for the blood itself (which is true of most U.S. hospitals).<sup>2</sup>



The billing information in this fact sheet applies only to the hospital **outpatient setting**. CPT and HCPCS codes are generally not used on hospital inpatient claims.

## Example: Billing for a Service without a CPT Code

**Scenario:** A hospital is billing for the transfusion of two units of leukoreduced red blood cells to a patient during a hospital outpatient visit. The fees charged to the hospital by the blood supplier included a separate line item for a rare unit fee.



**Revenue code 0390:** Administration, Processing, and Storage for Blood and Blood Components— General Classification

**Revenue code 0391:** Administration, Processing, and Storage for Blood and Blood Components—Administration (e.g., transfusions)

**HCPCS code P9016:** Red blood cells, leukocytes reduced, each unit

**CPT code 36430:** Blood transfusion service (short descriptor)

Although following the approach described above will not affect reimbursement in the short term, it will ensure that hospital charges more accurately reflect the true costs of blood-related services. This should help to improve Medicare payment rates for blood products over the long term, since Medicare bases its payment rates on the charges reported by hospitals in previous years.

**Note:** An alternative approach would be to use an unlisted CPT code to bill for the laboratory service. However, because unlisted codes sometimes result in denials, rejections, delays, or other claims-processing problems, this approach is not recommended. In addition, the use of an unlisted code would not help to improve Medicare payment for blood products in the future.

## Additional Resources

The Transfusion Medicine section (85850-85999) of the CPT manual includes codes for many different patient-specific laboratory services performed on blood units. Providers should review this section of the manual to determine whether a specific CPT code is available for a particular laboratory service. CPT code books are available for purchase at: [ama-assn.org/AMA-books](http://ama-assn.org/AMA-books).

AABB is providing this fact sheet as a supplement to its Billing Guide for Blood Products and Related Services, which has been newly updated for 2023. The AABB Billing Guide contains a wealth of information on reimbursement for blood products, transfusion procedures, and patient-specific laboratory services performed on blood units. The billing guide also explains the importance of reporting appropriate charges (Section II). To download the latest version of the guide, go to: [aabb.org/BillingGuide](http://aabb.org/BillingGuide).

## References

1. American Medical Association. CPT 2023 Professional Edition. Introduction. Chicago, IL: AMA, 2022.
2. Centers for Medicare and Medicaid Services. Medicare claims processing manual. Chapter 4, Section 231.1. Baltimore, MD: CMS. [Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c04.pdf> (accessed October 5, 2023).]