DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington

To: Blood Banks
Managed Care Plans

Memorandum No: 04-31
Issued: June 10, 2004

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

For Information Call:
1-800-562-6188

Supersedes: 03-26 MAA

Subject: Blood Bank Services: Fee Schedule Changes

Effective for dates of service on and after July 1, 2004, the Medical Assistance Administration (MAA) will implement:

- The updated Medicare Physician Fee Schedule Data Base (MPFSDB) Year 2004 relative value units (RVUs);
- The updated Medicare Clinical Laboratory Fee Schedule (MCLFS);
- The Year 2004 additions of Current Procedural Terminology (CPT™) codes; and
- The additions to Healthcare Common Procedure Coding System (HCPCS) Level II codes.

Maximum Allowable Fees

MAA is updating the Blood Bank Services fee schedule with Year 2004 RVUs and clinical laboratory fees. The maximum allowable fees have been adjusted to reflect these changes. The 2004 Washington State Legislature **did not appropriate a vendor rate increase** for the 2005 state fiscal year.

Attached are updated replacement pages 9–17 for MAA's Blood Bank Services Billing Instructions, dated July 1999. To obtain this fee schedule electronically go to MAA's website at http://maa.dshs.wa.gov (click on the Provider Publications/Fee Schedules link).

Bill MAA your usual and customary charge.

CPT is a registered trademark of the American Medical Association.

Fee Schedule

Due to its licensing agreement with the American Medical Association, MAA publishes only the official, brief descriptions of CPT® procedure codes. To view the entire description, please refer to your current CPT book.

Radiology and Laboratory Services

Procedure Code/ Modifier	Brief Description	7/1/04 Maximum Allowable Fee
36415	Drawing blood	$2.45
36416	Capillary blood draw	2.45
36430	Blood transfusion service	24.26
36450	Exchange transfusion service	70.28
36511	Apheresis wbc	57.13
36512	Apheresis rbc	57.13
36516	Apheresis, selective	40.58
36522	Photopheresis	734.51
36550	Declot vascular device	15.64
38205	Harvest allogenic stem cells	50.55
38206	Harvest auto stem cells	50.55
38207	Cryopreserve stem cells	BR
38208	Thaw preserved stem cells	BR
38209	Wash harvest stem cells	BR
38210	T-cell depletion of harvest	BR
38211	Tumor cell deplete of harvest	BR
38212	Rbc depletion of harvest	BR
38213	Platelet deplete of harvest	BR
38214	Volume deplete of harvest	BR
38215	Harvest stem cell concentrate	BR
78120	Red cell mass, single	49.19
78120-26	Red cell mass, single	7.25
78120-TC	Red cell mass, single	41.94
78121	Red cell mass, multiple	79.34
78121-26	Red cell mass, multiple	9.97

BR (*By Report*) – Services with a **BR** (by report) indicator with billed charges of $1,100 or greater require a detailed report for payment purposes. You must attach the report to your claim. **DO NOT** attach a report to your claim for services with a BR indicator with billed charges under $1,100 unless requested by MAA.

NC – Not Covered

Website Only Update

CPT codes and descriptions are copyright 2003 American Medical Association.

Procedure Code/ Modifier	Brief Description	7/1/04 Maximum Allowable Fee
78121-TC	Red cell mass, multiple	$69.37
82143	Amniotic fluid scan	7.66
82247	Bilirubin, total	5.14
82248	Bilirubin, direct	5.14
82668	Assay of erythropoietin	20.93
82784	Assay of gammablobulin igm	10.35
82803	Blood gases: pH, pO2 & pCO2	13.57
83020	Hemoglobin eletrophoresis	11.20
83020-26	Hemoglobin electrophoresis	12.24
83030	Fetal hemoglobin, chemical	9.21
83890	Molecule isolate	5.60
83892	Molecular diagnostics	5.60
83894	Molecular gel electrophoresis	5.60
83896	Molecular diagnostics	5.60
83898	Molecular nucleic amplification	23.42
83912	Genetic examination	5.60
83912-26	Genetic examinations	12.02
84460	Alanine amino (ALT) (SGPT)	5.90
85002	Bleeding time test	5.01
85013	Hematocrit	2.64
85014	Hematocrit	2.64
85018	Hemoglobin	2.64
85032	Manual cell count, each	4.79
85049	Automated platelet count	4.98
85130	Chromogenic substrate assay	13.25
85210	Blood clot factor II test	6.84
85220	Blood clot factor V test	18.14
85230	Blood clot factor VII test	15.53
85240	Blood clot factor VIII test	19.94
85245	Blood clot factor VIII test	25.55
85246	Blood clot factor VIII test	25.55
85247	Blood clot factor VII test	25.55
85250	Blood clot factor IX test	18.14
85260	Blood clot factor X test	19.94
85270	Blood clot factor XI test	18.14
85280	Blood clot factor XII test	21.55

BR (*By Report)* – Services with a **BR** (by report) indicator with billed charges of $1,100 or greater require a detailed report for payment purposes. You must attach the report to your claim. **DO NOT** attach a report to your claim for services with a BR indicator with billed charges under $1,100 unless requested by MAA.

NC – Not Covered

CPT codes and descriptions are copyright 2003 American Medical Association.

Procedure Code/ Modifier	Brief Description	7/1/04 Maximum Allowable Fee
85290	Blood clot factor XIII test	$18.14
85291	Blood clot factor XII test	9.90
85292	Blood clot factor assay	21.09
85293	Blood clot factor assay	21.09
85300	Antithrombin III test	13.19
85301	Antithrombin III test	12.04
85302	Blood clot inhibitor antigen	13.39
85303	Blood clot inhibitor test, protein C	15.40
85305	Blood clot inhibitor assay, protein S	12.91
85306	Blood clot inhibitor test, protein S	17.06
85307	Assay activated protein c	17.06
85335	Iron stain, blood cells	14.34
85362	Fibrin degradation products	7.67
85366	Fibrinogen test	9.59
85370	Fibrinogen test	12.65
85378	Fibrin degradation	7.95
85384	Fibrinogen	8.95
85385	Fribrinogen	8.95
85410	Fibrinolytic antiplasminogen	8.58
85420	Fibrinolytic plasminogen	7.28
85421	Fibrinolytic plasminogen	11.34
85460	Hemoglobin, fetal	2.79
85461	Hemoglobin, fetal	7.38
85475	Hemolysin	9.63
85520	Heparin assay	14.58
85576	Blood platelet aggregation	23.92
85576-26	Blood platelet aggregation	12.47
85597	Platelet neutralization	20.02
85610	Prothrombin time	4.38
85635	Reptilase test	9.74
85660	RBC sickle cell test	6.14
85670	Thrombin time, plasma	6.43
85705	Thromboplastin inhibition	10.50
85730	Thromboplastin time, partial	6.47
85732	Thromboplastin time, partial	7.20
85999	Unlisted hematology procedure	BR

BR (*By Report*) – Services with a **BR** (by report) indicator with billed charges of $1,100 or greater require a detailed report for payment purposes. You must attach the report to your claim. **DO NOT** attach a report to your claim for services with a BR indicator with billed charges under $1,100 unless requested by MAA.

NC – Not Covered

Website Only Update

CPT codes and descriptions are copyright 2003 American Medical Association.

Procedure Code/ Modifier	Brief Description	7/1/04 Maximum Allowable Fee
86021	WBC antibody identification	$16.76
86022	Platelet antibodies	16.72
86023	Immunoglobulin assay	13.87
86078	Physician blood bank service	33.32
86317	Immunoassay, infectious agent	15.14
86329	Immunodiffusion	15.64
86592	Blood serology, qualitative	4.75
86593	Blood serology, quantitative	4.91
86644	CMV antibody	14.65
86645	CMV antibody, IgM	18.76
86687	HTLV-I antibody	9.34
86688	HTLV-II antibody	15.60
86689	HTLV/HIV confirmatory test	27.05
86701	HIV-1	9.89
86702	HIV-2	15.05
86703	HIV-1/HIV-2, single assay	15.28
86704	Hep B core antibody, total	13.42
86705	Hep B core antibody, IgM	13.10
86706	Hep B surface antibody	11.96
86793	Yersinia antibody	14.69
86803	Hep C ab test	15.89
86804	Hep C ab test, confirm	17.25
86805	Lymphocytotoxicity assay	24.00
86807	Cytotoxic antibody screening	23.27
86821	Lymphocyte culture, mixed	62.87
86849	Immunology procedure	BR
86850	RBC antibody screen	7.74
86860	RBC antibody elution	BR
86870	RBC antibody identification	BR
86880	Coombs test	5.98
86885	Coombs test	6.37
86886	Coombs test	5.76
86890	Autologous blood process	112.03
86891	Autologous blood, op salvage	BR
86900	Blood typing, ABO	3.32
86901	Blood typing, Rh (D)	3.32

BR (*By Report)* – Services with a **BR** (by report) indicator with billed charges of $1,100 or greater require a detailed report for payment purposes. You must attach the report to your claim. **DO NOT** attach a report to your claim for services with a BR indicator with billed charges under $1,100 unless requested by MAA.

NC – Not Covered

CPT codes and descriptions are copyright 2003 American Medical Association.

Procedure Code/ Modifier	Brief Description	7/1/04 Maximum Allowable Fee
86903	Blood typing, antigen screen	$10.51
86904	Blood typing, patient serum	10.58
86905	Blood typing, RBC antigens	3.89
86906	Blood typing, Rh phenotype	8.28
86920	Compatibility test	BR
86921	Compatibility test	BR
86922	Compatibility test	BR
86927	Plasma, fresh frozen	BR
86930	Frozen blood prep	BR
86931	Frozen blood thaw	BR
86932	Frozen blood freeze/thaw	BR
86940	Hemolysins/agglutinins, auto	9.13
86941	Hemolysins/agglutinins	13.49
86945	Blood product/irradiation	BR
86950	Leukacyte transfusion	3.66
86965	Pooling blood platelets	BR
86970	RBC pretreatment	BR
86971	RBC pretreatment	BR
86972	RBC pretreatment	BR
86975	RBC pretreatment, serum	BR
86976	RBC pretreatment, serum	BR
86977	RBC pretreatment, serum	BR
86978	RBC pretreatment, serum	BR
86985	Split blood or products	BR
86999	Transfusion procedure	12.99
87340	Hepatitis B surface ag, eia	11.50
87390	HIV-1 ag, eia	19.65
87391	HIV-2 ag, eia	19.65
87449	Ag detect nos, eia, mult	13.36
88240	Cell cryopreserve/storage	NC
88241	Frozen cell preparation	NC

BR (*By Report*) – Services with a **BR** (by report) indicator with billed charges of $1,100 or greater require a detailed report for payment purposes. You must attach the report to your claim. **DO NOT** attach a report to your claim for services with a BR indicator with billed charges under $1,100 unless requested by MAA.

NC – Not Covered

CPT codes and descriptions are copyright 2003 American Medical Association.

Immune Globulins and Immunizations

Procedure Code	Brief Description	7/1/04 Maximum Allowable Fee
90281	Human Ig, IM	NC
90283	Human Ig, IV	NC
90287	Botulinum antitoxin	NC
90288	Botulism Ig, IV	NC
90291	CMV Ig, IV	NC
90296	Diphtheria antitoxin	NC
90371	Hep B Ig, IM	116.28
90375	Rabies Ig, IM/SC	65.18
90376	Rabies Ig, heat treated	69.89
90378	RSV Ig, IM, 50mg	NC
90379	RSV Ig, IV	NC
90384	Rh Ig, full-dose, IM	NC
90385	Rh Ig, mini-dose, IM	NC
90386	Rh Ig, IV	NC
90389	Tetanus Ig, IM	NC
90393	Vaccinia Ig, IM	NC
90396	Varicella-zoster Ig, IM	96.32
90399	Immune globulin	NC
90780	IV infusion therapy, 1 hour	54.41
90781	IV infusion, additional hour	15.19
90782	Injection, SC/IM	11.34
90783	Injection, intra-arterial	11.56
90784	Injection, IV	22.90
99001	Specimen handling	Bundled
99090	Computer data analysis	Bundled
99195	Phlebotomy	23.12

BR (*By Report)* – Services with a **BR** (by report) indicator with billed charges of $1,100 or greater require a detailed report for payment purposes. You must attach the report to your claim. **DO NOT** attach a report to your claim for services with a BR indicator with billed charges under $1,100 unless requested by MAA.

NC – Not Covered

CPT codes and descriptions are copyright 2003 American Medical Association.

Processing of Blood Derivatives

Procedure Code/ Modifier	Brief Description	7/1/04 Maximum Allowable Fee
P9010	Blood (whole), each unit	$55.11
P9011	Blood (split unit), specify amount	BR
P9012	Cryoprecipitate, each unit	26.20
P9016	Leukocyte poor blood, each unit	45.53
P9017	Plasma, fresh frozen, each unit	47.82
P9019	Platelet concentrate, each unit	BR
P9020	Platelet, rich plasma, each unit	BR
P9021	Red blood cells (RBC), packed cells, each unit	66.64
P9022	Washed RBC, washed platelets, each unit	20.50
P9023	Plasma, pooled multiple donor, solvent/detergent treated, frozen, each unit	BR
P9031	Platelets, leukocytes reduced, each unit	BR
P9032	Platelets, irradiated, each unit	BR
P9033	Platelets, leukocytes reduced, irradiated, each unit	BR
P9034	Platelets, pheresis, each unit	BR
P9035	Platelets, pheresis, leukocytes reduced, each unit	BR
P9036	Platelets, pheresis, irradiated, each unit	BR
P9037	Platelets, pheresis, leukocytes reduced, irradiated, each unit	BR
P9038	Red blood cells, irradiated, each unit	BR
P9039	Red blood cells, deglycerolized, each unit	BR
P9040	Red blood cells, leukocytes reduced, irradiated, each unit	BR
P9041	Infusion, albumin (human), 5%, 50 ml	13.01
P9043	Infusion, plasma protein fraction (human), 5%, 50 ml	13.01
P9044	Plasma, cryoprecipitate reduced, each unit	BR
P9045	Infusion, albumin (human), 5%, 250 ml	49.30
P9046	Infusion, albumin (human), 25%, 20ml	13.01
P9047	Infusion, albumin (human). 25%, 50ml	49.30
P9048	Infusion, plasma protein fraction (human), 5%, 250ml	26.04
P9050	Granulocytes, phereis, each unit	BR

BR (*By Report)* – Services with a **BR** (by report) indicator with billed charges of $1,100 or greater require a detailed report for payment purposes. You must attach the report to your claim. **DO NOT** attach a report to your claim for services with a BR indicator with billed charges under $1,100 unless requested by MAA.

NC – Not Covered

CPT codes and descriptions are copyright 2003 American Medical Association.

Injectable Drugs and Anti-Hemophilic Factors

Procedure Code/ Modifier	Brief Description	7/1/04 Maximum Allowable Fee
J0850	Injection, cytomegalovirus immune globulin intravenous (human), per vial	$637.12
J1460	Injection, gamma globulin, intramuscular, 1 cc	10.20
J1470	Injection, gamma globulin, intramuscular, 2 cc	20.40
J1480	Injection, gamma globulin, intramuscular, 3 cc	30.63
J1490	Injection, gamma globulin, intramuscular, 4 cc	40.80
J1500	Injection, gamma globulin, intramuscular, 5 cc	51.00
J1510	Injection, gamma globulin, intramuscular, 6 cc	61.08
J1520	Injection, gamma globulin, intramuscular, 7 cc	71.33
J1530	Injection, gamma globulin, intramuscular, 8 cc	81.60
J1540	Injection, gamma globulin, intramuscular, 9 cc	91.89
J1550	Injection, gamma globulin, intramuscular, 10 cc	102.00
J1560	Injection, gamma globulin, intramuscular, over 10 cc	16.02 per cc
J1563	IV immune globulin	66.00
J1564	Immune globulin 10 mg	0.72
J1565	Injection, respiratory syncytial virus immune globulin, intravenous, 50 mg (**Respigam only**)	14.81
J1670	Injection, tetanus immune globulin, human, up to 250 units	106.25
J2597	Inj desmopressin acetate	3.09
J2790	Injection, Rho D immune globulin, human, one dose package	89.76
J2792	Injection, Rho D immune globulin, intravenous, human solvent detergent	18.39
J7190	Factor VIII	0.79
J7191	Factor VIII (porcine)	1.85
J7192	Factor VIII recombinant	1.17
J7193	Factor IX non-recombinant	1.01
J7194	Factor IX complex	0.36
J7195	Factor IX recombinant	0.86
J7197	Antithrombin III injection	1.36
J7198	Anti-inhibitor	1.29

BR (*By Report)* – Services with a **BR** (by report) indicator with billed charges of $1,100 or greater require a detailed report for payment purposes. You must attach the report to your claim. **DO NOT** attach a report to your claim for services with a BR indicator with billed charges under $1,100 unless requested by MAA.

NC – Not Covered

CPT codes and descriptions are copyright 2003 American Medical Association.

Procedure Code/ Modifier	Brief Description	7/1/04 Maximum Allowable Fee
Q0187	Factor VIIA (coagulation factor, recombinant) per 1.2 mg	$1,522.20
Q2022	VonWillebrandFactrCmplxperIU	0.86
J3490	Unclassified Drug *(Use for Stimate Nasal Spray)*	Acquisition Cost

Note: Claims billed with unlisted drug code J3490 must include the National Drug Code (NDC), the strength, and the dosage of the drug given, in the Comments section of the HCFA-1500 claim form.

BR (*By Report)* – Services with a **BR** (by report) indicator with billed charges of $1,100 or greater require a detailed report for payment purposes. You must attach the report to your claim. **DO NOT** attach a report to your claim for services with a BR indicator with billed charges under $1,100 unless requested by MAA.

NC – Not Covered

CPT codes and descriptions are copyright 2003 American Medical Association.

This is a blank page