Blood and Blood Derivatives Billing Examples: CMS-1500

Examples in this section are to assist providers in billing for blood and blood derivatives on the CMS-1500 claim form. Refer to the Blood and Blood Derivatives section of this manual for detailed policy information. Refer to the CMS-1500 Completion section of this manual for instructions to complete claim fields not explained in the following examples. For additional claim preparation information, refer to the Forms: Legibility and Completion Standards section of this manual.

Billing Tips: When completing claims, do not enter the decimal points in ICD-10-CM codes or dollar amounts. If requested information does not fit neatly in the Additional Claim Information field (Box 19) of the claim, type it on an 8½ x 11-inch sheet of paper and attach it to the claim.

Separate Manufacturers’ AHF on One Claim Line

Figure 1, blood samples billed together on the same claim line, is a sample only. Please adapt to your billing situation.

In this example, six units (vials) of Factor VIII are billed on an inpatient basis. Enter J7190 (Factor VIII, antihemophilic factor, human, per IU) in the Procedures, Services or Supplies field (Box 24D).

The product qualifier (N4) and the National Drug Code (NDC) are required on the claim because antihemophilic factor (AHF) is a “physician-administered” drug. Providers enter the product qualifier/NDC number in the shaded area of Box 24A. The unit of measure and numeric quantity for the AHF is entered in the shaded area of Box 24D. (Refer to section Physician-Administered Drugs – NDC: CMS-1500 Billing Instructions for help.) Due to the large quantities of AHF dispensed, providers must include the number of international units or micrograms dispensed in the Additional Claim Information field (Box 19).
Notes:

1. The unit of measure and numeric quantity in the shaded area of Box 24D are optional. Absence of these two elements will not result in claim denial.

2. Blood factor codes (HCPCS codes J7183, J7185, J7186, J7187, J7189, J7190, J7192 thru J7195, J7197 and J7198) are reimbursed using the lower of the manufacturer’s Average Selling Price (ASP) plus 20 percent or the provider’s usual and customary charge.

3. Providers participating as covered entities, and purchasing drugs through the Public Health Service (PHS) program, must not bill more than the actual acquisition cost, as charged by the manufacturer at a price consistent with the PHS program for covered outpatient drugs. Participants may also bill for a dispensing fee or markup, as allowed by Medi-Cal. Entities billing for PHS purchased factor must include the modifier UD in the modifier area (unshaded) of Box 24D.

Enter the date of service, in the six-digit format, in the Date(s) of Service field (Box 24A). Enter Place of Service code 21 (inpatient) in Box 24B.

Enter the number of units (vials) of factor administered in the Days or Units field (Box 24G).

Reminder: The International units or micrograms represented by the vials dispensed must be entered in the Additional Claim Information field (Box 19).

Calculate the charges by multiplying the units per vial by the usual and customary charge (refer to the Blood and Blood Derivatives section of this manual). Enter the amount in the Charges field (Box 24F).
Figure 1: Blood Factors Billed Together on the Same Claim Line.
Separate Manufacturers’ Blood Factors Billed on Two Claim Lines

Figure 2 is a sample only. Please adapt to your billing situation.

In this example, the six units (vials) of Factor VIII are billed as two entries on the claim. Enter J7190 (Factor VIII, antihemophilic factor, human, per IU) on claim lines 1 and 2 in the Procedures, Services or Supplies field (Box 24D).

The product qualifier (N4) and the National Drug Code (NDC) are required on the claim because antihemophilic factor (AHF) is a “physician-administered” drug. Providers enter the product qualifier/NDC number in the shaded area of Box 24A. The unit of measure and numeric quantity for the AHF is entered in the shaded area of Box 24D. (Refer to section Physician-Administered Drugs – NDC: CMS-1500 Billing Instructions for help.) Due to the large quantities of AHF dispensed, providers must include the number of international units or micrograms dispensed in the Additional Claim Information field (Box 19).

Notes:

1. The unit of measure and numeric quantity are in the shaded area of Box 24D optional. Absence of these two elements will not result in claim denial.

2. Blood factor codes (HCPCS codes J7183, J7185, J7186, J7187, J7189, J7190, J7192 – J7195, J7197 and J7198) are reimbursed using the lower of the manufacturer’s Average Selling Price (ASP) plus 20 percent or the provider’s usual and customary charge.

3. Providers participating as covered entities, and purchasing drugs through the Public Health Service (PHS) program, must not bill more than the actual acquisition cost, as charged by the manufacturer at a price consistent with the PHS program for covered outpatient drugs. Participants may also bill for a dispensing fee or markup, as allowed by Medi-Cal. Entities billing for PHS purchased factor must include the modifier UD in the modifier area (unshaded) of Box 24D.

Enter the date of service, in the six-digit format, in the Date(s) of Service field (Box 24A). Enter Place of Service code 21 (inpatient) in Box 24B.

Enter the number of (vials) of factor administered in the Days or Units field (Box 24G).

Reminder: The International units or micrograms represented by the vials dispensed must be entered in the Additional Claim Information field (Box 19).

Calculate the charges by multiplying the units per vial by the provider’s usual and customary charge (refer to the Blood and Blood Derivatives section of this manual). Enter the amount in the Charges field (Box 24F).
Figure 2: Blood Factor Products Billed on Separate Claim Lines.
### Legend

Symbols used in the document above are explained in the following table.

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