**Purpose**

To provide directions on performing billing and crediting for testing and blood products for Harborview Medical Center Transfusion Services Laboratory (HMC TSL)

**Policy**

HMC TSL shall appropriately bill and credit patient testing and transfusion of blood products. Only testing performed at HMC will be billed using Sunquest (SQ). Testing performed by outside blood suppliers will be sent to the CAST team for resolution. All patient billing and credit must be performed in SQ Blood Order Processing. All testing and blood products orders must have ordering physician listed for compliance.

**Procedure**

|  |  |  |
| --- | --- | --- |
| **Step** | **Action** | **Related Documents** |
| 1 | **General Statements**   * Billing and crediting can only be performed with accession numbers that are active * For inactive accession numbers; request will be sent by the Manager or compliance analyst to the CAST team for resolution | Quality Improvement Monitoring Form |
| 2 | Patient Testing-Billing   * Tests ordered on a patient will automatically bill * Any add on tests will bill automatically if appropriate | SQ Blood Order Processing  Appendix A |
| 3 | Patient Testing- Credit   * Credit tests if there is a cancellation on the order * Tests will also be credited if notified by Health Information Management or CAST | SQ Blood Order Processing  Appendix A  SQ Canceling and Correcting Results |
| 4 | Blood Products- Billing   * Red Cell Components (RBC and Granulocyte) * Each unit allocated is billed for the appropriate crossmatch performed regardless of transfusion * The appropriate crossmatch interpretation must be entered for the type of crossmatch performed * Once transfused, units in issued final status allows the billing of the unit and blood administration * Plasma Components (Plasma, Cryo, Platelets) * Units are billed once placed in issued final status | SQ Blood Order Processing  SQ Blood Order Processing Test Result Guide  Billing Adjustments for Unit Attributes  Appendix B  Antigen Typing of Red Cells |
| **Step** | **Action** | **Related Documents** |
| 4 cont | * Antigen Testing on Units * Applies to units allocated to a patient that require antigen negative blood * Only antigen negative RBCs can be billed through SQ Blood Order Processing * If a unit has been tested for an antigen and the patient requires the antigen negative blood, add billing of the antigen. However if the unit is not transfused and later transfused to another patient that requires the same antigen testing; duplicate billing is not allowed * *Example: Patient has anti-K, unit is initially tested for K. If K negative, add NBKA in SQ BOP. Patient 1 does not use the K neg unit and it gets released. Patient 2 also requires K neg and the same unit is crossmatch for patient 2. Do not add NBKA for patient 2 in SQ BOP. However if patient 2 requires E neg in addition to K neg; new testing performed on the unit for E neg can be billed in BOP* * Do not charge antigen negative testing for patients that do not have the requirement for antigen negative blood |  |
| 5 | Blood Products- Crediting   * Bill only for units attributes that were required by the patient at the time order was placed * Crossmatch credits should only be applied if notified by CAST or Health Information Management. Modifications to crossmatch testing do not require a credit if correction done on the same day | Billing Adjustments for Unit Attributes  Appendix B |
| 6 | Autologous Units   * If unit is allocated and transfused; no further action needed * If unit is allocated and released; add AUTOP to each unit in Blood Order Processing * If unit is subsequently transfused; add AUTOCR to each unit in Blood Order Processing | SQ Blood Order Processing  Appendix B |
| 7 | Medical Directors Consult   * ABPATH * For new antibody consults or historical antibodies that are tested for the 1st time at HMC TSL * TXPATH * Part of TRRX * Only for transfusion reaction consults * PRPATH * Non billable * Add to PREN workup that have a titer or RhIG consult only |  |
| 8 | File a QIM if there are any issues or discrepancies with billing and crediting | Quality Improvement Monitoring Form |

**Appendix A: Billing and Credit for Patient Testing**

|  |  |  |  |
| --- | --- | --- | --- |
| **Bill Test Codes** | **Test Description** | **Credit Test Codes** | **Additional Information** |
| **TSCR** | Type and Screen | **TSCRCR** |  |
| **PREN** | Prenatal Testing | **PRENCR** |  |
| **TRRX** | Transfusion Reaction Workup | **TRRXCR** |  |
| **ABR** | ABO/Rh(D) | **ABRCR** | Applies to ABRH and ABRH2 |
| **BBRH** | Rh Only | **RHCR** |  |
| **AS** | Antibody Screen | **ASCR** |  |
| **ELU** | Antibody Eluted | **ELUCR** |  |
| **DBS** | DAT, Broad Spectrum | **DBSCR** |  |
| **DCD** | DAT, Complement | **DCDCR** |  |
| **DIG** | DAT, Anti-IgG | **DIGCR** |  |
| **ABPATH** | Pathology Review | **YBBCAN** | Use for new antibody consults |
| **PRPATH** | Prenatal Consult |  | Non billable. Use for RhIg and antibody titer consults |
| **TXPATH** | Pathology Review |  | No billing defined; part of TRRX |
| **ABI** | Antibody ID | **ABICR** | Credits for one panel. If additional to credit, tab to next line and add number of panels to credit *Example ;;3* |
| **ABID2** | Additional Ab Panel(s) |  | ;number of additional panels to bill *Example ;;2* |
| **AGI** | Antigen testing on patient | **AGICR** | ;number of additional antigens to credit  Each antigen code added will bill *Example NBEA, NBKA* |
| **TTR** | Antibody Titer | **TTRCR** | Antibody Titer, Credit. If additional to credit, tab to next line and add number of titers to credit |
| **TTR2** | Additional Ab Titer(s) |  | Number of additional titers to bill |

**Appendix B: Billing and Credit for Units**

|  |  |  |  |
| --- | --- | --- | --- |
| **Bill Product Charges (add charges)**  *Added directly to the unit tab in BOP* | | **Credit Product Charges (remove charges)**  *Added directly to the unit tab in BOP* | |
| **RBC00** | RBC (BILL) | **RBC01** | RBC, LKR (CREDIT) |
| **RBCI** | RBC, IRRADIATED (BILL) | **RBC02** | RBC, washed (CREDIT) |
| **RBCL** | RBC, LEUKOREDUCED (BILL) | **RBC03** | RBC, IRR (CREDIT) |
|  |  | **RBC04** | RBC, DEGLYC (CREDIT) |
|  |  | **RBC05** | RBC, LKR, IRR (CREDIT) |
|  |  | **RBC09** | BLOOD, split unit (CREDIT) |
|  |  | **RBC10** | RBC, WASHED, IRR (CREDIT) |
|  |  | **RBC11** | RBC, WASHED, LKR (CREDIT) |
|  |  | **RBC12** | RBC, WSHD, IRR, LKR, (CREDIT) |
|  |  | **RBC13** | RBC, DEGLYC, IRR (CREDIT) |
|  |  | **RBC14** | RBC, DEGLYC, LKR (CREDIT) |
|  |  | **RBC15** | RBC, DEGLYC, IRR, LKR (CREDIT) |
|  |  | **RBC16** | RBC, DEGLYC, REJUV (CREDIT) |
|  |  | **RBC17** | RBC, DEGLYC, RJV, IRR (CREDIT) |
| **RSPLT** | Split RBC |  |  |
| **SPLIT** | Split Blood Products each |  |  |
|  |  | **CXMCR** | CROSSMATCH (COOMBS), CREDIT |
|  |  | **EXMCR** | ELECTRONIC CROSSMATCH, CREDIT |
|  |  | **PXMCR** | PEG AHG Crossmatch, Credit |
|  |  | **SXMCR** | IS Crossmatch, Credit |
|  |  | **SAXMCR** | Saline Crossmatch, Credit |
|  |  | **WXMCR** | Prewarm Crossmatch, Credit |
| **PLT00** | PLTPH (BILL) | **PLT01** | PLTPH, LKR (CREDIT) |
| **PLT0I** | PLTPH, IRR (BILL) | **PLT02** | PLTPH, IRR (CREDIT) |
| **PLT0L** | PLTPH, LKR (BILL) | **PLT03** | PLTPH, LKR, IRR (CREDIT) |
|  |  | **PLT04** | PLT, HLA, LKR (CREDIT) |
| **CRY00** | CRYO (BILL) |  |  |
| **GRN00** | GRANULOCYTES, PHER (BILL) |  |  |
| **PLS00** | FRESH FROZEN PLASMA (BILL) |  |  |
| **AUTOP** | Autologous unit not transfused, bills for processing fee | **AUTOCR** | Autologous unit transfused, AUTOP had been previously billed |
| **Billing Unit Testing** | | **Credit Unit Testing** | |
| **AO** | Antigen testing performed by HMC TSL  Enter Antigen code | **AOCR** | Enter number of antigen(s) to credit if more than one  *Example ;;2* |
| **RAOBO** | Antigen testing performed by outside supplier  Enter number of antigens to bill if more than one. Example ;;2 |

**References**

Blood Bank User Guide, Mysis Laboratory, Version 8.1

Lab Medicine CAST team