**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 by UW Medicine 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.

Any credits or charges for unit attributes must not be applied until the unit has been issued. The units must be in ISSUED or ISSUED FINAL status so the date of service files correctly. In order to comply with regulatory regulations and SQ limitations, for whole blood and red cells the patient will be credited with the whole product charge and then billed for the product type they should have received.

**Procedure**

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| --- | --- | --- |
| **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 ProcessingAppendix 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
* When crediting batteries, use the battery credit code and not the individual codes (i.e. for a TSCR use TSCRCR not ABRCR and ASCR)
 | SQ Blood Order ProcessingAppendix ASQ 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
 | SQ Blood Order ProcessingSQ Blood Order Processing Test Result GuideAppendix B |
| **Step**  | **Action**  | **Related Documents** |
| 4 cont | Blood Products – Billing (continued)* Plasma Components (Plasma, Cryo, Platelets)
* Units are billed once placed in issued final status
* 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
 | SQ Blood Order ProcessingAntigen Typing of Red Cells |
| 5 | Whole blood and red blood cells - Crediting Attributes* Bill only for unit attributes that were required by the patient at the time order was placed.
* Credit and bill the transfused unit with the appropriate crediting and billing codes.
* Credit and add billing as following steps
* In BOP, under the Units tab🡪Show All🡪Click on the unit to be credited
* At Add Unit Test, enter the Crediting code, and add to the unit.
* Then in Add Unit Test, enter the Billing code of the product type the patient should be billed for.
* 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
 | SQ Blood Order ProcessingAppendix 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 |

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| **Step** | **Action** | **Related Documents** |
| 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**

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| **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) |
| **AGI** | Antigen testing on patient  | **AGICR** | ;number of additional antigens to creditEach 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. *Example ;;2* |
| **TTR2** | Additional Ab Titer(s) |

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

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| --- | --- |
| **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) |
|  |  | **RBC08** | Whole Blood (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  |
|  |  |  |  |
|  |  | **PLT03** | PLTPH, LKR, IRR (CREDIT) |
|  |  |  |  |
| **CRY00** | CRYO (BILL) |  |  |
| **GRN00** | GRANULOCYTES, PHER (BILL) |  |  |
| **PLS00** | FRESH FROZEN PLASMA (BILL) | **FFPCR** | Plasma (CREDIT) FFP, FRZ 8-24HR |
|  |  | **FP24CR** | Plasma (CREDIT) FFP, FRZ 8 HR |
|  |  |  |  |
| **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 TSLEnter Antigen code | **AOCR** | Enter number of antigen(s) to credit if more than one*Example ;;2* |
| **RAOBO** | Antigen testing performed by outside supplierEnter 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