

## Coding Course Guide: Selecting the Best Class for your Hospital

Coding for blood and transfusion-related services is constantly evolving, and the associated billing practices are updated regularly. It is, therefore, important for facilities to secure the education their staff needs to keep up on current practices. Proper coding is crucial to securing accurate and timely reimbursement. With the numerous coding courses that are available for health care professionals, it may be difficult to choose one that will best fit the needs of your colleagues and staff. Below are some points to consider when choosing a coding course.

**Class Type:** Check to see what types of courses are being offered and consider how each type may or may not cater to the needs of your staff. Below are some details on common types.

**Audio Conferences:** Some organizations offer audio conferences on specific topics related to billing and coding. Purchasing an audio-conference may entitle you to one conference phone-line/webinar connection, with the option to buy additional connections based on the number of attendees. Audio-conferences are a convenient way to train your staff on a specific subject but usually allow for limited interaction with the instructor.

**Workshops/Seminars:** Workshops and seminars are usually more intensive than other types of courses and may focus on one or a few topics to be covered over the course of a specific timeframe. Additionally, these types of courses may include a variety of speakers who present on the specific topics of interest related to medical billing. Seminars may be offered via webcast or in-person and typically offer more hands-on instruction.

**Online/E-Learning:** Online courses offer a convenient alternative to other course types by allowing your staff to participate in the course via their own computer, at their own pace. Online “coaches” are sometimes available to assist with questions about the subject matter.

**Audience:** Be sure to inquire about what audience the course is targeting. A course that is aimed at physicians may be different from one offered for billing staff.

**Specificity:** While some coding classes focus on general topics, others focus on more specific areas of medical coding. For example, many courses provide coding basics for all specialties, while some courses provide coding instruction geared to a particular specialty. Because billing for blood and blood products is distinct from billing for other services and products, it is important to ensure that the course will apply to the needs of your staff. Additionally, make sure the content addresses the sites of care your staff needs. For example, because coding for blood and blood products differs by hospital or facility type (hospital inpatient, hospital outpatient, physician’s office), it is important to clarify which sites of care the course will cover.

**Resources:** Be sure to inquire about what resources are included with the course. For example, purchasing an audio-conference may include an audio-CD of the presentation for repeated use. Seminars and workshops may offer course manuals or reference materials that summarize topics covered during the course.

**Continuing Education Credits:** If your audience includes certified coders, be sure to verify whether the specific course will offer them credit toward applicable continuing education requirements.

### Did you know...

**that the Centers for Medicare and Medicaid Services (CMS) has developed its National Correct Coding Initiative (NCCI) to assist hospitals and other providers in addressing improper coding practices that often lead to inaccurate Medicare payments?** The NCCI edits identify pairs of services that normally should not be billed on the same claim on the same day. The two types of edits addressed by NCCI include: 1) Comprehensive/component edits, which identify pairs of codes that should not be billed together because one code inherently includes the other; and 2) Mutually exclusive edits (MUE), which identify code pairs that are clinically unlikely to be billed together for the same patient on the same day. In this newsletter, we provide examples of how these claim edits can be applied when billing for blood and blood products. For additional information about CMS’s NCCI edits, visit: <http://www.cms.hhs.gov/NationalCorrectCodInitEd/>



## Billing for Blood: Common Coding Errors

CMS's coding initiative highlights the importance of coding appropriately for blood and blood products to receive accurate reimbursement. It is important that hospitals are aware of the financial implications of leaving such issues unresolved. Because Current Procedural Technology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes are used in the outpatient setting and not in the inpatient setting, errors are generally more common in the outpatient setting. Below, we provide some common coding errors hospitals make when billing for blood and blood products and the resulting payment implications associated with these errors. Errors #1 and #2 apply to outpatient hospitals; hospital error #3 applies to inpatient hospitals.

### Outpatient Hospital Error #1: Billing for Blood Transfusions

When billing for blood transfusions, hospitals need to use two codes—the CPT code to identify the transfusion procedure and the HCPCS code to identify the blood product. A common error outpatient hospitals make is billing one code without the other. The examples below show how reimbursement can be affected by such an error using common blood transfusion CPT code 36430 *Blood transfusion service, 1 unit* and common blood product HCPCS code P9016 *RBC leukocytes reduced, 2 units*. Remember to report the appropriate revenue code based on the services performed.

	HCPCS	CPT	Total 2009 Reimbursement for Blood Transfusion	Hospital Loss
Erroneous Claim #1	Left blank	36430	\$36.07	\$377.84
Erroneous Claim #2	P9016	Left blank	\$377.84	\$36.07
Correct Claim	P9016	36430	\$413.81	\$0

### Outpatient Hospital Error #2: Billing for Irradiated and Non-irradiated Blood on the Same Claim

Some hospitals are unaware that irradiated and non-irradiated blood cannot be billed on the same claim when billing Medicare. If a hospital bills an irradiated unit together with a non-irradiated unit in the outpatient setting (which sometimes happens if an irradiated unit is the only unit available or is about to expire), Medicare will pay for only the irradiated unit due to an NCCI edit.

However, if hospitals are aware of the edit, they can bill 2 units of the non-irradiated code and be paid for both units at the non-irradiated rate. The example below shows how reimbursement can be affected by this error, by indicating the payment impact of billing 1 unit of irradiated blood (P9040) on the same claim as non-irradiated blood (P9016).

	Blood Product #1	Blood Product #2	Total 2009 Reimbursement: Irradiated Blood with Non-Irradiated Blood	Hospital Loss
Erroneous Claim	P9016	P9040	\$251.33	\$126.51
Correct Claim	P9016	P9016	\$377.84	\$0

### Inpatient Hospital Error #3: Consistency in Billing for Blood

A common billing error that occurs in inpatient hospitals is neglecting to bill for blood. Payment for blood in the inpatient setting is reflected in an all-inclusive DRG payment. Some hospitals neglect to bill for blood since it is not separately payable and will not affect DRG payment.

While this will not affect reimbursement in the short term, long-term reimbursement may be affected since Medicare uses the charges reported on claims data to set future Medicare payment rates. In the inpatient setting, hospitals should report processing charges for the blood units using revenue code 0390 every time a transfusion takes place.