Pathology: Blood Collection and Handling

Page updated: September 2020

This section contains information to assist providers in billing for pathology procedures related to hematology and coagulation services.

Blood Specimens – Collection and Handling

CPT® code 99000 is to be used only when blood collected is sent to an unaffiliated laboratory. Separate reimbursement for collection and handling is not justified when the blood test billed for the same date of service was also run and interpreted by the same provider.

CPT Code	Description
99000	Handling and/or conveyance of specimen

Code 99000 includes any of the following:

- single or multiple venipuncture
- capillary puncture or arterial puncture with one or more tubes
- centrifugation and serum separation
- freezing
- refrigeration
- preparation for air transportation or other special handling procedures
- supplies
- registration of patient or specimen
- third party billing

Requirements

Collection and handling services (code 99000) is reimbursable only when all the following conditions are met and stated on the claim form:

- The specimen is a blood sample.
- The specimen is forwarded to an unaffiliated laboratory which bills for the tests performed on the specimen.

Facility Type

Inpatient/Outpatient Providers:

"Outside" laboratory, facility type code "89", refers to a laboratory not affiliated with the billing provider. Hospital outpatient departments (Place of Service code "13") or emergency rooms (Place of Service code "14" billed in conjunction with Admit Type "1") are not reimbursed for collection and handling of blood specimens for testing in the hospital's own laboratory.

Remarks

When using Place of Service codes "13', "89" or "14", all providers must enter a statement in the *Remarks* field of the claim indicating that the "blood specimen was sent to an unaffiliated laboratory."

Place of Service

Medical Services Providers

"Outside" laboratory (Place of Service code "81") refers to a laboratory not affiliated with the billing provider. Hospital outpatient departments (Place of Service code "22") or emergency rooms (Place of Service code "23") are not reimbursed for collection and handling of blood specimens for testing in the hospital's own laboratory.

Additional Claim Information

When using Place of Service code "22", "23" or "81" all providers must enter a statement in the *Additional Claim Information* field (Box 19) of the claim indicating that the "blood specimen was sent to an unaffiliated laboratory."

Limitations

A collection and handling fee is paid only once per day per provider for each patient.

Blood Counts and Components

A complete blood count (CBC) or hemogram consists of counts for red blood cells (RBC) and white blood cells (WBC) and platelets, as well as measurements such as hemoglobin (Hgb) and hematocrit (Hct).

Note: Medi-Cal will not allow separate reimbursement of any component of the multi-panel blood tests to the same provider, for the same recipient and date of service, unless the claim documents that the specimens were drawn at different times of the day. Refer to the *Pathology and Laboratory* section of the CPT code book for a complete listing of the individual test code(s).

Individual Blood Counts – Not Separately Reimbursable

Blood counts designated by CPT codes 85004 (automated differential WBC count), 85014 (hematocrit), 85018 (hemoglobin), 85027 (complete, automated), 85041 (RBC, automated), 85048 (leukocyte [WBC], automated) and 85049 (platelet, automated) will not be reimbursed separately if billed with codes 85025 (complete, automated and automated differential WBC count) by the same provider, for the same recipient and same date of service. If codes 85004, 85014, 85018, 85027, 85041, 85048 or 85049 were previously reimbursed to the same provider, for the same recipient and same date of service, reimbursement for panel code 85025 will be reduced by the amount previously paid.

Blood counts designated by CPT codes 85014 (hematocrit), 85018 (hemoglobin), 85041 (RBC, automated), 85048 (leukocyte [WBC], automated) and 85049 (platelet, automated) will not be reimbursed separately if billed with codes 85027 (complete, automated) by the same provider, for the same recipient and same date of service. If codes 85014, 85018, 85041, 85048 or 85049 were previously reimbursed to the same provider, for the same recipient and same date of service, reimbursement for panel code 85027 will be reduced by the amount previously paid.

CPT codes 85007 (blood smear, with differential WBC count) and 85008 (blood smear without differential WBC count) are not separately reimbursable. If both codes are billed on the same day, reimbursement will be paid for only one test.

A complete blood count and component blood test may be separately reimbursable on the same day only if the component test is drawn at a different time of day than the multi-channel test and the times are documented on the claim.

Reticulocyte Count Flow Cytometry

CPT codes 85044 (blood count; reticulocyte count, manual) and 85045 (blood count; reticulocyte count, flow cytometry) are not separately reimbursable when billed by the same provider, for the same recipient and date of service. Only the first claim adjudicated is reimbursed and the subsequent claim denied.

Automated Hemogram (CBC)

Automated hemograms incorporate red cell distribution width, mean platelet volume and various histograms into the automated printout of a Complete Blood Count (CBC) with red blood cell indices. All functions of an automated hemogram are included in CPT codes 85004 thru 85049.

‹‹Legend››

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

Symbol	Description
‹‹	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
››	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.