

Government Business Policy and Procedures Blood Product Administration — New Jersey

New Jersey | Medicaid

Policy:

The health plan considers certain services to be ineligible for separate reimbursement when reported by inpatient or outpatient facility providers, unless otherwise required by provider, state, or federal contracts and/or applicable mandates.

Blood Product Administration services are considered an integral component of an emergency room, clinic, or treatment/observation room encounter and are therefore included in the reimbursement for the associated facility revenue code. Separate reimbursement is not allowed for Blood Product Administration when billed by a facility provider in these settings.

Services considered integral to Blood Product Administration or included in the facility fee are not eligible for separate reimbursement when billed by a facility provider.

Definitions:

- **Blood product administration:** The facility services associated with the preparation, handling, and administration of blood or blood products to a patient, including but not limited to nursing services, pharmacy services, supplies, and monitoring required to safely deliver the blood product
- **Clinic:** A hospital outpatient department that provides scheduled or unscheduled outpatient services and is reported using Clinic revenue codes (for example, 051X or 052X)
- **Emergency room:** A designated hospital outpatient department that provides unscheduled evaluation and treatment of acute illness or injury and is reported using emergency room revenue codes (for example, 045X)
- **Outpatient facility provider:** A hospital or hospital-based facility that bills institutional claims for services furnished to patients registered as outpatients

- **Treatment/observation room:** A hospital outpatient area used to furnish minor procedures or short-term monitoring, reported using treatment room or observation revenue codes (for example, 076X), and distinct from an operating room

Procedure

1. Identify outpatient Medicaid claims containing CPT® codes 36430, 36440, 36450, 36455, 36456, or 36460.
2. Review the claim for revenue codes 045X (ER), 051X/052X (clinic), or 076X (treatment/observation room) billed on separate lines.
3. Confirm that both the blood administration CPT code(s) and qualifying revenue code(s) appear on the same claim or a related claim in history.
4. Apply denial to the blood administration CPT code(s) when criteria are met.
5. Document denial rationale and ensure appropriate claim adjudication messaging is applied.

References:

This policy has been developed through consideration of the following:

- CMS
- Optum EncoderPro 2026
- State contract
- State Medicaid