

Blood and Blood Products

Policy Number: BIP015.L
Effective Date: July 1, 2023

[Instructions for Use](#)

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Related Policies
None

Federal/State Mandated Regulations

None

State Market Plan Enhancements

None

Covered Benefits

Important Note: Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

Refer to member’s EOC/SOB for additional information.

- Blood and Blood Components: Whole blood is a biological, which cannot be self-administered and is covered when furnished incident to a physician’s services. Blood fractions may also be covered if all coverage requirements are satisfied.
- Use and administration of blood and blood components, including but not necessarily limited to:
 - Cryoprecipitate
 - Platelets
 - Fibrinogen
 - Plasma
 - Gamma globulin
 - Albumin
- Blood provided through a blood bank on either an inpatient or outpatient basis.
- Hemophilia, a blood disorder characterized by prolonged coagulation time, is caused by deficiency of a factor in plasma necessary for blood to clot. Blood clotting factors for hemophilia patients are covered when coverage criteria are met.
- Autologous (self-donated) and donor-directed (donor-designated) blood processing costs only for a scheduled procedure, including storage fees charged as a result of the physician and/or provider cancellations, which are beyond the member’s control.

- Cost of Blood collected but not used if the physician authorized the need.
- Bloodless Surgery- Surgical procedures performed without blood transfusions or blood products, including rho(d) immune globulin, for members are covered when medically necessary and prior authorization is obtained.

Not Covered

- Blood charges associated with non-authorized or non-covered procedures.

References

Medicare National Coverage Determination: Refer to the Medicare Advantage Coverage Summary titled [Blood, Blood Products and Related Procedures and Drugs](#); (Accessed June 03, 2022)

Policy History/Revision Information

Date	Summary of Changes
07/01/2023	<p>Not Covered</p> <ul style="list-style-type: none"> • Revised list of non-covered services; removed “platelet derived wound healing formulas, such as Procuren or other similar blood products used in the repair of chronic, nonhealing, cutaneous ulcers or wounds” <p>Supporting Information</p> <ul style="list-style-type: none"> • Archived previous policy version BIP015.K

Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the member’s Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member’s EOC/SOB, the member’s EOC/SOB provision will govern.