

# Blood, Blood Products and Related Procedures

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- Related Medicare Advantage Policy Guidelines**
- [Anti-Inhibitor Coagulant Complex \(AICC\) \(NCD 110.3\)](#)
  - [Apheresis \(Therapeutic Pheresis\) \(NCD 110.14\)](#)
  - [Blood Brain Barrier Osmotic Disruption for Treatment of Brain Tumors \(NCD 110.20\)](#)
  - [Blood Platelet Transfusions \(NCD 110.8\)](#)
  - [Blood Transfusions \(NCD 110.7\)](#)
  - [Coverage of Drugs and Biologicals for Label and Off-Label Uses](#)
  - [Hemophilia Clotting Factors](#)
  - [Intravenous Immune Globulin for the Treatment of Mucocutaneous Blistering Diseases \(NCD 250.3\)](#)
  - [Transfer Factor for Treatment of Multiple Sclerosis \(NCD 160.20\)](#)

## Coverage Guidelines

Blood transfusions, platelets, blood components and blood clotting factors and blood related services are covered when Medicare coverage criteria are met.

Note: Medicare’s Part A 3-pint blood deductible does not apply to UnitedHealthcare Medicare Advantage members. For additional information refer to the member’s Evidence of Coverage (EOC).

### 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. Payment may also be made for blood fractions if all coverage requirements are satisfied.

Refer to the [Medicare Benefit Policy Manual, Chapter 15, Section 50.3 Incident to Requirement](#).  
(Accessed September 30, 2021)

### Hemophilia Blood Clotting Factors

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.

Refer to the:

- [Medicare Benefit Policy Manual, Chapter 15, §50.5.5 – Hemophilia Clotting Factors](#)
- [NCD for Anti-Inhibitor Coagulant Complex \(AICC\) \(110.3\)](#)

(Accessed September 30, 2021)

### ***Utilization Guidelines***

The Medicare Benefit Policy Manual and NCD addressing hemophilia clotting factors do not provide utilization guidelines. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) with utilization guidelines for hemophilia clotting factors exist and compliance with these policies is required where applicable. For the state-specific LCDs/LCAs, refer to the table for [Hemophilia Clotting Factors](#).

For states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled [Clotting Factors, Coagulant Blood Products and Other Hemostatics](#).

Note: After checking the [Hemophilia Clotting Factors](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

### **Blood Transfusion**

Medically necessary transfusion of blood, regardless of the type, may generally be a covered service. Coverage does not make a distinction between the transfusion of homologous, autologous, or donor-directed blood. Refer to the [NCD for Blood Transfusions \(110.7\)](#). (Accessed September 30, 2021)

### **Blood Platelet Transfusion**

Blood platelet transfusion is when reasonable and necessary for the individual patient; refer to the [NCD for Blood Platelet Transfusions \(110.8\)](#). (Accessed September 30, 2021)

### **Granulocyte Transfusions**

Granulocyte transfusions to patients suffering from severe infection and granulocytopenia are covered for specific indications. Refer to the [NCD for Granulocyte Transfusions \(110.5\)](#). (Accessed September 30, 2021)

### **Nonselective (Random) Transfusions and Living Related Donor Specific Transfusions (DST) in Kidney Transplantation**

Pre-transplant nonselective (random) transfusions and living related donor specific transfusions (DST) in kidney transplantation are covered, without a specific limitation on the number of transfusions. Refer to the [NCD for Nonselective \(Random\) Transfusions and Living Related Donor Specific Transfusions \(DST\) in Kidney Transplantation \(110.16\)](#). (Accessed September 30, 2021)

### **Lymphocyte Immune Globulin, Anti-Thymocyte Globulin (Equine)**

Lymphocyte immune globulin, anti-thymocyte globulin (equine) for the management of allograft rejection episodes in renal transplantation.

Note: Other forms of lymphocyte globulin preparation which the FDA approves for this indication in the future may be covered under Medicare.

Refer to the [NCD for Lymphocyte Immune Globulin, Anti-Thymocyte Globulin \(Equine\) \(260.7\)](#). (Accessed September 30, 2021)

### **Intravenous Immune Globulin (IVIG)**

Refer to the Coverage Summary titled [Medications/Drugs \(Outpatient/Part B\)](#).

### **Apheresis (Therapeutic Pheresis)**

Apheresis (therapeutic pheresis) is covered for specific indications. Refer to the [NCD for Apheresis \(Therapeutic Pheresis\) \(110.14\)](#). (Accessed September 30, 2021)

## Blood Derived Products for Chronic Non-Healing Wounds

Refer to the Coverage Summary titled [Wound Treatments](#).

## Blood Brain Barrier (BBB) Osmotic Disruption for Treatment of Brain Tumors

The use of osmotic BBB is not reasonable and necessary when it is used as part of a treatment regimen for brain tumors. Refer to the [NCD for Blood Brain Barrier Osmotic Disruption for Treatment of Brain Tumors \(110.20\)](#). (Accessed September 30, 2021)

## Transfer Factor for the Treatment of Multiple Sclerosis

Transfer factor for the treatment of multiple sclerosis as it is considered experimental for this purpose. Refer to the [NCD for Transfer Factor for Treatment of Multiple Sclerosis \(160.20\)](#). (Accessed September 30, 2021)

## Erythropoietin Stimulating Factors

Refer to the Coverage Summary titled [Medications/Drugs \(Outpatient/Part B\)](#).

## Supporting Information

Important Note: When searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the applicable referenced default policy below for coverage guidelines.

Hemophilia Clotting Factors				
Accessed September 30, 2021				
LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L33684 (A56482)	<a href="#">Hemophilia Clotting Factors</a>	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
L35111 (A56433)	<a href="#">Hemophilia Factor Products</a>	Part A and B MAC	Novitas Solutions, Inc	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
A56065	<a href="#">Billing and Coding Guidance for Anti-Inhibitor Coagulant Complex (AICC) National Coverage Determination (NCD) 110.3</a>	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV

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## Policy History/Revision Information

Date	Summary of Changes
10/19/2021	<p><b>Coverage Guidelines</b></p> <p><i>Hemophilia Blood Clotting Factors</i></p> <ul style="list-style-type: none"><li>Replaced language indicating “blood clotting factors for hemophilia patients <i>with the [listed] diagnoses may be covered if the patient is competent to use such factors without medical supervision</i>” with “blood clotting factors for hemophilia patients <i>are covered when coverage criteria are met</i>”</li><li>Removed list of covered diagnoses</li><li>Removed reference link to the <i>Medicare Learning Network (MLN) Matters #4229 – Payment for Blood Clotting Factors Administered to Hemophilia Inpatients</i></li></ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"><li>Archived previous policy version MCS008.01</li></ul>

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The benefit information in this Coverage Summary is based on existing national coverage policy; however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

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