

Blood and Blood Products

Policy Number: BIP015.O
Effective Date: April 1, 2026

[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 the member’s Evidence of Coverage (EOC)/Schedule of Benefits (SOB) for additional information.

- Use and administration of blood and blood components, including but not limited to:
 - Cryoprecipitate
 - Platelets
 - Fibrinogen
 - Plasma
 - Gamma globulin
 - Albumin
- Blood provided through a blood bank on either an inpatient or outpatient basis.
- 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

American Red Cross, Blood Components. How can one donation help multiple people? [Plasma, Platelets and Whole Blood | Red Cross Blood Services](#). Accessed February 2026.

Policy History/Revision Information

Date	Summary of Changes
04/01/2026	<ul style="list-style-type: none"><li data-bbox="337 369 971 399">• Routine review; no change to coverage guidelines<li data-bbox="337 401 885 430">• Archived previous policy version BIP015.N

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.