

# Blood and Blood Products

Policy Number: BIP015.J  
Effective Date: August 1, 2021

[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.
- Blood Clotting Factors for members diagnosed with Hemophilia and the equipment necessary for the administration of such factors (e.g., Factor VIII).
- 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

- Platelet derived wound healing formulas, such as Procuren or other similar Blood Products used in the repair of chronic, nonhealing, cutaneous ulcers or wounds.
- 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, 2021)

## Policy History/Revision Information

Date	Summary of Changes
08/01/2021	<p><b>Covered Benefits</b></p> <ul style="list-style-type: none"> <li>• Added language pertaining to Blood and Blood Components to indicate:               <ul style="list-style-type: none"> <li>○ Whole blood is a biological, which cannot be self-administered and is covered when furnished incident to a physician’s services</li> <li>○ Blood fractions may also be covered if all coverage requirements are satisfied</li> </ul> </li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>• Archived previous policy version BIP015.I</li> </ul>

## 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.