

Blood and Blood Products

Policy Number: BIP016.I
 Effective Date: August 1, 2021

[Instructions for Use](#)

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Related Policies
None

Federal/State Mandated Regulations

Note: The most current federal/state mandated regulations for each state can be found in the links below.

Oklahoma

Oklahoma HMO: OAC 365:40-5-20

http://www.oar.state.ok.us/oar/codedoc02.nsf/frmMain?OpenFrameSet&Frame=Main&Src=75tnm2shfcdnm8pb4dthj0chedp_pmcbyq8dtmmak31ctijujrgcln50ob7ckj42tbkdt374obdcli00

Basic health care services shall include:

- (3) Inpatient hospital services including room and board, general nursing care, meals and special diets when medically necessary, use of operating room and related facilities, use of intensive care unit and services, x-ray services, laboratory, and other diagnostic tests, drugs, medications, biologicals, anesthesia and oxygen services, special duty nursing when medically necessary, radiation therapy, inhalation therapy, perfusion, and administration of whole blood and blood plasma.

365:40-5-21 Supplemental health care services

http://www.oar.state.ok.us/oar/codedoc02.nsf/frmMain?OpenFrameSet&Frame=Main&Src=75tnm2shfcdnm8pb4dthj0chedp_pmcbyq8dtmmak31ctijujrgcln50ob7ckj42tbkdt374obdcli00

Supplemental health care services of an HMO may include the following:

- (14) Whole blood and blood plasma

Texas

28 TAC 11.508 Basic Health Care Services and Mandatory Benefit Standards: Group, Individual and Conversion Agreements

http://txrules.elaws.us/rule/title28_chapter11_sec.11.508

- (a) Each evidence of coverage providing basic health care services must provide the following basic health care services when they are provided by network physicians or providers, or by non-network physicians and providers as set out in §11.506(9) or (14) of this title; (relating to Mandatory Contractual Provisions: Group, Individual, and Conversion Agreement and Group Certificate):
 - (2) Inpatient hospital services, including room and board, general nursing care, meals and special diets when medically necessary; use of operating room and related facilities; use of intensive care unit and services; X-ray services; laboratory and other diagnostic tests ; drugs, medications, biologicals, anesthesia and oxygen services ;private duty

nursing when medically necessary; radiation therapy; inhalation therapy; whole blood including cost of blood, blood plasma, and blood plasma expanders, that are not replaced by or for the enrollee; administration of whole blood and blood plasma ; and short-term rehabilitation therapy services in the acute hospital setting.

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:
- 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:
 - Oklahoma: Surgical procedures performed without Blood transfusions or Blood Products, including Rho(D) Immune Globulin, for Members who object to such transfusion on religious grounds are covered only when available within the Member's Contracting Medical Group/Hospital or authorized by UnitedHealthcare.
 - Oregon: Surgical procedures performed without Blood transfusions or Blood Products, including Rho(D) Immune Globulin for Members who object to such transfusion on religious grounds are covered only when available within the Member's Network Hospital.
 - Texas: Surgical procedures performed without Blood transfusions or Blood Products, including Rho(D) Immune Globulin. Members who object to such transfusion on religious grounds are covered only when available within the Member's Contracting Medical Group/Hospital or authorized by UnitedHealthcare.
 - Washington: Surgical procedures performed without Blood transfusions or Blood Products, including Rho(D) Immune Globulin, for Members who object to such transfusion on religious grounds are covered only when available within the Member's Participating Medical Group/Hospital.

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.

Policy History/Revision Information

Date	State(s) Affected	Summary of Changes
08/01/2021	All	<p>Covered Benefits</p> <ul style="list-style-type: none">• Added language pertaining to Blood and Blood Components to indicate:<ul style="list-style-type: none">○ 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 <p>Supporting Information</p> <ul style="list-style-type: none">• Archived previous policy version BIP016.H

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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.