Blood, Blood Products, and Related Procedures

Policy Number: MCS008.05
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Instructions for Use

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Related Medicare Advantage Policy Guideline

- Hemophilia Clotting Factors and Products

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).

Note: The guidelines in this Coverage Summary are for specific procedures only. For procedures not addressed in this Coverage Summary, refer to the Medicare Coverage Database to search for applicable coverage policies (National Coverage Determination, Local Coverage Determinations and Local Coverage Articles).

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 January 18, 2024)

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 January 18, 2024)

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 & 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.
(Accessed January 18, 2024)

Intravenous Immune Globulin (IVIG)

Refer to the Coverage Summary titled Medications/Drugs (Outpatient/Part B).

Apheresis (Therapeutic Pheresis) (CPT Code 36514)

Apheresis (therapeutic pheresis) is covered for specific indications. Refer to the NCD for Apheresis (Therapeutic Pheresis) (110.14). (Accessed January 18, 2024)

Blood Derived Products for Chronic Non-Healing Wounds

Refer to the Coverage Summary titled Wound Treatments.

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 January 18, 2024

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
A56065	Billing and Coding: Guidance for Anti-Inhibitor Coagulant Complex (AICC) National Coverage Determination (NCD) 110.3	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
01/01/2024	**Coverage Guidelines** ***Apheresis (Therapeutic Pheresis) (CPT Code 36514)*** • Added list of applicable CPT codes to service heading **Supporting Information** • Archived previous policy version MCS008.04

Instructions for Use

This information is being distributed to you for personal reference. The information belongs to UnitedHealthcare and unauthorized copying, use, and distribution are prohibited. This information is intended to serve only as a general reference resource and is not intended to address every aspect of a clinical situation. Physicians and patients should not rely on this information in making health care decisions. Physicians and patients must exercise their independent clinical discretion and judgment in determining care. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the Member's Evidence of Coverage (EOC)/Summary of Benefits (SB). If there is a discrepancy between this policy and the member's EOC/SB, the member's EOC/SB provision will govern. The information contained in this document is believed to be current as of the date noted.

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.

UnitedHealthcare follows Medicare coverage guidelines found in statutes, regulations, NCDs, and LCDs to determine coverage. The clinical coverage criteria governing the items or services in this coverage summary have not been fully established in applicable Medicare guidelines because there is an absence of any applicable Medicare statutes, regulations, NCDs, or LCDs setting forth coverage criteria and/or the applicable NCDs or LCDs include flexibility that explicitly allows for coverage in circumstances beyond the specific indications that are listed in an NCD or LCD. As a result, UnitedHealthcare applies internal coverage criteria in the UnitedHealthcare commercial policies referenced in this coverage summary. The coverage criteria in these commercial policies was developed through an evaluation of the current relevant clinical evidence in acceptable clinical literature and/or widely used treatment guidelines. UnitedHealthcare evaluated the evidence to determine whether it was of sufficient quality to support a finding that the items or services discussed in the policy might, under certain circumstances, be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.