

Blood and Blood Products

Policy Number: BIP015.M
Effective Date: June 1, 2024

[Instructions for Use](#)

Table of Contents	Page
Federal/State Mandated Regulations	1
State Market Plan Enhancements	1
Covered Benefits	1
Not Covered	1
References	2
Policy History/Revision Information	2
Instructions for Use	2

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.

- 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 21, 2024.

Policy History/Revision Information

Date	Summary of Changes
06/01/2024	<p data-bbox="337 367 581 394">Covered Benefits</p> <ul data-bbox="337 401 1474 611" style="list-style-type: none"><li data-bbox="337 401 743 428">● Removed language indicating:<ul data-bbox="386 434 1474 548" style="list-style-type: none"><li data-bbox="386 434 943 462">○ Blood and blood components [are covered]<ul data-bbox="435 468 1474 548" style="list-style-type: none"><li data-bbox="435 468 1474 520">▪ Whole blood is a biological, which cannot be self-administered, and is covered when furnished incident to a physician's services<li data-bbox="435 527 1393 548">▪ Blood fractions may also be covered if all coverage requirements are satisfied<li data-bbox="386 554 1474 611">○ Hemophilia, a blood disorder characterized by prolonged coagulation time, is caused by deficiency of a factor in plasma necessary for blood to clot <p data-bbox="337 617 667 644">Supporting Information</p> <ul data-bbox="337 651 1170 705" style="list-style-type: none"><li data-bbox="337 651 1170 678">● Updated <i>References</i> section to reflect the most current information<li data-bbox="337 684 883 705">● Archived previous policy version BIP015.L

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.