

# Blood and Blood Products

**Policy Number:** BIP016.L  
**Effective Date:** June 1, 2024

[Instructions for Use](#)

Table of Contents	Page
<a href="#">Federal/State Mandated Regulations</a> .....	1
<a href="#">State Market Plan Enhancements</a> .....	2
<a href="#">Covered Benefits</a> .....	2
<a href="#">Not Covered</a> .....	2
<a href="#">References</a> .....	2
<a href="#">Policy History/Revision Information</a> .....	2
<a href="#">Instructions for Use</a> .....	3

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***

[TITLE 365 \(ok.gov\)](#)

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***

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](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.

- 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:**
  - **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

- 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	State(s) Affected	Summary of Changes
06/01/2024	All	<b>Covered Benefits</b> <ul style="list-style-type: none"><li>• Removed language indicating:<ul style="list-style-type: none"><li>○ Blood and blood components [are covered]<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></li></ul>

Date	State(s) Affected	Summary of Changes
		<ul style="list-style-type: none"> <li>○ Hemophilia, a blood disorder characterized by prolonged coagulation time, is caused by deficiency of a factor in plasma necessary for blood to clot</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>● Updated <i>References</i> section to reflect the most current information</li> <li>● Archived previous policy version BIP016.K</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.