

**Origination:** New Policy  
**Last Review:** December 05, 2024  
**Next Review:** March 01, 2026  
**Effective Date:** March 01, 2025

## Description

Provide a policy statement for the application of services for Blood and Blood Components.

## Policy & Guidelines

### Policy Statement

Effective with dates of service on or after March 01, 2025, Blue Cross and Blue Shield of Vermont (Blue Cross VT) will deny additional payment for Blood and Blood Components. These services will deny NOT Separately Payable, Provider Responsibility based on the guidelines set forth below under the **NOT** eligible criteria. (Refer to Corporate Medical Policy for additional eligible service guidelines).

### Eligible

Refer to Corporate Medical Policy (Blood and Blood Components, Platelet Derived Growth Factors and Prolotherapy) for additional applicable medical necessity guidelines for eligible payment of services.

- Blue Cross VT will provide coverage for transfusion services of whole blood, blood components, and blood derivatives when ordered by the member's provider under circumstances where the transfusion of blood or blood products is an accepted medical practice and is therefore considered **medically necessary**.
- Blue Cross VT will provide coverage for cost that the facility incurs from a community blood bank for the bank's processing expenses. Refer to [Attachment I](#).
- Blue Cross VT will provide coverage for clinical laboratory studies/tests in connection with blood and blood transfusion services related to the patient receiving the blood.
- Blood transfusion services are separately reimbursed for outpatient transfusion services (CPT<sup>®</sup> codes 36430 -36460).

- We will provide payment for cost that the facility incurs from a community blood bank for the bank's processing expenses. Refer to [Attachment I](#).

## Not Eligible

The services below are not eligible for separate benefits, they are considered inclusive of other service and providers are held financially liable if billed:

- Blood transfusion services when a member is inpatient or in observation.
- Storage of whole blood, blood components/products at facilities.

**NOTE:** Claims should not be submitted when the cost from a community blood bank is NOT incurred by the facility.

## Provider Billing Guidelines and Documentation

The provider should ensure the rationale for billing for the services provided and ensuring such services are documented in the member's medical record. The submission of the services rendered and billed indicates that the documentation is available in the member's medical records which support the medical necessity of the service provided and that medical records will be provided in a timely manner to review upon request.

## Benefit Determination Guidance

Payment for services is determined by the member's benefits. It is important to verify the member's benefits **prior** to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit.

Eligible services are subject to applicable member cost sharing such as co-payments, co-insurance, and deductible.

**Federal Employee Program (FEP):** Members may have different benefits that apply. For further information, please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure. It is important to verify the member's benefits **prior** to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit.

**Inter Plan Programs (IPP):** In accordance with the Blue Cross and Blue Shield Association's Inter-Plan Programs Policies and Provisions, this payment policy governs billing procedures for goods or services rendered by a Vermont-based provider (Blue Cross VT is the local Plan), including services rendered to out-of-state Blue members. Provider billing practices, payment policy and pricing are a local Plan responsibility that a member's Blue Plan must honor. A member's Blue Plan cannot dictate the type of claim form upon which services must be billed, codes and/or modifiers, place of service or provider type, unless it has its own direct contract with the provider (permitted only in limited situations). A member's Blue

Plan cannot apply its local billing practices on claims rendered in another Plan's service area. A member's Blue Plan can only determine whether services rendered to their members are eligible for benefits. To understand if a service is eligible for payment, it is important to verify the member's benefits **prior** to providing services. In certain circumstances, the member may be financially responsible for services beyond the benefit provided for eligible services.

Claims are subject to payment edits that are updated at regular intervals and generally based on Current Procedural Terminology (CPT®), Health Care Procedural Coding System (HCPCS), Internal Classification of Diseases, CMS National Correct Coding Initiative Edits, Specialty Society guidelines, etc.

## Eligible Providers

This policy applies to all providers/facilities contracted with the Plan's Network (participating/in-network) and any non-participating/out-of-network providers/facilities.

## Audit Information

Blue Cross VT reserves the right to conduct audits on any provider and/or facility to ensure adherence with the guidelines stated in the payment policy. If an audit identifies instances of non-adherence with this payment policy, Blue Cross VT reserves the right to recover all non-adherence payments.

## Legislative and Regulatory Guidelines

N/A

## Related Policies

Corporate Medical Policy: Blood and Blood Components, Platelet Derived Growth Factors and Prolotherapy

Corporate Payment Policy: Inpatient Hospital Room & Board, Routine Services, Supplies, & Equipment CPP\_08

## Document Precedence

The Blue Cross VT Payment Policy Manual was developed to provide guidance for providers regarding Blue Cross VT payment practices and facilitates the systematic application of Blue Cross VT member contracts and employer benefit documents, provider contracts, Blue Cross VT corporate medical policies, and Plan's claim editing logic. Document precedence is as follows:

- 1) To the extent that there may be any conflict between the Blue Cross VT Payment Policy Manual and the member contracts or employer benefit documents, the member contract or employer benefit document language takes precedence.
- 2) To the extent that there may be any conflict between the Blue Cross VT Payment Policy Manual and provider contract language, the provider contract language takes precedence.
- 3) To the extent that there may be any conflict between the Blue Cross VT Payment Policy Manual and corporate medical policy, the corporate medical policy takes precedence.
- 4) To the extent that there may be any conflict between the Blue Cross VT Payment Policy Manual and the Plan's claim editing solutions, the Plan's claim editing solution takes precedence.

## Policy Implementation/Update Information

This policy was originally implemented on November 13, 2024

Date of Change	Effective Date	Overview of Change
December 05, 2024	March 01, 2025	New policy. Payment policy statement established for Blood and Blood Components, Platelet Derived Growth Factors and Prolotherapy.
January 29, 2025	March 01, 2025	<p>External feedback received. Clarification to policy statement: The services below are not eligible for separate benefits, they are considered inclusive of other service and providers are held financially liable if billed:</p> <ul style="list-style-type: none"> <li>•Blood transfusion services when a member is inpatient or in observation.</li> <li>•Storage of whole blood, blood components/products at facilities. Minor formatting to table header and document text.</li> </ul>

Approved by

Update Approved: 11/13/2024



Tom Weigel, MD, Chief Medical Officer

Attachment I  
Coding Table & Instructions

Code Type	Number	Brief Description	Policy Instructions	Outpatient	Inpatient
Revenue Code	0380	Blood and Blood Products--General		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*
Revenue Code	0381	Blood and Blood Products- Packed red cells		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*
Revenue Code	0382	Blood and Blood Products- Whole blood and blood products		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*
Revenue Code	0383	Blood and Blood Products-Plasma		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*

Code Type	Number	Brief Description	Policy Instructions	Outpatient	Inpatient
Revenue Code	0384	Blood and Blood Products-Platelets		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*
Revenue Code	0385	Blood and Blood Products-Leukocytes		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*
Revenue Code	0386	Blood and Blood Products- Other components		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*
Revenue Code	0387	Blood and Blood Products- Other		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*
Revenue Code	0389	Blood and Blood Products- Other		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*
Revenue Code	0390	Blood/Admin/Storage		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*
Revenue Code	0391	Blood Admin (e.g. transfusion services)	Must bill with CPT® Codes 36430, 36440, 36450, 36455, 36456, 36460	Covered	Not Separately Payable – Considered Inclusive to Room and Board

Code Type	Number	Brief Description	Policy Instructions	Outpatient	Inpatient
Revenue Code	0392	Blood/Processing /Storage	Must bill HCPCS Code with Revenue Code (P9010, P9011, P9012, P9016, P9017, P9019, P9020, P9021, P9022, P9023, P9025, P9026, P9031, P9032, P9033, P9034, P9035, P9036, P9037, P9038, P9039, P9040, P9043, P9044, P9045, P9046, P9047, P9048, P9050, P9051, P9052, P9053, P9054, P9055, P9056, P9057,	Allow	Allow
Revenue Code	0399	Other processing and storage		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*
CPT®	22899	Unlisted procedure, spine	Claim will suspend and require clinical documentation for review.	Not Separately Payable, Provider Responsibility	Not Separately Payable, Provider Responsibility
CPT®	27599	Unlisted procedure, femur or knee	Claim will suspend and require clinical documentation for review.	Not Separately Payable, Provider Responsibility	Not Separately Payable, Provider Responsibility

Code Type	Number	Brief Description	Policy Instructions	Outpatient	Inpatient
CPT®	29999	Unlisted procedure, arthroscopy	Claim will suspend and require clinical documentation for review.		
CPT®	41899	Unlisted procedure, dentoalveolar structures	Claim will suspend and require clinical documentation for review.		
CPT®	86999	Unlisted transfusion medicine procedure	Claim will suspend and require clinical documentation for review.		
HCPCS	P9010	Blood (whole) for transfusion, per unit		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*
HCPCS	P9011	Blood (split unit) specify amount		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*
HCPCS	P9012	Cryoprecipitate, each unit		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*
HCPCS	P9016	Red blood cells, leukocytes reduced, each unit		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*

Code Type	Number	Brief Description	Policy Instructions	Outpatient	Inpatient
HCPCS	P9017	Fresh frozen plasma (single donor), frozen within eight hours of collection,		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*
HCPCS	P9019	Platelets, each unit		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*
HCPCS	P9021	Red blood cells, each unit		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*
HCPCS	P9022	Red blood cells, washed, each unit		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*
HCPCS	P9023	Plasma, pooled multiple donor, solvent/ detergent treated,		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*
HCPCS	P9025	Plasma, cryoprecipitate reduced, pathogen reduced, each unit.		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*
HCPCS	P9026	Cryoprecipitated fibrinogen complex, pathogen reduced, each unit.		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*

<b>Code Type</b>	<b>Number</b>	<b>Brief Description</b>	<b>Policy Instructions</b>	<b>Outpatient</b>	<b>Inpatient</b>
HCPCS	P9031	Platelets (various type products), each unit		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*
HCPCS	P9032	Platelets, irradiated, each unit		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*
HCPCS	P9033	Platelets, leukocytes reduced, irradiated, each unit		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*
HCPCS	P9034	Platelets, pheresis, each unit		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*
HCPCS	P9035	Platelets, pheresis, leukocytes reduced, each unit		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*
HCPCS	P9036	Platelets, pheresis, irradiated, each unit		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*
HCPCS	P9037	Platelets, pheresis, leukocytes reduced, irradiated, each unit		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*
HCPCS	P9038	Red blood cells, irradiated, each unit		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*

Code Type	Number	Brief Description	Policy Instructions	Outpatient	Inpatient
HCPCS	P9039	Red blood cells, deglycerolized, each unit		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*
HCPCS	P9040	Red blood cells, leukocytes reduced, irradiated, each unit		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*
HCPCS	P9041	Infusion, albumin (human), 5%, 50 ml.		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*
HCPCS	P9043	Infusion, plasma protein fraction (human), 5%, 50 ml.		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*
HCPCS	P9044	Plasma, cryoprecipitate, reduced, each unit		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*
HCPCS	P9045	Infusion, albumin (human), 5%, 250 ml		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*
HCPCS	P9046	Infusion, albumin (human), 25%, 20 ml		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*
HCPCS	P9047	Infusion, albumin (human), 25%, 50 ml		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*

Code Type	Number	Brief Description	Policy Instructions	Outpatient	Inpatient
HCPCS	P9048	Infusion, plasma protein fraction (human) 5%, 250 ml.		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*
HCPCS	P9050	Granulocytes, pheresis, each unit		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*
HCPCS	P9051	Whole blood or red blood cells, leukocytes reduced		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*
HCPCS	P9052	Platelets, matched leukocytes reduced, apheresis/pheresis each unit		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*
HCPCS	P9053	Platelets, pheresis, leukocytes reduced, cmv-negative, irradiated, each unit		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*
HCPCS	P9054	Whole blood or red blood cells, leukocytes reduced, frozen, deglycerol, washed, each unit		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*

Code Type	Number	Brief Description	Policy Instructions	Outpatient	Inpatient
HCPCS	P9055	Platelets, leukocytes reduced, CMV-negative, apheresis/pheresis, each unit		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*
HCPCS	P9056	Whole blood, leukocytes reduced, irradiated, each unit		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*
HCPCS	P9057	Red blood cells, frozen/deglycerolized/washed, leukocytes reduced, irradiated, each unit		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*
HCPCS	P9058	Red blood cells, leukocytes reduced, CM V-negative, irradiated, each unit		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*
HCPCS	P9059	Fresh frozen plasma between 8–24 hours of collection, each unit		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*
HCPCS	P9060	Fresh frozen plasma, donor retested, each unit		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*

Code Type	Number	Brief Description	Policy Instructions	Outpatient	Inpatient
HCPCS	P9070	Plasma, pooled multiple donor; pathogen reduced, frozen, each unit		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*
HCPCS	P9071	Plasma (single donor), pathogen reduced, frozen, each unit		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*
HCPCS	P9073	Platelets, pheresis, pathogen-reduced, each unit		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*
HCPCS	P9090	Blood component or product not otherwise classified		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*
HCPCS	P9099	Blood component or product not otherwise classified		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*
HCPCS	P9100	Pathogen(s) test for platelets		Not Separately Payable, Provider Responsibility*	Not Separately Payable, Provider Responsibility*

Code Type	Number	Brief Description	Policy Instructions	Outpatient	Inpatient
HCPCS	G0465	Autologous platelet rich plasma (prp) for diabetic chronic wounds/ulcers, using an fda-cleared device (includes administration, dressings, phlebotomy, centrifugation, and all other preparatory procedures, per treatment)		Investigational	Investigational
HCPCS	M0076	Prolotherapy		Investigational	Investigational
HCPCS	P9020	Platelet Rich Plasma		Investigational	Investigational
CPT®	0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed.		Investigational	Investigational

\*Does NOT apply to Blue Card Home claims.