


MEDICAL POLICY	Blood Counts (All Lines of Business Except Medicare)
Effective Date: 4/1/2022	Medical Policy Number: 208
 4/1/2022	Medical Policy Committee Approved Date: 5/2021; 2/2022
Medical Officer	Date

See Policy CPT/HCPSC CODE section below for any prior authorization requirements

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayn Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

All lines of business except Medicare

BENEFIT APPLICATION

Medicaid Members

Oregon: Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Medical policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

POLICY CRITERIA

Note: The following policy criteria are based on the Centers for Medicare & Medicaid (CMS) National Coverage Determination (NCD) for Blood Counts (190.15) and the Medicare NCD Coding Policy Manual and Change Report (ICD-10-CM).^{1,2}

Medically Necessary

- I. A complete blood count, including the evaluation of bone marrow dysfunction, as result of neoplasm, therapeutic agents, exposure to toxic substances, or pregnancy may be considered **medically necessary and covered**.
- II. A complete blood count may be considered **medically necessary and covered** for the treatment of any of the following (A.-E.):

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- A. Peripheral destruction of blood cells; **or**
 - B. Suspected bone marrow failure; **or**
 - C. Bone marrow infiltrates; **or**
 - D. Suspected myeloproliferative, myelodysplastics, or lymphoproliferative processes;
or
 - E. Immune disorders.
- III. A hemogram or complete blood count related to red cell parameters of the hemogram, including signs, symptoms, test results, illness or disease that can be associated with anemia or other red blood cell disorder (see [Policy Guidelines](#)) may be considered **medically necessary and covered**.
- IV. A hemogram or complete blood count related to red cell parameters of the hemogram, including signs, symptoms, test results, illness or disease that can be associated with polycythemia (see [Policy Guidelines](#)) may be considered **medically necessary and covered**.
- V. A complete blood count with differential count related to the white blood cell, including signs, symptoms, test results, illness or disease associated with leukemia, infections of inflammatory processes, suspected bone marrow failure or bone marrow infiltrate, suspected myeloproliferative, myelodysplastic or lymphoproliferative disorder, use of drugs that may cause leukopenia, and immune disorders (see [Policy Guidelines](#)) may be considered **medically necessary and covered**.
- VI. A complete blood count related to the platelet count, including signs, symptoms, test results, illness or disease associated with increased or decreased platelet production and destruction, or platelet dysfunction (see [Policy Guidelines](#)) may be considered **medically necessary and covered**.
- VII. A hemogram or complete blood count related to red cell parameters may be considered **medically necessary and covered** for the treatment of any of the following (A.-E.):
- A. Thalassemia; **or**
 - B. Suspected hemoglobinopathy; **or**
 - C. Lead poisoning; **or**
 - D. Arsenic poisoning; **or**
 - E. Spherocytosis.
- VIII. A complete blood count with differential count related to the white blood cells may be considered **medically necessary and covered** for the treatment of either of the following (A.-B.):
- A. Storage diseases/ mucopolysaccharidoses; **or**
 - B. Patient uses drugs that cause leukocytosis such as G-CSF or GM-CSF.

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- IX. A complete blood count related to platelet count may be considered **medically necessary and covered** for the treatment of either of the following (A.-B.):
 - A. May-Hegglin syndrome; **or**
 - B. Wiskott-Aldrich syndrome.

 - X. Repeat complete blood count testing may be **considered medically necessary and covered** for any of the following (A.-C.):
 - A. The initial test shows abnormal results; **or**
 - B. There is a change in the patient’s clinical condition; **or**
 - C. Patient has a condition where there is a continued risk for the development of hematologic abnormality.

 - XI. Repeat complete blood count testing is considered not medically necessary and not covered when criterion X. is not met.
- Not Medically Necessary*
- XII. Testing of patients who are asymptomatic, or who do not have a condition that could be expected to result in a hematological abnormality, is screening and is considered **not medically necessary and not covered**.

 - XIII. In circumstances where it is appropriate to perform only a hemoglobin or hematocrit to assess the oxygen carrying capacity of the blood, the remaining components of the complete blood count are considered **not medically necessary and not covered**.
- Link to [Policy Summary](#)

POLICY GUIDELINES

- *Examples of illness or disease that can be associated with **anemia or other red blood cell disorders** may include:* pallor, weakness, fatigue, weight loss, bleeding, acute injury associated with blood loss or suspected blood loss, abnormal menstrual bleeding, hematuria, hematemesis, hematochezia, positive fecal occult blood test, malnutrition, vitamin deficiency, malabsorption, neuropathy, known malignancy, presence of acute or chronic disease that may have associated anemia, coagulation or hemostatic disorders, postural dizziness, syncope, abdominal pain, change in bowel habits, chronic marrow hypoplasia or decreased RBC production, tachycardia, systolic heart murmur, congestive heart failure, dyspnea, angina, nailbed deformities, growth retardation, jaundice, hepatomegaly, splenomegaly, lymphadenopathy, ulcers on the lower extremities.

- *Examples of illness or disease that can be associated with **polycythemia** may include:* fever, chills, ruddy skin, conjunctival redness, cough, wheezing, cyanosis, clubbing of the fingers,

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orthopnea, heart murmur, headache, vague cognitive changes including memory changes, sleep apnea, weakness, pruritus, dizziness, excessive sweating, visual symptoms, weight loss, massive obesity, gastrointestinal bleeding, paresthesias, dyspnea, joint symptoms, epigastric distress, pain and erythema of the fingers or toes, venous or arterial thrombosis, thromboembolism, myocardial infarction, stroke, transient ischemic attacks, congenital heart disease, chronic obstructive pulmonary disease, increased erythropoietin production associated with neoplastic, renal or hepatic disorders, androgen or diuretic use, splenomegaly, hepatomegaly, diastolic hypertension.

- *Examples of illness or disease associated with **leukemia, infections of inflammatory processes, suspected bone marrow failure or bone marrow infiltrate, suspected myeloproliferative, myelodysplastic or lymphoproliferative disorder, use of drugs that may cause leukopenia, and immune disorders** may include:* fever, chills, sweats, shock, fatigue, malaise, tachycardia, tachypnea, heart murmur, seizures, alterations of consciousness, meningismus, pain such as headache, abdominal pain, arthralgia, odynophagia, or dysuria, redness or swelling of skin, soft tissue bone, or joint, ulcers of the skin or mucous membranes, gangrene, mucous membrane discharge, bleeding, thrombosis, respiratory failure, pulmonary infiltrate, jaundice, diarrhea, vomiting, hepatomegaly, splenomegaly, lymphadenopathy, opportunistic infection such as oral candidiasis.
- *Examples of illness or disease associated with **increased or decreased platelet production and destruction, or platelet dysfunction** may include:* gastrointestinal bleeding, genitourinary tract bleeding, bilateral epistaxis, thrombosis, ecchymosis, purpura, jaundice, petechiae, fever, heparin therapy, suspected DIC, shock, pre-eclampsia, neonate with maternal ITP, massive transfusion, recent platelet transfusion, cardiopulmonary bypass, hemolytic uremic syndrome, renal diseases, lymphadenopathy, hepatomegaly, splenomegaly, hypersplenism, neurologic abnormalities, viral or other infection, myeloproliferative, myelodysplastic, or lymphoproliferative disorder, thrombosis, exposure to toxic agents, excessive alcohol ingestion, autoimmune disorders (SLE, RA and other).

BILLING GUIDELINES

- The CPT/HCPCS codes below are not covered when billed with one of the ICD-10 codes included in the most recent “Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report (ICD-10-CM),” available for download at “[Lab NCDs – ICD-10](#).”² Please see the coding policy manual for a complete list of diagnosis codes.
- When a blood count is performed for an end-stage renal disease (ESRD) patient, and is billed outside the ESRD rate, documentation of the medical necessity for the blood count must be submitted with the claim.
- If repeat testing is performed, a more descriptive diagnosis code (e.g., anemia) should be reported to support medical necessity.

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CPT/HCPCS CODES

All Lines of Business Except Medicare	
No Prior Authorization Required	
85004	Blood count, automated differential white blood cell (WBC) count
85007	Blood count; blood smear, microscopic examination with manual differential WBC count
85008	Blood count; blood smear, microscopic examination without manual differential WBC count
85013	Blood count, Spun microhematocrit
85014	Blood count, hematocrit (Hct)
85018	Blood count, Hemoglobin
85025	Blood count, complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count
85027	Blood count, complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)
85032	Blood count; manual cell count (erythrocyte, leukocyte, platelet) each
85048	Blood count, leukocyte (WBC), automated
85049	Blood count; platelet, automated

DESCRIPTION

Blood counts are used to evaluate and diagnose diseases relating to abnormalities of the blood or bone marrow. These include primary disorders such as anemia, leukemia, polycythemia, thrombocytosis and thrombocytopenia. Many other conditions secondarily affect the blood or bone marrow, including reaction to inflammation and infections, coagulopathies, neoplasms and exposure to toxic substances. Many treatments and therapies affect the blood or bone marrow, and blood counts may be used to monitor treatment effects.

The complete blood count (CBC) includes a hemogram and differential white blood count (WBC). The hemogram includes enumeration of red blood cells, white blood cells, and platelets, as well as the determination of hemoglobin, hematocrit, and indices.

The symptoms of hematological disorders are often nonspecific, and are commonly encountered in patients who may or may not prove to have a disorder of the blood or bone marrow. Furthermore, many medical conditions that are not primarily due to abnormalities of blood or bone marrow may have hematological manifestations that result from the disease or its treatment. As a result, the CBC is one of the most commonly indicated laboratory tests.

Inpatients with possible hematological abnormalities, it may be necessary to determine the hemoglobin and hematocrit, to calculate the red cell indices, and to measure the concentration of white blood cells and platelets. These measurements are usually performed on a multichannel analyzer that measures all

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of the parameters on every sample. Therefore, laboratory assessments routinely include these measurements.

INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days' notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

REFERENCES

1. Centers for Medicare & Medicaid Services. National Coverage Determination (NCD) for Blood Counts (190.15). <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=61>. Published 2003. Accessed 3/11/2021.
2. Centers for Medicare & Medicaid Services. Lab NCDs - ICD-10. <https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/LabNCDsICD10>. Published 2020. Accessed 3/11/2021.