
Blood Counts

MEDICAL POLICY NUMBER: 208

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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 Company reserves the right to determine the application of medical policies and make revisions to medical policies at any time. 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. 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.

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

PLAN PRODUCT AND BENEFIT APPLICATION

Commercial

Medicaid/OHP*

Medicare**

*Medicaid/OHP 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.

Diagnostic services needed to establish a diagnosis are covered regardless of where the ultimate diagnosis appears on the Prioritized List. Once the diagnosis is determined, coverage of further treatment is reimbursed if the service appears in the funded region of the list for that condition.

**Medicare Members

This *Company* policy may be applied to Medicare Plan members only when directed by a separate *Medicare* policy. Note that investigational services are considered “**not medically necessary**” for Medicare members.

COVERAGE CRITERIA

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**.
- II. A complete blood count may be considered **medically necessary** for the treatment of any of the following (A.-E.):
 - 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**.

- 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**.
- 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**.
- 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**.
- VII. A hemogram or complete blood count related to red cell parameters may be considered **medically necessary** 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** 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.
- IX. A complete blood count related to platelet count may be considered **medically necessary** 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** 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**.

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**.

Link to [Evidence Summary](#)

POLICY CROSS REFERENCES

None

The full Company portfolio of current Medical Policies is available online and can be [accessed here](#).

POLICY GUIDELINES

This policy may be primarily based on the following Center for Medicare and Medicaid Services (CMS) guidance resources:

- 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}

Condition, disease, & Illness Examples

- *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, 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).

BACKGROUND

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

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

BILLING GUIDELINES AND CODING

- 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.

CODES*		
CPT	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
	HCPCS	None

*Coding Notes:

- The above code list is provided as a courtesy and may not be all-inclusive. Inclusion or omission of a code from this policy neither implies nor guarantees reimbursement or coverage. Some codes may not require routine review for medical necessity, but they are subject to provider contracts, as well as member benefits, eligibility and potential utilization audit.
- All unlisted codes are reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is submitted for non-covered services addressed in this policy then it will be **denied as not covered**. If an unlisted code is submitted for potentially covered services addressed in this policy, to avoid post-service denial, **prior authorization is recommended**.
- See the non-covered and prior authorization lists on the Company [Medical Policy, Reimbursement Policy, Pharmacy Policy and Provider Information website](#) for additional information.

- HCPCS/CPT code(s) may be subject to National Correct Coding Initiative (NCCI) procedure-to-procedure (PTP) bundling edits and daily maximum edits known as “medically unlikely edits” (MUEs) published by the Centers for Medicare and Medicaid Services (CMS). This policy does not take precedence over NCCI edits or MUEs. Please refer to the CMS website for coding guidelines and applicable code combinations.

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 5/20/2024.
2. Centers for Medicare & Medicaid Services. Lab NCDs - ICD-10. <https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/LabNCDsICD10>. Published 2020. Accessed 5/20/2024.

POLICY REVISION HISTORY

DATE	REVISION SUMMARY
2/2023	Converted to new policy template.
9/2023	Annual update. No criteria changes
9/2024	Annual update. No criteria changes. Updated list of diagnosis code to deny.