


MEDICAL POLICY	Blood Counts (Medicare Only)
<b>Effective Date: 4/1/2022</b>   <div style="text-align: right;">4/1/2022</div>	Medical Policy Number: 209
Medical Officer                      Date	Medical Policy Committee Approved Date: 6/2020; 6/2021; 2/2022

**See Policy CPT/HCPCS 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:**

Medicare Only

<b>MEDICARE POLICY CRITERIA</b>	
The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.	
Service	Medicare Guidelines
<i>Complete blood count</i>	<ul style="list-style-type: none"> <li>• National Coverage Determination (NCD) for Blood Counts (<a href="#">190.15</a>)<sup>1</sup></li> <li>• Medicare NCD Coding Policy Manual and Change Report (<a href="#">ICD-10-CM</a>)<sup>2</sup></li> </ul>

**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](#).”<sup>2</sup> 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.

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- If repeat testing is performed, a more descriptive diagnosis code (e.g., anemia) should be reported to support medical necessity.

## CPT/HCPCS CODES

Medicare Only	
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

## 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.

## REGULATORY STATUS

### 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

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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.