



**BlueCross BlueShield
of Illinois**

Blue Cross and Blue Shield of Illinois Provider Manual

HMO Scope of Benefits Section

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association

Blood and Blood Derivatives

Benefit

Blood related services are covered, which includes the following:

- Blood and blood derivatives, plasma, plasma expanders, and other blood elements and derivatives
- Use of blood transfusion equipment
- Administration of blood, including blood typing and cross-matching
- Blood processing
- Expenses incurred in obtaining blood

Interpretation

Blood components include frozen red cells; fresh, frozen or liquid single donor plasma, cryoprecipitate, leukocyte poor blood, packed red cells, platelet concentrate, leukocyte concentrate, and plasma.

Blood derivatives extracted from whole blood or manufactured are utilized as drugs to treat specific conditions. Blood derivatives are covered as injectable drugs (see separate benefits interpretation on Drugs).

Benefits are also provided for Rho(D) Immune Globulins as drugs (such as RhoGAM, Gamulin Rh, Hyp Rho-D) and for FDA-approved blood substitutes.

Donation and storage of autologous blood (blood that member donates for his/her own later use) is covered for use in elective surgery that is scheduled. Storage of either autologous or non-autologous blood for unforeseeable surgery, emergencies, or other reasons is not in benefit.

Paid by	Professional Charges:	IPA
	Inpatient Facility and/or Outpatient Surgical Facility Charges for Administration of Blood Derivatives or Blood Components	HMO
	Outpatient Facility and Other Outpatient Charges for Administration of Blood Derivatives or Blood Components	IPA
	Autologous Blood Donation and Storage charges, when elective surgery is scheduled	HMO
	Autologous Blood donation and storage charges, when elective surgery is NOT scheduled	Member
	Home Health charges (from contracted provider)	HMO
	Home Health charges (from non-contracted provider)	IPA

Coverage Variation

Benefit Plan DIRPI: All charges excluded from coverage except dispensing fee

Note: When autologous blood donation/storage charges are group approved for a member scheduled for elective surgery, please record date of scheduled surgery along with group approval status.