

## **Blood & Blood Plasma**

### **Benefit Coverage**

Blood and blood plasma are covered when provided as part of covered and authorized services including inpatient hospital care, ambulatory surgery, and emergency services.

Blood and blood plasma are covered in full whether or not they are replaced.

The blood and blood plasma, administration and processing (including preparation, storage and transportation) of the blood and blood plasma are covered.

### **Copayment**

None

### **Benefit Exclusion**

Not applicable.

### **Benefit Limitations**

Not applicable.

### **Exceptions**

None

## **Blood & Blood Plasma**

### **Examples of Covered Services**

- Autologous Blood (The patient's own blood which is frozen and stored prior to need)
- Plasma
- Whole Blood

### **Examples of Non-Covered Services**

Not Applicable.

### **References**

*Combined Evidence of Coverage and Disclosure Form*

*IFP Evidence of Coverage and Health Service Agreement*