INSTRUCTIONS FOR USE

This Policy Guideline is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates for health care services submitted on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450), or their electronic comparative. The information presented in this Policy Guideline is believed to be accurate and current as of the date of publication.

This Policy Guideline provides assistance in administering health benefits. All reviewers must first identify member eligibility, any federal or state regulatory requirements, Centers for Medicare and Medicaid Services (CMS) policy, the member specific benefit plan coverage, and individual provider contracts prior to use of this Policy Guideline. When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document may differ greatly from the standard benefit plan upon which this Policy Guideline is based. In the event of a conflict, the member specific benefit plan document supersedes this Policy Guideline. Other Policies and Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

UnitedHealthcare follows Medicare coverage guidelines and regularly updates its Medicare Advantage Policy Guidelines to comply with changes in CMS policy. UnitedHealthcare encourages physicians and other healthcare professionals to keep current with any CMS policy changes and/or billing requirements by referring to the CMS or your local carrier website regularly. Physicians and other healthcare professionals can sign up for regular distributions for policy or regulatory changes directly from CMS and/or your local carrier. This Policy Guideline is provided for informational purposes. It does not constitute medical advice.

POLICY SUMMARY

Overview
Granulocyte transfusions to patients suffering from severe infection and granulocytopenia are a covered service under Medicare. Granulocytopenia is usually identified as fewer than 500 granulocytes/mm$^3$ whole blood. Accepted indications for granulocyte transfusions include:
- Granulocytopenia with evidence of gram negative sepsis; and
- Granulocytopenia in febrile patients with local progressive infections unresponsive to appropriate antibiotic therapy, thought to be due to gram negative organisms.

APPLICABLE CODES

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

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<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
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<tr>
<td>86950</td>
<td>Leukocyte transfusion</td>
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CPT® is a registered trademark of the American Medical Association
HCPCS Code | Description
--- | ---
P9050 | Granulocytes, pheresis, each unit

Modifier | Description
--- | ---
BL | Special acquisition of blood and blood products

Revenue Code | Description
--- | ---
0390 | Blood Processing/Storage
0391 | Blood administration
0392 | Blood Processing/Storage; Processing and Storage
0399 | Blood Processing/Storage; Other Processing and Storage

REFERENCES

CMS National Coverage Determinations (NCDs)
NCD 110.5 Granulocyte Transfusions
Reference NCDs: NCD 110.7 Blood Transfusions, NCD 110.8 Blood Platelet Transfusions

CMS Benefit Policy Manual
Chapter 15; § 50 Drugs and Biologicals, § 80 Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests

CMS Claims Processing Manual
Chapter 4; § 231-231.9 Billing and Payment for Blood, Blood Products, and Stem Cells and Related Services Under the Hospital Outpatient Prospective Payment System (OPPS)

MLN Matters
Article MM3681 updated March 2013, Billing for Blood and Blood Products under the Hospital Outpatient Prospective Payment System (OPPS)
Article MM5867 updated July 2013, Billing Blood and Blood Products

GUIDELINE HISTORY/REVISION INFORMATION

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<tr>
<th>Date</th>
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<tbody>
<tr>
<td>10/12/2016</td>
<td>• Annual review</td>
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