

EFFECTIVE DATE: 06|01|2026

POLICY LAST REVIEWED: 04|01|2026

OVERVIEW

For patients who require a blood product transfusion, an important step taken prior to the transfusion of any blood product is compatibility testing between the recipient's serum and the blood product being transfused. In addition to the ABO and Rh system there are 34 other recognized blood group antigen systems by the International Society of Blood Transfusion. Identifying the blood product antigens to which the transfusion recipient will have an immune reaction is a critical component of this compatibility testing, though for most patients identification of ABO and Rh compatibility is sufficient.

MEDICAL CRITERIA

Medicare Advantage Plans and Commercial Products

Effective 6/1/2026, the following test(s) are considered medically necessary when the medical criteria in the online authorization tool for participating providers is met:

- BLOODchip® ID CORE XT™ (Grifols Diagnostic Solutions, Inc.) CPT code 0084U
- Precise Type ® HEA test (Immucor, Inc.) CPT code 0001U

PRIOR AUTHORIZATION

Prior authorization is required for Medicare Advantage Plans and recommended for Commercial Products via the online tool for participating providers for the following tests:

- BLOODchip® ID CORE XT™
- Precise Type ® HEA test

Note: Laboratories are not allowed to obtain clinical authorization or participate in the authorization process on behalf of the ordering physician. Only the ordering physician shall be involved in the authorization, appeal or other administrative processes related to prior authorization/medical necessity.

In no circumstance shall a laboratory or a physician/provider use a representative of a laboratory or anyone with a relationship to a laboratory and/or a third party to obtain authorization on behalf of the ordering physician, to facilitate any portion of the authorization process or any subsequent appeal of a claim where the authorization process was not followed and/or a denial for clinical appropriateness was issued, including any element of the preparation of necessary documentation of clinical appropriateness. If a laboratory or a third party is found to be supporting any portion of the authorization process, BCBSRI will deem the action a violation of this policy and severe action will be taken up to and including termination from the BCBSRI provider network. If a laboratory provides a laboratory service that has not been authorized, the service will be denied as the financial liability of the participating laboratory and may not be billed to the member.

POLICY STATEMENT

Medicare Advantage Plans and Commercial Products

Effective 6/1/2026, the following test(s) may be considered medically necessary when the medical criteria in the online authorization tool for participating providers is met:

- BLOODchip® ID CORE XT™
- Precise Type ® HEA test

Commercial Products

Some genetic testing services are not covered and a contract exclusion for any self-funded group that has excluded the expanded coverage of biomarker testing related to the state mandate, R.I.G.L. §27-19-81 described in the Biomarker Testing Mandate policy. For these groups, a list of which genetic testing services are covered with prior authorization, are not medically necessary or are not covered because they are a contract exclusion can be found in the Coding section of the Genetic Testing Services or Proprietary Laboratory Analyses policies. Please refer to the appropriate Benefit Booklet to determine whether the member's plan has customized benefit coverage. Please refer to the list of Related Policies for more information.

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable laboratory benefits/coverage.

BACKGROUND

For patients who require a blood product transfusion, an important step taken prior to the transfusion of any blood product is compatibility testing between the recipient's serum and the blood product being transfused. In addition to the ABO and Rh system there are 34 other recognized blood group antigen systems by the International Society of Blood Transfusion. Identifying the blood product antigens to which the transfusion recipient will have an immune reaction is a critical component of this compatibility testing, though for most patients identification of ABO and Rh compatibility is sufficient. However, for patients who have alloantibodies or patients who have a predisposition to develop alloimmunization (e.g., patients with sickle cell disease and others who are chronically transfused), compatibility testing of additional systems may be needed. Hemagglutination has traditionally been the most common serologic method of determining a blood product phenotype. In this technique, the patient's RBCs are tested with antisera specific for the antigens of interest. However, this method has limitations. It requires direct agglutination typing sera for the antigen, and hemagglutination testing results are not meaningful if a patient has a positive direct antiglobulin test (DAT). In addition, serologic phenotyping is likely to be erroneous in the transfused patient who may have persistent donor blood products in circulation, such as patients getting chronic frequent transfusions, and it has been suggested that chronically transfused patients or patients who have had a massive transfusion should not receive phenotyping using serological methods, or that if serological methods are used, they should be confirmed with molecular techniques.

Because molecular genotyping is not subject to the limitations of conventional serologic testing, the transfusion community has recognized molecular typing as a potential tool to aid in the determination of immune compatibility between donated blood products and the transfusion recipient in a number of circumstances where conventional methods may not be adequate, such as in patients who have a positive direct antigen test, in patients who have been recently transfused or those who are chronically transfused, in patients where a distinction between autoantibodies and alloantibodies is needed, or in situations where the presence of a weakly reactive anti-body is suspected.

CODING

Medicare Advantage Plans and Commercial Products

Effective 6/1/2026, the following CPT code(s) may be considered medically necessary for Medicare Advantage Plans and Commercial Products when the medical criteria in the online authorization tool for participating providers is met:

- BLOODchip® ID CORE XT™ - CPT Code 0084U
- Precise Type® HEA test – CPT Code 0001U

RELATED POLICIES

Biomarker Testing Mandate

Proprietary Laboratory Analyses (PLA) and Multianalyte Assays with Algorithmic Analyses (MAAA)

PUBLISHED

Provider Update, June 2026

Provider Update, May 2025

Provider Update, April/December 2024

Provider Update, November 2023

REFERENCES

Not applicable

DRAFT

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