

Blood Counts (85004, 85007, 85008, 85013, 85014, 85018, 85025, 85027, 85032, 85048, 85049) – NCD 190.15

Indications:
Indications for a CBC or hemogram include red cell, platelet, and white cell disorders. Examples of these indications are enumerated individually below.
1. Indications for a CBC generally include the evaluation of bone marrow dysfunction as a result of neoplasms, therapeutic agents, exposure to toxic substances, or pregnancy. The CBC is also useful in assessing peripheral destruction of blood cells, suspected bone marrow failure or bone marrow infiltrate, suspected myeloproliferative, myelodysplastic, or lymphoproliferative processes, and immune disorders.
2. Indications for hemogram or CBC related to red cell (RBC) parameters of the hemogram include signs, symptoms, test results, illness, or disease that can be associated with anemia or other red blood cell disorder (e.g., pallor, weakness, fatigue, weight loss, bleeding, acute injury associated with blood loss or suspected blood loss, abnormal menstrual bleeding, hematuria, hematemesis, hematochezia, positive fecal occult blood test, malnutrition, vitamin deficiency, malabsorption, neuropathy, known malignancy, presence of acute or chronic disease that may have associated anemia, coagulation or hemostatic disorders, postural dizziness, syncope, abdominal pain, change in bowel habits, chronic marrow hypoplasia or decreased RBC production, tachycardia, systolic heart murmur, congestive heart failure, dyspnea, angina, nailbed deformities, growth retardation, jaundice, hepatomegaly, splenomegaly, lymphadenopathy, ulcers on the lower extremities).
3. Indications for hemogram or CBC related to red cell (RBC) parameters of the hemogram include signs, symptoms, test results, illness, or disease that can be associated with polycythemia (for example, fever, chills, ruddy skin, conjunctival redness, cough, wheezing, cyanosis, clubbing of the fingers, orthopnea, heart murmur, headache, vague cognitive changes including memory changes, sleep apnea, weakness, pruritus, dizziness, excessive sweating, visual symptoms, weight loss, massive obesity, gastrointestinal bleeding, paresthesias, dyspnea, joint symptoms, epigastric distress, pain and erythema of the fingers or toes, venous or arterial thrombosis, thromboembolism, myocardial infarction, stroke, transient ischemic attacks, congenital heart disease, chronic obstructive pulmonary disease, increased erythropoietin production associated with neoplastic, renal or hepatic disorders, androgen or diuretic use, splenomegaly, hepatomegaly, diastolic hypertension.)
4. Specific indications for CBC with differential count related to the WBC include signs, symptoms, test results, illness, or disease associated with leukemia, infections or inflammatory processes, suspected bone marrow failure or bone marrow infiltrate, suspected myeloproliferative, myelodysplastic or lymphoproliferative disorder, use of drugs that may cause leukopenia, and immune disorders (e.g., fever, chills, sweats, shock, fatigue, malaise, tachycardia, tachypnea, heart murmur, seizures, alterations of consciousness, meningismus, pain such as headache, abdominal pain, arthralgia,odynophagia, or dysuria, redness or swelling of skin, soft tissue bone, or joint, ulcers of the skin or mucous membranes, gangrene, mucous membrane discharge, bleeding, thrombosis, respiratory failure, pulmonary infiltrate, jaundice, diarrhea, vomiting, hepatomegaly, splenomegaly, lymphadenopathy, opportunistic infection, such as oral candidiasis.)

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| 5. Specific indications for CBC related to the platelet count include signs, symptoms, test results, illness, or disease associated with increased or decreased platelet production and destruction, or platelet dysfunction (e.g., gastrointestinal bleeding, genitourinary tract bleeding, bilateral epistaxis, thrombosis, ecchymosis, purpura, jaundice, petechiae, fever, heparin therapy, suspected DIC, shock, pre-eclampsia, neonate with maternal ITP, massive transfusion, recent platelet transfusion, cardiopulmonary bypass, hemolytic uremic syndrome, renal diseases, lymphadenopathy, hepatomegaly, splenomegaly, hypersplenism, neurologic abnormalities, viral or other infection, myeloproliferative, myelodysplastic, or lymphoproliferative disorder, thrombosis, exposure to toxic agents, excessive alcohol ingestion, autoimmune disorder (SLE, RA). |
| 6. Indications for hemogram or CBC related to red cell (RBC) parameters of the hemogram include, in addition to those already listed, thalassemia, suspected hemoglobinopathy, lead poisoning, arsenic poisoning, and spherocytosis. |
| 7. Specific indications for CBC with differential count related to the WBC include, in addition to those already listed, storage diseases; mucopolysaccharidoses, and use of drugs that cause leukocytosis such as G-CSF or CM-CSF. |
| 8. Specific indications for CBC related to platelet count include, in addition to those already listed, May-Hegglin syndrome and Wiskott-Aldrich syndrome. |

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| Limitations: |
| 1. Testing of patients who are asymptomatic, or who do not have a condition that could be expected to result in a hematological abnormality, is screening and is not a covered service. |
| 2. In some circumstances it may be appropriate to perform only a hemoglobin or hematocrit to assess the oxygen carrying capacity of the blood. When the ordering provider requests only a hemoglobin or hematocrit, the remaining components of the CBC are not covered. |
| 3. 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. |
| 4. In some patients presenting with certain signs, symptoms or diseases, a single CBC may be appropriate. Repeat testing may not be indicated unless abnormal results are found, or unless there is a change in clinical condition. If repeat testing is performed, a more descriptive diagnosis code (e.g., anemia) should be reported to support medical necessity. However, repeat testing may be indicated where results are normal in patients with conditions where there is a continued risk for the development of hematologic abnormality. |

Most Common Diagnoses (which meet medical necessity) *	
C79.51	Secondary malignant neoplasm of bone
C90.00	Multiple myeloma not having achieved remission
D50.9	Iron deficiency anemia
D63.1	Anemia in chronic kidney disease
D64.9	Anemia
D69.6	Thrombocytopenia
D72.829	Elevated white blood cell count
D75.1	Secondary polycythemia
E03.9	Hypothyroidism
E11.22	Type 2 Diabetes Mellitus with diabetic CKD

E11.9	Type 2 Diabetes Mellitus without complications
E53.9	Deficiency of other specified B group vitamins
E55.9	Vitamin D deficiency
E78.2	Mixed hyperlipidemia
E78.5	Hyperlipidemia
F32.A	Depression
G47.33	Obstructive sleep apnea
I10	Hypertension
I12.9	Hypertensive Chronic Kidney Disease
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris
I25.2	Old myocardial infarction
I48.91	Atrial fibrillation
I50.9	Heart failure
J44.9	Chronic obstructive pulmonary disease
K21.9	Gastro-esophageal reflux disease without esophagitis
K52.9	Noninfective gastroenteritis and colitis
N18.9	Chronic kidney disease
N39.0	Urinary tract infection
R00.2	Palpitations
R06.03	Shortness of breath
R07.9	Chest pain
R10.13	Epigastric pain
R10.9	Abdominal pain
R42	Dizziness and giddiness
R53.83	Other fatigue
R55	Syncope and collapse
Z79.01	Long term (current) use of anticoagulants
Z79.02	Long term (current) use of antithrombotics/antiplatelets
Z79.82	Long term (current) use of aspirin
Z79.899	Other long term (current) drug therapy
Z86.711	Personal history of pulmonary embolism
Z86.718	Personal history of other venous thrombosis and embolism
Z86.73	Personal history of TIA and cerebral infarction without residual deficits

*For the full list of diagnoses meeting medical necessity see the Blood Counts National Coverage Determination 190.15 document.

Most Common Diagnoses that do NOT meet medical necessity	
F41.9	Anxiety disorder
G89.29	Other chronic pain
M19.90	Osteoarthritis
Z00.00	Encounter for general adult medical examination without abnormal findings
Z01.812	Encounter for preprocedural laboratory examination
Z12.11	Encounter for screening for malignant neoplasm of colon
Z98.890	Other specified postprocedural states

The above CMS and WPS-GHA guidelines are current as of: 04/01/2025.