



Priority Health™

**MEDICAL POLICY
No. 91459-R2**

UMBILICAL CORD BLOOD TESTING AND STORAGE

Effective Date: June 4, 2015

Review Dates: 10/02, 9/03, 9/04, 9/05, 8/06, 6/07, 6/08, 6/09, 6/10, 6/11, 6/12, 6/13, 5/14, 5/15, 5/16, 5/17, 5/18, 5/19, 5/20, 5/21, 5/22, 5/23, 5/24

Date Of Origin: October 23, 2002

Status: Current

I. POLICY/CRITERIA

Compatibility testing of umbilical cord blood is medically necessary if **all** of the following apply:

1. An accepted indication for an allogeneic transplant exists*.
2. The intended recipient of the transplant is a first-degree relative (parent, sibling) of the infant.
3. The intended recipient of the transplant is a current member.

Storage of umbilical cord blood is medically necessary if all of the following apply:

1. A clinically acceptable match is present.
2. An accepted indication for an allogeneic transplant exists*.
3. The intended recipient of the transplant is a current member.

Randomly testing, freezing and/or storage of umbilical cord blood for unspecified possible future are not medically necessary.

*See the Stem Cell/Bone Marrow Transplantation (#91066) medical policy for allogeneic transplant coverage criteria

II. MEDICAL NECESSITY REVIEW

Prior authorization for certain drug, services, and procedures may or may not be required. In cases where prior authorization is required, providers will submit a request demonstrating that a drug, service, or procedure is medically necessary. For more information, please refer to the [Priority Health Provider Manual](#).

III. APPLICATION TO PRODUCTS

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*



- ❖ **PPO:** *This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS) and/or the Evidence of Coverage (EOC); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.*

IV. DESCRIPTION

Umbilical cord blood stem cells can be used as an alternative to a conventional allogeneic bone marrow transplant for a variety of marrow-based disorders, such as leukemia, aplastic anemia and certain inherited metabolic disorders. Storage of umbilical cord blood for private use in the future as “biologic insurance” in case the need arises is not recommended by the American Society of Transplantation and Cellular Therapy (formerly the American Society for Blood and Marrow Transplantation [ASBMT]), the American College of Obstetricians and Gynecologists, and the American Academy of Pediatrics. Compatibility testing may be done on chorionic villous sampling (CVS) specimens, amniocytes obtained by amniocentesis, or on the cord blood itself.

V. CODING INFORMATION

ICD-10 Diagnosis Codes:
Not specified

CPT/HCPCS Codes:
No prior auth

59899 Unlisted procedure, maternity care and delivery
38999 Unlisted procedure, hemic or lymphatic system

59000 Amniocentesis; diagnostic



59012	Cordocentesis (intrauterine), any method
59015	Chorionic villus sampling, any method
86812	HLA typing; A, B, or C (eg, A10, B7, B27), single antigen
86813	HLA typing; A, B, or C, multiple antigens
86816	HLA typing; DR/DQ, single antigen
86817	HLA typing; DR/DQ, multiple antigens
86821	HLA typing; lymphocyte culture, mixed (MLC)
88240	Cryopreservation, freezing and storage of cells, each cell line
88241	Thawing and expansion of frozen cells, each aliquot
<i>Auth required (see medical policy 91066 Stem Cell or Bone Marrow Transplantation)</i>	
38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic
38207	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage
38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor
<i>(“S” codes not payable for Priority Health Medicaid or Medicare)</i>	
S2140	Cord blood harvesting for transplantation, allogeneic
S2142	Cord blood-derived stem-cell transplantation, allogeneic

VI. REFERENCES

1. American College of Obstetricians and Gynecologists (ACOG) Committee Opinion. Umbilical Cord Blood Banking Number 771. *Obstetrics and Gynecology*. 2019;133(3).
2. American Medical Association. Code of Medical Ethics Opinion 6.1.5. Umbilical Cord Blood Banking. Available at <https://www.ama-assn.org/delivering-care/ethics/umbilical-cord-blood-banking> (Accessed March 23, 2023).
3. Armson BA, Allan DS, Casper RF. Umbilical Cord Blood: Counselling, Collection, and Banking. *J Obstet Gynaecol Can*. 2015 Sep;37(9):832-844.
4. Ballen et al. Collection and Preservation of Cord Blood for Personal Use. ASBMT Committee Report. *Biology of Blood and Marrow Transplantation*. 2008;14:356-363.
5. Cigna Medical Coverage Policy. Umbilical Cord Blood Banking (0466) https://static.cigna.com/assets/chcp/pdf/coveragePolicies/medical/mm_0466_coveragepositioncriteria_umbilical_cord_blood_banking.pdf (Accessed March 23, 2023).
6. Shearer WT, Lubin BH, Cairo MS, Notarangelo LD; Section On Hematology/Oncology; Section On Allergy And Immunology. Cord Blood Banking for Potential Future Transplantation. *Pediatrics*. 2017



Nov;140(5):e20172695. doi: 10.1542/peds.2017-2695. PMID: 29084832;
PMCID: PMC6091883.

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