I. POLICY/Criteria

Charges to randomly test, freeze and/or store umbilical cord blood for possible future use are not covered.

Compatibility testing and storage of umbilical cord blood may be covered if the criteria defined below are met.

Compatibility testing of umbilical cord blood is a covered benefit 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 a covered benefit 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

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

II. MEDICAL NECESSITY REVIEW

☐ Required  ☒ Not Required  ☐ Not Applicable

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); 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.

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. 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)
86822 HLA typing; lymphocyte culture, primed (PLC)
MEDICAL POLICY
No. 91459-R1
Umbilical Cord Blood Testing and Storage

88240  Cryopreservation, freezing and storage of cells, each cell line
88241  Thawing and expansion of frozen cells, each aliquot

Auth required (see medical policy 91066 Stem Cell or Bone Marrow Transplantation)

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

(“S” codes not payable for Priority Health Medicaid or Medicare)

S2140  Cord blood harvesting for transplantation, allogeneic
S2142  Cord blood-derived stem-cell transplantation, allogeneic

VI. REFERENCES

Umbilical Cord Blood Banking, Cigna Medical Coverage Policy @https://cignaforhcp.cigna.com/web/ (Retrieved March 25, 2016)

AMA CPT Copyright Statement:
All Current Procedure Terminology (CPT) codes, descriptions, and other data are copyrighted by the American Medical Association.

This document is for informational purposes only. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Eligibility and benefit coverage are determined in accordance with the terms of the member’s plan in effect at the date services are rendered. Priority Health’s medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Priority Health reserves the right to review and update its medical policies at its discretion.

Priority Health’s medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan’s ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.

The name “Priority Health” and the term “plan” mean Priority Health, Priority Health Managed Benefits, Inc., Priority Health Insurance Company and Priority Health Government Programs, Inc.