

Umbilical Cord Blood

Policy

Harvard Pilgrim reimburses contracted providers for the collection and storage of umbilical cord blood cells for members who are pregnant and have a spouse or child who requires (or may require) bone marrow transplantation and are unable to use their own bone marrow or unable to find a donor match within the necessary time frame.

Policy Definition

Umbilical Cord Blood is blood harvested from the newborn's umbilical cord. Umbilical cord blood provides a resource for stem cell bone marrow replacement.

Prerequisite(s)

Applicable Harvard referral, notification, and authorization policies and procedures apply. Refer to *Referral, Notification and Authorization* for more information.

HMO

Notification is required.

POS/PPO

In network requires notification by provider.

Out-of-network with non-participating providers requires notification by member.

Open Access HMO and POS

For *Open Access HMO* and *Open Access POS* products, no referral is required to see a contracted specialist.

Harvard Pilgrim Reimburses¹

HMO/POS/PPO

- The collection of umbilical cord blood for future use when the recipient is either a child or an adult with a disease, or in remission from disease, for which allogenic bone marrow transplantation may be an appropriate treatment option.
- The storage of umbilical cord blood up to four years. Storage reimbursement includes the following:
 - Storage
 - Collection of specimen
 - Testing
 - Transportation costs to storage facility

Harvard Pilgrim Does *Not* Reimburse

HMO/POS/PPO

- The collection and storage of umbilical cord blood for future autologous bone marrow transplants.
- Collection and storage of umbilical cord blood for later use in a member who is currently healthy and desiring to provide the opportunity for a hypothetical future transplantation.
- Storage beyond a four-year period.
- The storage of umbilical cord blood if the member leaves the plan.

Member Cost-Sharing

Subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible).

Provider Billing Guidelines and Documentation

Coding²

HCPC & Rev Code	Comments	Description
59899	Unlisted procedure, maternity care, delivery	Submit with notes/description of service for collection of umbilical cord blood or storage

(continued)

PAYMENT POLICIES
Umbilical Cord Blood (cont.)

Related Policies

- Notification Policy
- Obstetrical/Maternity Payment Policy
- Unlisted and Unspecified Procedure Codes Payment Policy

PUBLICATION HISTORY

10/01/05	original documentation
01/31/07	annual review; revised notification requirements
10/31/07	annual review
01/31/09	annual review; no changes
01/15/10	annual review; no changes
11/15/10	annual review; minor edit, added related policy
12/15/11	annual review; no changes
01/01/12	removed First Seniority Freedom information from header
12/15/12	annual review; no changes
12/15/13	annual review; minor edit
06/15/14	added <i>Connecticut Open Access HMO</i> referral information to Prerequisites
01/15/15	annual review; no changes
01/15/16	annual review; no changes
01/15/17	annual review; no changes
12/15/17	annual review; updated Prerequisites HMO section for notification requirements
02/01/18	updated Open Access Product referral information under Prerequisites
01/02/19	annual review; no changes
01/02/20	annual review; no changes
01/04/21	annual review; no changes

¹This policy applies to the products of Harvard Pilgrim Health Care and its affiliates—Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England, and HPHC Insurance Company—for services performed by contracted providers. Payment is based on member benefits and eligibility, medical necessity review, where applicable, and provider contractual agreement. Payment for covered services rendered by contracted providers will be reimbursed at the lesser of charges or the contracted rate. (Does not apply to inpatient per diem, DRG, or case rates.) HPHC reserves the right to