

# Medical Coverage Policies

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## Placental/Umbilical Cord Blood Storage

<b>EFFECTIVE DATE</b>	01/01/2005	<b>LAST UPDATED</b>	02/01/2007
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### Description:

This is an administrative policy to document the member contract exclusion related to placental/umbilical cord blood collection and freezing/storage. The verbiage from the member contract is as follows:

Organ Transplant section as a related exclusion:

"This agreement does **NOT** cover:

- services or supplies related to an excluded transplant procedure;
- **services related to obtaining, storing, or other services performed for the potential future use of umbilical cord blood;**
- noncadaveric small bowel transplants."

### Medical Criteria:

Not applicable; this is an administrative policy.

### Policy:

Members who choose to store placental/umbilical cord blood for potential future use (i.e., there is not an identified recipient with a diagnosis that is consistent with the need for an allogeneic or autologous transplant) are responsible for all collection and storage related charges as this is a member contract exclusion.

The collection and transplantation of placental/umbilical cord blood is covered under the global transplant fee for the recipient; no payment is made to the facility or clinician at the time of collection.

Temporary storage of placental/umbilical cord blood while the transplant recipient completes chemotherapy or other preparatory medical services is covered under the global transplant fee for the recipient; no payment is made to the facility for storage.

### Coding:

HCPCS Code:

S2140 Cord blood harvesting for transplantation, allogeneic - **Noncovered, contract exclusion**

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgement in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center . If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions.

This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.

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