blue of california

Medical Policy

Placental/Umbilical Cord Blood as a Source of Stem Cells	
Type: Medical Necessity and Investigational / Experimental	**Policy Specific Section:** Transplant
Original Policy Date: January 7, 2011	**Effective Date:** January 7, 2011

Definitions of Decision Determinations

Medically Necessary: A treatment, procedure or drug is medically necessary only when it has been established as safe and effective for the particular symptoms or diagnosis, is not investigational or experimental, is not being provided primarily for the convenience of the patient or the provider, and is provided at the most appropriate level to treat the condition.

Investigational/Experimental: A treatment, procedure or drug is investigational when it has not been recognized as safe and effective for use in treating the particular condition in accordance with generally accepted professional medical standards. This includes services where approval by the federal or state governmental is required prior to use, but has not yet been granted.

Split Evaluation: Blue Shield policy review can result in a Split Evaluation, where a treatment, procedure or drug will be considered to be investigational for certain indications or conditions, but will be deemed safe and effective for other indications or conditions, and therefore potentially medically necessary in those instances.

Description

Blood harvested from the umbilical cord and placenta shortly after delivery of neonates contains stem and progenitor cells capable of restoring hematopoietic function after myeloablation. This “cord” blood has been used as an alternative source of allogeneic stem cells.

This policy addresses the collection, storage, and transplantation of placental/umbilical cord blood ("cord blood") as a source of stem cells for allogeneic and autologous stem-cell transplantation.

Policy

Transplantation of cord blood stem cells from related or unrelated donors is considered **medically necessary** in patients with an appropriate indication for allogeneic stem-cell transplant.

Transplantation of cord blood stem cells from related or unrelated donors is considered **investigational** in all other situations.

Collection and storage of cord blood from a neonate is considered **medically necessary** when an allogeneic transplant is imminent in an identified recipient with a diagnosis that is consistent with the possible need for allogeneic transplant.

Prophylactic collection and storage of cord blood from a neonate is considered **not medically necessary** when proposed for some unspecified future use as an autologous stem-cell transplant in the original donor, or for some unspecified future use as an allogeneic stem-cell transplant in a related or unrelated donor.

Policy Guideline

Refer to the Blue Shield of California Medical Policy site to search for specific conditions/diseases that have associated medical policies with patient selection criteria regarding situations for which allogeneic stem-cell transplantation may be considered medically necessary.

Internal Information

There is **not** an MD Determination Form for this Medical Policy.

Documentation Required for Clinical Review
• See Transplant Guidelines

The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illness or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your contract. These Policies are subject to change as new information becomes available

Click here to view the appendix for this policy

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