



Department:	Medical Management	Original Approval:	11/05/1998
Policy #:	MM131	Last Approval:	02/15/2019
Title:	Transplants and Transplant Work-ups, Donor Search, Donation		
Approved By:	UM Medical Subcommittee		

REQUIRED CLINICAL DOCUMENTATION FOR REVIEW

1. History and/or physical examination notes and relevant specialty consultation notes that address the problem and need for the service
2. All previous treatments for the problem, including dates and the patient’s response to the treatment
3. Imaging studies
4. Lab values
5. Results of screening for infectious diseases that could be exacerbated by immunosuppression
6. Clarification of Centers of Excellence status for the institution proposing the surgery

BACKGROUND

None.

DEFINITIONS

None.

INDICATIONS/CRITERIA

For Apple Health Enrollees:

Community Health Plan of Washington utilizes Washington Administrative Code (WAC) 182-550- 190 in determining coverage for medically necessary transplants and for considering at which facilities to approve transplant procedures: <https://www.hca.wa.gov/assets/billers-and-providers/index-coe-transplants.pdf>.

Clinical Coverage Criteria for transplants are found in the latest edition of MCG.

CHPW pays for organ procurement fees and donor searches.

To bill for donor services:

- Use the client’s ProviderOne Client ID, and
- The appropriate principle diagnosis code

For Medicare Advantage Enrollees:

When making coverage determinations Community Health Plan of Washington utilizes the appropriate CMS Coverage Determinations:

- Heart: NCD 260.9
- Intestinal and Multi-visceral Transplantation: NCD 260.5
- Liver: NCD 260.1 (adult) and 260.2 (pediatric)
- Lung: Medicare NCD Manual Chapter 1, Part 4 (Sections 200-310.0) Coverage Determinations
- Pancreas: NCD 260.3
 - For NCD Islet Cell Transplantation in the context of a clinical trial: NCD 260.3.1
- Renal: See Medicare Policy Manual Chapter 11 ESRD
- Stem Cell Transplantation: NCD 110.8.1
- Cornea Transplant (keratoplasty) is an outpatient procedure covered under Part B for medically necessary conditions. Corneal surgery for refractive errors is not covered. NCD 80.7

SPECIAL CONSIDERATIONS

None.

LIMITATIONS/EXCLUSIONS

Community Health Plan of Washington does not pay for experimental transplant procedures. CHPW considers as experimental those services including, but not limited to, the following:

- Transplants of three or more different organs during the same hospital stay;
- Solid organ and bone marrow transplants from animals to humans; and
- Transplant procedures used in treating certain medical conditions for which use of the procedure has not been generally accepted by the medical community or for which its efficacy has not been documented in peer-reviewed medical publications.

PRODUCT LINE	LINK TO CERTIFICATE OF COVERAGE
MEDICARE ADVANTAGE	http://healthfirst.chpw.org/for-members/resource-library/handbooks-and-guides
WASHINGTON HEALTH PROGRAM	http://chpw.org/our-plans/apple-health/

Citations & References

CFR	
WAC	WAC 182-550-1900
RCW	
Contract Citation	<input checked="" type="checkbox"/> WAH 17.1.10 Contracted Services/Tissue and Organ Transplants
	<input type="checkbox"/> IMC
	<input checked="" type="checkbox"/> MA
Other Requirements	
NCQA Elements	UM2

Revision History

Revision Date	Revision Description	Revision Made By
11/05/1998	Approval	MMLT
12/03/2008	Approval	MMLT
12/08/2010	Approval	MMLT
12/14/2011	Approval	MMLT
11/28/2014	Approval	MMLT
01/10/2014	Approval	MMLT
03/13/2015	Approval	MMLT
08/25/2015	Updated to add WAC 182-550-1900 reference and provide links to relevant CMS websites. Integrated UM017 Transplant Work-ups/Donor Search/Donation policy. Title change from Transplants: Bone Marrow, Peripheral Blood Stem Cell, Cornea, and Solid Organs (Heart, Kidney, Liver, Lung, Heart/Lung, Kidney, Pancreas [including Islet Cell], Kidney-Pancreas, Small Bowel)	Kate Brostoff, MD
02/02/2016	Approved	MMLT

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01/19/2017	Minor formatting changes. Links updated	Cyndi Stilson, RN
01/30/2017	Approved	MMLT
1/30/2018	Linked checked Removed: "For donor searches, CPT codes 86812- 86822 are limited to a maximum of 15 tests total for human leukocyte antigens (HLA) typing per client, per lifetime. CHPW requires PA for more than 15 tests." Removed: "V59 series diagnosis code"	LuAnn Chen, MD
02/26/2018	Approved	MMLT
02/14/2019	Removed references to Interlink Criteria. Removed reference to Medicare Approved Transplant Programs. Added Required documentation. Changed approving body to UM Medical Subcommittee	LuAnn Chen, MD
02/15/2019	Approved	UM Medical Subcommittee