


<b>MEDICAL POLICY</b>	<b>Organ Transplantation (Medicare Only)</b>
<b>Effective Date: 2/1/2022</b>	Medical Policy Number: 279
 2/1/2022	Medical Policy Committee Approved Date: 1/2021; 1/2022
Medical Officer	Date

**See Policy CPT/HCPCS CODE section below for any prior authorization requirements**

**SCOPE:**

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

**APPLIES TO:**

Medicare Only

**MEDICARE POLICY CRITERIA**

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

See *Policy Guidelines* below for information regarding Medicare’s approach to organ transplant coverage.

Service	Medicare Guidelines
<i>All organ transplants</i>	<p>Medicare has national coverage determinations (NCDs) related to specific transplant types, with detailed coverage criteria requirements, which are applied when relevant.</p> <p>Organ transplantation services without an NCD may still be Medicare-covered services. Medicare coverage for these transplant procedures is granted at the facility level.</p> <p>For all organ transplant types, <b>Medicare requires services to be performed in facility with a Medicare-approved transplant program specific to the type of transplant being performed</b> (e.g., liver transplants must be performed in a facility with a Medicare-approved liver transplant program, lung transplants</p>

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	<p>must be performed in a facility with an approved lung transplant program, etc.). <b>This requirement applies to all organ transplant services, with the exception of corneal and stem cell transplants</b> (rendering these services in a Medicare-approved facility is sufficient, it doesn't have to be a transplant-specific center).</p> <p>CMS-Approved Organ Transplant Programs can be found on the <a href="#">Quality, Certification and Oversight Reports (QCOR) web site</a>. (Select "Resources," found at the top of the main QCOR page and the list is a downloadable Excel spreadsheet.)</p>
<i>Liver Transplantation</i>	<ul style="list-style-type: none"> <li>• NCD for <b>Adult</b> Liver Transplantation (<a href="#">260.1</a>)</li> <li>• NCD for <b>Pediatric</b> Liver Transplantation (<a href="#">260.2</a>)</li> </ul>
<i>Heart Transplants</i>	NCD for Heart Transplants ( <a href="#">260.9</a> )
<i>Intestinal and Multivisceral Transplantation</i>	<p>NCD for Intestinal and Multi-Visceral Transplantation (<a href="#">260.5</a>)</p> <p>According to the NCD, multi-visceral transplantation includes organs in the digestive system (stomach, duodenum, pancreas, liver and intestine). Therefore, a combined transplant of these organs for intestinal failure would be subject to this NCD.</p>
<i>Pancreas Transplant Alone</i>	NCD for Pancreas Transplants ( <a href="#">260.3</a> )
<i>Combined Pancreas/Kidney Transplantation</i>	
<i>Pancreas Transplant Following Kidney Transplants</i>	
<i>Pancreatic Islet Cell Transplantation</i>	NCD for Islet Cell Transplantation in the Context of a Clinical Trial ( <a href="#">260.3.1</a> )

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<p><i>Kidney (Renal) Only Transplantation</i></p> <p><i>Lung Only Transplantation</i></p> <p><i>Heart/Lung Transplantation</i></p> <p><i>Corneal Transplants</i></p>	<p>These organ transplant services do not have specific coverage criteria; however, Medicare has some references which note clinical indications that may warrant these organ transplants:</p> <ul style="list-style-type: none"> <li>• <b><u>Kidney:</u></b> Medicare Benefit Policy Manual, Chapter 11 - End Stage Renal Disease (ESRD), <a href="#">§140 - Transplantation</a> <ul style="list-style-type: none"> <li>○ Medicare states kidney transplants are covered benefits, particularly for ESRD.</li> </ul> </li> <li>• <b><u>Lung and Combined Heart/Lung:</u></b> Federal Register / Vol. 60, No. 22 / Thursday, February 2, 1995 Medicare Program; <a href="#">Criteria for Medicare Coverage of Lung Transplants</a> (Page 6538 [or page 2 of the pdf], middle of second column) <ul style="list-style-type: none"> <li>○ Medicare will cover <b>lung transplants</b> when it is expected that transplant of the lung will result in improved cardiac function for beneficiaries with: <ul style="list-style-type: none"> <li>▪ progressive end-stage pulmonary disease or</li> <li>▪ for end-stage cardiopulmonary disease.</li> </ul> </li> <li>○ Medicare will also cover <b>heart-lung transplants</b> for beneficiaries with progressive end-stage cardiopulmonary disease when they are provided in a facility that has been approved by Medicare for <u>both heart and lung</u> transplantation.</li> </ul> </li> <li>• <b><u>Cornea:</u></b> No specific Medicare criteria, but it is a covered Medicare service, with noted billing guidance.<sup>10,11</sup></li> </ul>
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**POLICY GUIDELINES**

Medicare has specific coverage criteria for some organ transplantation services which can be found in NCDs noted in the criteria table above.

However, there is not an NCD for all types of transplants, specifically for kidney (renal) transplants, lung transplants, or combined heart/lung transplants. For these services, Medicare does not manage coverage criteria for these organ transplant services. Instead, coverage is approved at the facility or transplant program level. In other words, if a facility is Medicare-approved for a specific type of organ transplant, their transplant program for that same service is approved, making transplant services performed in those settings considered medically necessary. This is because established protocols developed and implemented by that Medicare-approved program would have been used for patient selection. Medicare requirements to approve a transplant program includes having adequate written patient selection criteria and an implementation plan.<sup>1</sup>

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Medicare’s requirement for transplantation services to be performed in a Medicare-approved transplant program applies to all organ transplant procedures, whether they are addressed in this medical policy or not (exceptions are corneal and stem cell transplants).

**NOTE:** Individual transplant facilities are required by Medicare to have protocols or selection criteria which must be met in order for the member to be eligible for a transplant in their facility. Approval by the Plan does not guarantee acceptance into any specific transplant program or facility.

## BILLING GUIDELINES

According to Medicare, HCPCS code V2785 (*Processing, preserving and transporting corneal tissue*) should only be reported when corneal tissue is used in a corneal transplant procedure. It should not be reported in any other circumstances.<sup>11</sup>

## CPT/HCPCS CODES

Medicare Only	
Prior Authorization Required	
32850	Donor pneumonectomy(s) (including cold preservation), from cadaver donor
32851	Lung transplant, single; without cardiopulmonary bypass
32852	Lung transplant, single; with cardiopulmonary bypass
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass
32855	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; unilateral
32856	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; bilateral
33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure)
33930	Donor cardiectomy-pneumonectomy (including cold preservation)
33933	Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, and trachea for implantation
33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy
33940	Donor cardiectomy (including cold preservation)
33944	Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, pulmonary artery, and left atrium for implantation
33945	Heart transplant, with or without recipient cardiectomy

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44133	Donor enterectomy, (including cold preservation) open; partial, from living donor
44136	Intestinal allotransplantation; from living donor
47133	Donor hepatectomy (including cold preservation), from cadaver donor
47135	Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age
47140	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)
47141	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)
47142	Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)
47143	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; without trisegment or lobe split
47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with trisegment split of whole liver graft into 2 partial liver grafts (ie, left lateral segment [segments II and III] and right trisegment [segments I and IV through VIII])
47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with lobe split of whole liver graft into 2 partial liver grafts (i.e., left lobe (segments II, III, and IV) and right lobe (segments I, V through VIII))
47146	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each
47147	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each
48550	Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation
48551	Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues, splenectomy, duodenotomy, ligation of bile duct, ligation of mesenteric vessels, and Y-graft arterial anastomoses from iliac artery to superior mesenteric artery and to splenic artery
48552	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each
48554	Transplantation of pancreatic allograft
48556	Removal of transplanted pancreatic allograft
50300	Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral
50320	Donor nephrectomy (including cold preservation); open, from living donor

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50323	Backbench standard preparation of cadaver donor renal allograft prior to transplantation, including dissection and removal of perinephric fat, diaphragmatic and retroperitoneal attachments, excision of adrenal gland, and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary
50325	Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary
50327	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each
50328	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each
50329	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each
50340	Recipient nephrectomy (separate procedure)
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy
50370	Removal of transplanted renal allograft
50547	Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor
0494T	Surgical preparation and cannulation of marginal (extended) cadaver donor lung(s) to ex vivo organ perfusion system, including decannulation, separation from the perfusion system, and cold preservation of the allograft prior to implantation, when performed
0495T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; first two hours in sterile field
0496T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; each additional hour (List separately in addition to code for primary procedure)
<b>No Prior Authorization Required</b>	
44132	Donor enterectomy, (including cold preservation) open; from cadaver donor
44135	Intestinal allotransplantation; from cadaver donor
44715	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein
44720	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each

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44721	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each
65710	Keratoplasty (corneal transplant); anterior lamellar
65730	Keratoplasty (corneal transplant); penetrating (except in aphakia or pseudophakia)
65750	Keratoplasty (corneal transplant); penetrating (in aphakia)
65755	Keratoplasty (corneal transplant); penetrating (in pseudophakia)
65756	Keratoplasty (corneal transplant); endothelial
65757	Backbench preparation of corneal endothelial allograft prior to transplantation (List separately in addition to code for primary procedure)
65767	Epikeratoplasty
S2053	Transplantation of small intestine, and liver allografts <i>(Not valid for Medicare use)</i>
S2054	Transplantation of multivisceral organs <i>(Not valid for Medicare use)</i>
S2055	Harvesting of donor multivisceral organs, with preparation and maintenance of allografts; from cadaver donor <i>(Not valid for Medicare use)</i>
S2152	Solid organs(s), complete or segmental, single organ or combination of organs; deceased or living donor(s), procurement, transplantation, and related complications; including: drugs; supplies; hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services, and the number of days of pre and posttransplant care in the global definition <i>(Not valid for Medicare use)</i>
V2785	Processing, preserving and transporting corneal tissue

## INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days' notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

## REGULATORY STATUS

### Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

**CROSS REFERENCES**

Stem Cell Transplantation (Medicare Only), MP# 283

**REFERENCES**

1. Medicare Decision Memo (DM) for *Transplant Centers: Re-Evaluation of Criteria for Medicare Approval* (CAG-00061N); Dated 7/26/2000; Available at: <https://www.cms.gov/medicare-coverage-database/view/ncacal-decision-memo.aspx?proposed=N&ncaid=75&bc=0>
2. Medicare web page for *Transplant*; Last Updated: 12/1/2021; Available at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Transplant-Laws-and-Regulations>
3. Medicare Claims Processing Manual, Chapter 3 - Inpatient Hospital Billing, §90 - Billing Transplant Services; Last Updated: 08/2008; Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c03.pdf>
4. Medicare Claims Processing Manual, Chapter 3 - Inpatient Hospital Billing, § 90.4 - Liver Transplants; Last Updated: 09/2021; Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c03.pdf>
5. Medicare Claims Processing Manual, Chapter 3 - Inpatient Hospital Billing, §90.2 - Heart Transplants; Last Updated: 09/2014; Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c03.pdf>
6. Medicare Claims Processing Manual, Chapter 3 - Inpatient Hospital Billing, §90.6 - Intestinal and Multi-Visceral Transplants; Last Updated: 08/2020; Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c03.pdf>
7. Medicare Claims Processing Manual, Chapter 3 - Inpatient Hospital Billing, §90.5 – Pancreas Transplants Kidney Transplants; Last Updated: 06/2016; ; Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c03.pdf>
8. Medicare Claims Processing Manual, Chapter 3 - Inpatient Hospital Billing, §90.5.1 - Pancreas Transplants Alone (PA) ; Last Updated: 06/2016; ; Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c03.pdf>
9. Medicare Claims Processing Manual, Chapter 3 - Inpatient Hospital Billing, §90.1 - Kidney Transplant - General; Last Updated: 10/2007; Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c03.pdf>
10. Medicare Claims Processing Manual, Chapter 4 - Part B Hospital (Including Inpatient Hospital Part B and OPPS), §200.1 - Billing for Corneal Tissue; Last Updated: 01/04/2016; Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c04.pdf>
11. Medicare Change Request (CR) 9484; Dated 12/29/2015; Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3430CP.pdf>