


<b>MEDICAL POLICY</b>	<b>Organ Transplantation (Medicare Only)</b>	
<b>Effective Date: 2/1/2021</b>   2/1/2021	Section: SUR	Policy No: 451
	Medical Policy Committee Approved Date: 1/2021	
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.

Service	Medicare Guidelines
<i>Adult Liver Transplantation</i>	National Coverage Determination (NCD) for Adult Liver Transplantation ( <a href="#">260.1</a> ) <sup>1</sup>
<i>Kidney Transplantation</i>	<ul style="list-style-type: none"> <li>National Coverage Determination (NCD) for Dental Examination Prior to Kidney Transplantation (<a href="#">260.6</a>)<sup>2</sup></li> <li>National Coverage Determination (NCD) for Nonselective (Random) Transfusions and Living Related Donor Specific Transfusions (DST) in Kidney Transplantation (<a href="#">110.16</a>)<sup>3</sup></li> </ul>
<i>Heart Transplants</i>	<ul style="list-style-type: none"> <li>National Coverage Determination (NCD) for Heart Transplants (<a href="#">260.9</a>)<sup>4</sup></li> <li>National Coverage Determination (NCD) for Heartbreath Test for Heart Transplant Rejection (<a href="#">260.10</a>)<sup>5</sup></li> </ul>
<i>Intestinal and Multivisceral Transplantation</i>	National Coverage Determination (NCD) for Intestinal and Multi-Visceral Transplantation ( <a href="#">260.5</a> ) <sup>6</sup>
<i>Islet Cell Transplantation</i>	National Coverage Determination (NCD) for Islet Cell Transplantation in the Context of a Clinical Trial ( <a href="#">260.3.1</a> ) <sup>7</sup>

<b>MEDICAL POLICY</b>	<b>Organ Transplantation (Medicare Only)</b>
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<i>Pancreas Transplants</i>	National Coverage Determination (NCD) for Pancreas Transplants ( <a href="#">260.3</a> ) <sup>8</sup>
<i>Pediatric Liver Transplantation</i>	National Coverage Determination (NCD) for Pediatric Liver Transplantation ( <a href="#">260.2</a> ) <sup>9</sup>
<i>Renal Transplantation</i>	National Coverage Determination (NCD) for Thoracic Duct Drainage (TDD) in Renal Transplants ( <a href="#">20.3</a> ) <sup>10</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
47133	Donor hepatectomy (including cold preservation), from cadaver donor
47135	Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age

MEDICAL POLICY	Organ Transplantation (Medicare Only)
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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
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

<b>MEDICAL POLICY</b>	<b>Organ Transplantation (Medicare Only)</b>
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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)

**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.

## REFERENCES

1. Centers for Medicare & Medicaid Services. National Coverage Determination (NCD) for Adult Liver Transplantation (260.1). Implemented 9/4/2012. <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?ncdid=70>. Accessed 11/6/2020.
2. Services CfMM. National Coverage Determination (NCD) for Dental Examination Prior to Kidney Transplantation (260.6). Effective 1/1/1979. <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?ncdid=194>. Accessed 11/13/2020.
3. Services CfMM. National Coverage Determination (NCD) for Nonselective (Random) Transfusions and Living Related Donor Specific Transfusions (DST) in Kidney Transplantation (110.16). Effective 12/1/1983. <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?ncdid=93>. Accessed 11/13/2020.
4. Services CfMM. National Coverage Determination (NCD) for Heart Transplants (260.9). Effective 5/1/2008. <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?ncdid=112>. Accessed 11/13/2020.
5. Services CfMM. National Coverage Determination (NCD) for Heartbreath Test for Heart Transplant Rejection (260.10). Effective 12/8/2008. <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?ncdid=325>. Accessed 11/13/2020.
6. Services CfMM. National Coverage Determination (NCD) for Intestinal and Multi-Visceral Transplantation (260.5). Effective 5/11/2006. <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?ncdid=280>. Accessed 11/13/2020.
7. Services CfMM. National Coverage Determination (NCD) for Islet Cell Transplantation in the Context of a Clinical Trial (260.3.1). Effective 10/1/2004. <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?ncdid=286>. Accessed 11/13/2020.
8. Services CfMM. National Coverage Determination (NCD) for Pancreas Transplants (260.3). Effective 4/26/2006. <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?ncdid=107>. Accessed 11/13/2020.
9. Services CfMM. National Coverage Determination (NCD) for Pediatric Liver Transplantation (260.2). Effective 4/12/1991. <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?ncdid=71>. Accessed 11/13/2020.
10. Services CfMM. National Coverage Determination (NCD) for Thoracic Duct Drainage (TDD) in Renal Transplants (20.3). <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?ncdid=79>. Accessed 11/13/2020.