I. POLICY/CRITERIA

A. The following applies to all solid organ transplants (except cornea):

1. One evaluation per transplant. *Note: A second opinion consult only to determine transplant candidacy would be approved at a contracted or in network transplant facility if a second transplant evaluation is requested and the member has been previously turned down for transplant.*

2. Solid organ transplants are covered as defined in coverage documents. Related services including evaluation, donor expenses, and donor searches are limited as defined in coverage documents.

   In addition to transplants available in-plan, Priority Health participates in the LifeTrac Transplant Network, a national network of over 40 transplant facilities. All transplant evaluations and transplants must be pre-authorized by Priority Health and performed at a Priority Health approved facility. Requests for authorization should be submitted on the Solid Organ Transplant prior authorization form.

3. **Transplant referrals will be directed and approved in the following order:**

   A. **Priority Health network facilities. If not available in network, then**
   B. **LifeTrac Select facilities. If not available, then**
   C. **LifeTrac Supplemental facilities. If not available, then**
   D. **Out of network (OON) facilities.**

4. Patients with a history of using alcohol, tobacco, and other substances of abuse must be abstinent for a minimum of three months prior to approval of the transplant by Priority Health. Drug testing may be required at the discretion of Priority Health. Use of marijuana for medical purposes requires documentation from the treating physician and transplant eligibility is subject to the transplanting institution’s criteria. Evaluations for transplantation are covered even for patients who have active substance abuse at the time of the evaluation.

5. Patients must be willing and able to adhere to post-transplant lifestyle restrictions and medical regimen.

6. Donor expenses
a. Expenses incurred after the harvesting of the organ and discharge from the hospital are not covered for donors who are not Priority Health members and have other active health insurance.

b. For donors without other health insurance, medical expenses directly related to or as a result of the surgery to donate the organ will be covered for 30 days post discharge from the hospital immediately following the transplant.

7. Transportation and lodging for the patient, donor or family are not covered benefits, unless otherwise specified in coverage documents.

8. Post-transplant care
   a. Follow-up care and services are covered at the transplant facility for one year following the transplant, for both contracted and non-contracted transplant facilities.
   b. Follow-up care beyond one year post-transplant:
      1. Covered at contracted transplant facilities
      2. Non-contracted facilities: only physician services are covered.
         Testing, labs, and imaging are covered in network only.

9. Priority Health does not cover re-transplantation when evidence exists, in the opinion of the Plan, that patient non-compliance with treatment recommendations was a significant contributor to transplant failure.

B. Solid organ transplants are eligible for coverage as follows:
   1. **Cornea Transplants** for corneal dystrophies and corneal opacities. Prior authorization is not required for corneal transplants.
   2. **Kidney Transplants** when the transplanting institution’s selection criteria are met.
   3. **Heart Transplants** when the transplanting institution’s selection criteria are met.
   4. **Heart-Lung Transplants** when the transplanting institution’s selection criteria are met.
   5. **Liver Transplants**
      a. Liver transplants (cadaver or living donor) are covered for Adolescents and Adults when the transplanting institution’s selection criteria are met AND one of the following (1 or 2):
         1. A Model of End-stage Liver Disease (MELD) score greater than 15 [MELD score used for patients ≥ 12 years old not designated 1A or 1B per Organ Procurement and Transplantation Network (OPTN) Policies Criteria], or
         2. Approval for transplant received from the United Network for Organ Sharing (UNOS) Regional Review.
      b. Liver transplants are covered for children < 12 years of age when the transplanting institution’s selection criteria are met.
      c. Liver transplantation is not a covered benefit for patients with malignancy outside the liver, except metastatic neuroendocrine tumors (carcinoid, apudoma, gastrinoma, glucagonoma) if metastasis is restricted to the liver, who are unresponsive to adjuvant therapy after
aggressive surgical resection and reduction of hepatic metastasis or hepatic involvement in malignant epithelioid hemangioendothelioma.

d. Patients with Hepatocellular Carcinoma (HCC) who do not meet UNOS or Milan criteria for liver transplant: The size or number of HCC lesions may exclude a patient from transplant eligibility. If the lesions are amenable to treatment with an ablative procedure (radiofrequency or chemo), the ablative procedure is a covered benefit. Following ablation, liver transplant coverage is determined as defined in a. above.

e. The following are considered investigational and are not covered because their safety and effectiveness has not been established:

   1. Heterotopic (also known as ectopic or auxiliary) liver transplantation
   2. Xenotransplantation
   3. Hepatocellular transplantation
   4. Bioartificial liver transplantation

6. **Lung Transplants** when the transplanting institution’s selection criteria are met.
7. **Pancreas Transplants-Simultaneous Pancreas-Kidney (SPK)** when the transplanting institution’s selection criteria are met.
8. **Pancreas after Kidney (PAK) Transplantation** when the transplanting institution’s selection criteria are met.
9. **Pancreas Transplant Alone (PTA)** when the transplanting institution’s selection criteria are met.
10. **Islet Cell Transplantation**
    a. Autologous pancreas islet cell transplantation (i.e., transplantation of the member's own islet cells) is a covered benefit for patients undergoing near-total or total pancreatectomy for severe refractory chronic pancreatitis.
    b. Autologous pancreas islet cell transplantation is not a covered benefit for any indication other than 10a.
    c. Allogenic islet cell transplantation (i.e., transplantation of islet cells from a donor) is not a covered benefit.
    d. Islet cell xenografts are not a covered benefit.
    e. Retransplantation is not a covered benefit
11. **Intestinal Transplantation, Small Bowel/Liver or Multivisceral (small bowel/liver and or stomach, pancreas, colon) Transplant:**
    All of the following (a, b & c) must be met:
    a. Irreversible intestinal failure when the patient can no longer be safely maintained on total parenteral nutrition (TPN) Examples of failed TPN include:
       1. impending or overt liver failure due to TPN-induced liver injury
       2. thrombosis of the major central venous channels (jugular, femoral, subclavian)
       3. frequent line infection and sepsis
4. frequent episodes of severe dehydration despite IV fluids in addition to TPN

b. All of the following must be present:
   1. Adequate kidney function, defined as a creatinine clearance of greater than 50 ml/min; and
   2. Adequate cardiovascular function (ejection fraction greater than or equal to 40%); and
   3. Absence of acute or chronic active infections that are not effectively treated; and
   4. No uncontrolled and/or untreated psychiatric disorders that interfere with compliance to a strict treatment regimen; and
   5. Absence of inadequately controlled HIV/AIDS. Controlled HIV is defined as:
      i. CD4 count greater than 200 cells/mm3 for greater than 6 months; and
      ii. HIV-1 RNA (viral load) undetectable; and
      iii. On stable antiviral therapy greater than 3 months; and
      iv. No other complications from AIDS, such as opportunistic infection or neoplasms.

c. None of the following:
   1. Sepsis;
   2. Multi-organ failure;
   3. Advanced neurological disorders (e.g., neuroaxonal dystrophy, Tay-Sachs disease, Niemann-Pick disease and variants, neuronal ceroid lipofuscinosis, and Huntington disease);
   4. Presence of other gastrointestinal diseases (e.g., bleeding peptic ulcer, diverticulitis, chronic hepatitis);
   5. Malignancy, other than non-melanomatous skin cancer,
   6. Congestive heart failure with refractory symptoms and ejection fraction less than 40%.

12. Xenotransplantation of any organ is considered experimental and is not a covered benefit.

C. TransMedics Organ Care System for preservation and transport of donor organs is not covered as it is considered experimental and investigational. Routine patient care costs may be covered in a clinical trial as defined for Investigational Devices in the Experimental/Investigational/Unproven Care medical policy. The device is not a covered benefit. (Coverage for IDE trials is defined by product in Appendix C of the Experimental/Investigational/Unproven Care medical policy.)

II. MEDICAL NECESSITY REVIEW

☒ Required ☐ Not Required ☐ Not Applicable
III. APPLICATION TO PRODUCTS

Coverage is subject to member’s specific benefits. Group specific policy will supersede this policy when applicable.

- **HMO/EPO:** This policy applies to insured HMO/EPO plans.
- **POS:** This policy applies to insured POS plans.
- **PPO:** This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.
- **ASO:** For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.
- **INDIVIDUAL:** For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.
- **MEDICARE:** Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.
- **MEDICAID/HEALTHY MICHIGAN PLAN:** For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945-42542-42543-42546-42551-159815--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945-42542-42543-42546-42551-159815--,00.html). If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945-5100-87572--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945-5100-87572--,00.html), the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.

IV. DESCRIPTION

Solid organ transplants are covered as defined in coverage documents.

V. CODING INFORMATION

**ICD-10 Codes that may support medical necessity**
Not specified – see criteria

**CPT/HCPCS Codes**

- **Corneal Transplant – No preauthorization required**
  - 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)
V2785  Processing, preserving and transporting corneal tissue (Corneal tissue reimbursement for ASC, OP Hosp)

Not separately payable:
0290T  Corneal incisions in the recipient cornea created using a laser, in preparation for penetrating or lamellar keratoplasty (List separately in addition to code for primary procedure)

Kidney Transplant
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), 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
50380  Renal autotransplantation, reimplantation of kidney

Heart Transplant
33927  Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy
33928  Removal and replacement of total replacement heart system (artificial heart)
33929  Removal of total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure)
33940  Donor cardiectomy (including cold preservation) (Not covered for Priority Health Medicaid)
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

Heart-Lung Transplant
33930  Donor cardiectomy-pneumonectomy (including cold preservation) (Not covered for Priority Health Medicaid)
### Liver Transplant

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>33933</td>
<td>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</td>
</tr>
<tr>
<td>33935</td>
<td>Heart-lung transplant with recipient cardiectomy-pneumonectomy</td>
</tr>
</tbody>
</table>

**Liver Transplant**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>47133</td>
<td>Donor hepatectomy (including cold preservation), from cadaver donor</td>
</tr>
<tr>
<td>47135</td>
<td>Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age</td>
</tr>
<tr>
<td>47140</td>
<td>Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)</td>
</tr>
<tr>
<td>47141</td>
<td>Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)</td>
</tr>
<tr>
<td>47142</td>
<td>Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)</td>
</tr>
<tr>
<td>47143</td>
<td>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</td>
</tr>
<tr>
<td>47144</td>
<td>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))</td>
</tr>
<tr>
<td>47145</td>
<td>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 (ie, left lobe (segments II, III, and IV) and right lobe (segments I and V through VIII))</td>
</tr>
<tr>
<td>47146</td>
<td>Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each</td>
</tr>
<tr>
<td>47147</td>
<td>Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each</td>
</tr>
</tbody>
</table>

**Lung Transplant**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>32850</td>
<td>Donor pneumonectomy(s) (including cold preservation), from cadaver donor</td>
</tr>
<tr>
<td>32851</td>
<td>Lung transplant, single; without cardiopulmonary bypass</td>
</tr>
<tr>
<td>32852</td>
<td>Lung transplant, single; with cardiopulmonary bypass</td>
</tr>
<tr>
<td>32853</td>
<td>Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass</td>
</tr>
<tr>
<td>32854</td>
<td>Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass</td>
</tr>
<tr>
<td>32855</td>
<td>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</td>
</tr>
<tr>
<td>32856</td>
<td>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</td>
</tr>
</tbody>
</table>
S2060  Lobar lung transplantation
S2061  Donor lobectomy (lung) for transplantation, living donor
       (“S” codes not payable for Priority Health Medicare)

Pancreas Transplant
48160  Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or
       pancreatic islet cells
       (Not covered for Priority Health Medicare)
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
S2065  Simultaneous pancreas kidney transplantation
       (“S” codes not payable for Priority Health Medicare and Medicaid)

Pancreatic Islet Cell Transplant
G0341  Percutaneous islet cell transplant, includes portal vein catheterization and infusion
G0342  Laparoscopy for islet cell transplant, includes portal vein catheterization and
       infusion
G0343  Laparotomy for islet cell transplant, includes portal vein catheterization and
       infusion

G-codes payable for Priority Health Medicare when billed service is billed in the context of a
clinical trial

Intestinal Transplantation
44132  Donor enterectomy (including cold preservation), open; from cadaver donor
44133  Donor enterectomy (including cold preservation), open; partial, from living donor
44135  Intestinal allotransplantation; from cadaver donor
44136  Intestinal allotransplantation; from living donor
44137  Removal of transplanted intestinal allograft, complete
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
44721  Backbench reconstruction of cadaver or living donor intestine allograft prior to
       transplantation; arterial anastomosis, each
       S2053  Transplantation of small intestine, and liver allografts
S2054  Transplantation of multivisceral organs
S2055  Harvesting of donor multivisceral organs, with preparation and maintenance of
       allografts; from cadaver donor
       (“S” codes not payable for Priority Health Medicare or Medicaid)
Not Covered

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 (e.g., 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 (e.g., 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)

47136 Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age

S2102 Islet cell tissue transplant from pancreas; allogeneic

S2103 Adrenal tissue transplant to brain

S2152 Solid organ(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

VI. REFERENCES


28. “Pancreas Transplantation Alone (PTA)”, HAYES, Inc. February 27, 2006


49. Hayes, Inc. Organ Care System (OCS) Heart, June 23, 2016
