



Policy Title: Major Organ Transplants

Department: Utilization Management (UM)

Policy Number: UM 008

Rev. Date(s): 08/01/2020, 06/15/2022

Effective Date: 10/01/2012

Product Lines: All/Other Gold Coast Medi-Cal FFS Medi-Cal
 Medicare Commercial

Age Limitations: None Under 21 Other

Purpose

The purpose of this policy is to provide a consistent standard and process by which members in need of transplant services are given appropriate care and treatment. AmericasHealth Plan (AHP) maintains regulatory compliance set forth by federal and state laws concerning transplant services.

Policy

Members identified as potential candidates for a Major Organ Transplant are provided care through their PCP, Specialist(s), and Case Management Nurse. AHP assists with care coordination and directing the member to an approved Transplant Center for Major Organ Transplants. Insurance coverage for transplants, if any, is outlined in the member’s insurance Evidence of Coverage (EOC). Major Organ Transplants are listed in Table 1 below.

TABLE 1:

Major Organ	HCPCS or CPT-4 Code
Heart	Z7304
Liver	Z7306
Kidney	Z7308
Heart-Lung	Z7312
Simultaneous kidney-pancreas	S2055
Pancreas	48550
Single lung	Z7314
Double lung	Z7316
Bone marrow <ul style="list-style-type: none"> • Management of recipient hematopoietic progenitor cell donor search and cell acquisition • Unrelated bone marrow donor 	38204 *
Small bowel	Z7320
Combined liver-small bowel	Z7322

*Service is reimbursable on a once per-month basis and should be billed using the “from-through” format.



Non-Major Organ Transplants include:

- Cornea
- Tissue
- Other transplants not listed in Table 1 above.

For Medi-Cal recipients, Major Organ Transplants must be performed by one of the Medi-Cal approved Transplant Centers. Kidney transplants *are* covered under all Medi-Cal contracts. Kidney transplants may be performed by any Medi-Cal contracted hospital with a licensed Kidney Transplant Center as authorized by the insurer.

Procedures

IDENTIFICATION OF POTENTIAL CANDIDATES FOR MAJOR ORGAN TRANSPLANTS

1. The PCP is the primary coordinator of the member's medical care. The PCP's responsibilities include assessing the patient's condition initially and determining the possible need for transplant, the coordination of referrals, and the initiation of Case Management involvement.
2. Other means of identifying members as potential candidates for Major Organ Transplants include, but are not limited to the following:
 - A. Specialists
 - B. Hospitals
 - C. CHDP
 - D. CCS
 - E. Medi-Cal Field Offices
 - F. AHP Utilization Management (UM) Department, or its delegated entity
 - G. AHP Case Management (CM) Department, or its delegated entity
 - H. Health Plan Partners (i.e. Gold Coast Health Plan, Medicare Advantage Plans, etc.)
3. AmericasHealth Plan (AHP) generates reporting to identify those Members that may be potential candidates for Major Organ Transplant(s) and those members that have previously undergone a Major Organ Transplant. The report is generated monthly by targeting disease-specific diagnosis codes and other coding elements found on claims/encounters. The report is distributed to AHP's Case Management Department or its delegated entity for the purpose of supporting and coordinating care for members pre- and post-transplant.

CRITERIA USED FOR IDENTIFICATION

The criteria used to identify members as potential transplant candidates are the Medi-Cal Patient Selection Criteria as established by the Medical Advisory Committee on Anatomical Transplants (MACAT).

REFERRALS

1. When a provider identifies an AHP member as a potential candidate for a covered transplant procedure, the provider must notify AHP Case Management (or its delegated entity) and submit prior authorization for transplant services.
2. The authorization request is reviewed in the following manner:
 - A. For Medi-Cal members:
 - i. Using Medi-Cal coverage guidelines and nationally recognized clinical criteria (i.e. Milliman Care Guidelines) to determine if the request for transplant services is medically necessary.
 - B. For Medicare Advantage members:



- i. Using CMS coverage guidelines (NCD, LCD, LCA, Medicare Manuals) to determine if the request for transplant services is medically necessary.
 - ii. If no CMS coverage guidelines exist, then nationally recognized clinical criteria shall be utilized (i.e. Milliman Care Guidelines).
3. AHP shall coordinate with the PCP and specialist to select an appropriate Regional Transplant Center approved by DHCS (or CMS for Medicare Advantage members) and/or contracted with the insurer.
4. In order to facilitate continuity of care, the specialist forwards all pertinent medical information and medical records to the designated/approved Transplant Center.

Regulatory References

1. California Medi-Cal Provider Manual online at:
http://files.medi-cal.ca.gov/pubsdoco/manuals_menu.asp
2. Milliman Care Guidelines

REVIEWERS:

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APPROVED:

UM Committee Approval: January 2020

PQI Committee Approval: January 2020

Board Approval: February 2020