

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 12/12/23
<b>Approved by:</b> Medical Policy Quality Management Subcommittee	<b>Date Approved:</b> 12/05/23
<b>Clinical Policy Document:</b> Transplantation, Solid Organ	<b>Replaces Effective Clinical Policy Dated:</b> 03/01/23
<b>Reference #:</b> MC/T008	<b>Page:</b> 1 of 3

**PURPOSE:**

The intent of this clinical policy is to ensure services are medically necessary.

Please refer to the member’s benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member’s benefit plan or certificate of coverage, the terms of the member’s benefit plan document will govern.

**POLICY:**

Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

**GUIDELINES:**

Medical Necessity Criteria - Initial and retransplantation request must satisfy all of the following: I - III

- I. Approval by the requesting transplant center; and
- II. Covered Indications as determined by the health plan’s designated third party transplant network guideline (available upon request); and
- III. The decision regarding the appropriateness of transplantation in the presence of one or more universal or organ-specific contraindications will be left up to transplanting facility.

**EXCLUSIONS:**

Refer to member’s Certificate of Coverage or Summary Plan Description

The following are considered investigative (see Investigative List): I - V

- I. Artificial Heart for Destination Therapy (permanent), totally implantable
- II. Heart transplant rejection testing, MyTAI
- III. Islet cell transplantation, percutaneous, laparoscopic, or open
- IV. Islet cell transplantation for treatment of Diabetes
- V. Xenotransplantation

**DEFINITIONS:**

Reliable evidence:

Consensus opinions and recommendations reported in the relevant medical and scientific literature, peer-reviewed journals, reports of clinical trial committees, or technology assessment bodies, and professional consensus opinions of local and national health care providers.

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Transplant/Graft

Portion of the body or complete organ removed from its natural site and transferred to a separate site in the same or different individual.

**BACKGROUND:**

The three sources of donor kidneys are living related donors, living unrelated donors, and cadaver donors. In most simultaneous pancreas kidney (SPK) transplants, both organs come from the same cadaver donor. However, it is possible to have SPK transplant from a living donor using one-half a pancreas (segmental graft). It is also possible to do a living donor kidney transplant simultaneously with a cadaver donor pancreas transplant.

The three sources of donor livers are living related donors, living unrelated donors, and cadaver donors, although most come from cadaver donors. Transplanted livers may be whole or partial. Living adult donors may donate a portion of their liver.

Pancreas transplant alone (PTA) as a preventative measure for diabetic patients who are at a stage where progression can be halted require documentation from the transplant surgeon supporting the beneficial effects would offset the potential risk of complications from immunosuppression.

Pancreas after kidney transplantation (PAK) is generally the option chosen for patients who have a living donor for the kidney.

Pancreatic islet cell transplantation for diabetes is being investigated for potential advantages over whole-gland transplants. However, at this time, islet cell transplantation for diabetes as the sole indication is an experimental procedure, also requiring systemic immunosuppression, and should be performed only within the setting of controlled research studies

Guidelines for living donor and cadaver transplants are the same if medical/scientific evidence supports the procedure as standard/acceptable treatment for a specific condition and is not investigative.

A designated transplant center/center of excellence may be required by the terms of the member's benefit plan for maximum benefit coverage.

There are often many clinical trials and studies associated with transplants (where transplant is considered standard of care). Any component of the transplant that is part of a clinical trial or a study is not eligible for coverage.

Refer to benefit plan and medical policy for transplant and re-transplantation benefits, limitations and exclusions, non-coverage explanation of investigational and study generated protocol services, and eligible/non-eligible benefits for the donor.

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Prior Authorization: Yes, per network provider agreement.

Precertification: Yes

**CODING:**

CPT®

- 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
  - 33945 Heart transplant, with or without recipient cardiectomy
  - 47135 Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age
  - 48160
  - 48554 Transplantation of pancreatic allograft
  - 50360 Renal allotransplantation, implantation of graft; without recipient nephrectomy
  - 50365 Renal allotransplantation, implantation of graft; with recipient nephrectomy
  - 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
  - S2053 Transplantation of small intestine and liver allografts
  - S2054 Transplantation of multivisceral organs
  - S2060 Lobar lung transplantation
  - S2065 Simultaneous pancreas kidney transplantation
  - S2102 Islet cell tissue transplant from pancreas; allogeneic
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**REFERENCES:**

1. Integrated Healthcare Services Process Manual: UR015 Use of Medical Policy and Criteria
2. Clinical Policy: MP/C009 Coverage Determination Guidelines
3. Clinical Policy: MP/I001 Investigative Services
4. Clinical Policy: MP/T006 Transplantation, Designated Transplant Network Provider
5. Clinical Policy: MC/A006 Ventricular Assist Devices (VAD) and Total Artificial Heart (TAH)
6. US Department of Health & Human Services. Organ Procurement and Transplantation Network (OPTN) Policies. 2023. Retrieved from [https://optn.transplant.hrsa.gov/media/1200/optn\\_policies.pdf](https://optn.transplant.hrsa.gov/media/1200/optn_policies.pdf). Accessed 07-24-23.

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## Nondiscrimination & Language Access Policy

Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. *We* do not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

*We* will:

Provide free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provide free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If *you* need these services, contact *us* at the phone number shown on the inside cover of this *contract*, *your* id card, or [aspirushealthplan.com](http://aspirushealthplan.com).

If *you* believe that *we* have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, *you* can file a grievance with:

Nondiscrimination Grievance Coordinator  
Aspirus Health Plan, Inc.  
PO Box 1062  
Minneapolis, MN 55440  
Phone: 1.866.631.5404 (TTY: 711)  
Fax: 763.847.4010  
Email: [customerservice@aspirushealthplan.com](mailto:customerservice@aspirushealthplan.com)

*You* can file a grievance in person or by mail, fax, or email. If *you* need help filing a grievance, the Nondiscrimination Grievance Coordinator is available to help you.

*You* can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Language Assistance Services

**Albanian:** KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1.866.631.5404 (TTY: 711).

**Arabic:** تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بن اعلى رقم الهاتف 1.866.631.5404 (رقم هاتف الصم والبك : 711)

**French:** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelezle 1.866.631.5404 (ATS : 711).

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.866.631.5404 (TTY: 711).

**Hindi:** \_यान द\_ : य\_द आप िहंदी बोलते ह\_ तो आपके िलए मु\_त म\_ भाषा सहायता सेवाएं उपल\_ध ह\_। 1.866.631.5404 (TTY: 711) पर कॉल कर\_।

**Hmong:** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.866.631.5404 (TTY: 711).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.866.631.5404 (TTY: 711)번으로 전화해 주십시오.

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.866.631.5404 (TTY: 711).

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.866.631.5404 (телетайп: 711).

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.866.631.5404 (TTY: 711).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1.866.631.5404 (TTY: 711)

**Traditional Chinese:** 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1.866.631.5404 (TTY:711)。

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.866.631.5404 (TTY: 711).

**Pennsylvania Dutch:** Wann du Deitsch (Pennsylvania German / Dutch) schwetzsch, kannscht du mitaus Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1.866.631.5404 (TTY: 711).

**Lao:** ໄປ່ດຊາຍ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1.866.631.5404 (TTY:711).