



transplant payment policy

description of procedure/service

This policy applies to the payment for human solid organ, bone marrow and stem cell transplants.

When the transplant is part of a clinic trial, please refer to the Medical Payment Policy for senior members and commercial members.

policy

FCHP covers certain (see reimbursable transplants under **Coverage and reimbursement criteria** below) human solid organ, bone marrow, and stem cell transplants when:

- 1.) The plan member is the recipient of the transplant, and
- 2.) The plan member meets the eligibility and medical criteria in the corresponding organ, bone marrow or stem cell transplant Medical Policy, and
- 3.) The plan member has completed a transplant evaluation at an affiliated transplant facility and has been accepted into the facility's transplant program. (For Fallon Senior Plan™ members, all transplant related services must be provided at a Medicare approved transplant center.)

Services of the donor are covered, including evaluation, preparation, surgery and recovery directly related to the donation, except for those services covered by another insurer, such as HLA testing for A, B, or DR antigens to establish bone marrow donor suitability.

If the plan member is the donor and the recipient is not a plan member, no coverage is provided for either the donor or the recipient (Refer to HLA Testing Policy).

If both the donor and the transplant recipient are FCHP members, donor expenses are reimbursed through the recipient's coverage.

benefits application

- FCHP Direct Care/FCHP Select Care
- FCHP Independent Care
- FCHP Flex Care Direct/Select
- Fallon Senior Plan™
- FCHP MassHealth
- Major Medical
- Bill at Home/Direct Enrollment

coverage and reimbursement criteria

The following services are covered for an eligible plan member who is the intended recipient of a reimbursable transplant*:

- Initial consultation, transplant evaluation and other pre-transplant related services.
- Compatibility testing of potential organ/tissue donors who are family members
- Charges related to activating the National Marrow Donor Program search process at the donor registry and compatibility testing of potential organ/tissue donors identified through the search process
- Dental examination prior to a kidney transplant
- A second opinion provided at another suitable affiliated transplant facility
- Donor costs for procurement, including evaluation, preparation, surgery and recovery directly related to the actual donation or possible donation of a living organ
- Donor costs related to the recovery, storage and transportation of a non-living (cadaver) organ
- Services and supplies that would ordinarily be furnished while the plan member is an inpatient, including but not limited to room and board, anesthesia, surgery and recovery services, diagnostic lab and X-ray services, medications, meals, medical supplies, and medical, surgical and psychiatric professional charges
- Services for any complications related to the transplant
- Immunosuppressive drug therapy for up to 44-months following the date of transplant when the member's benefits include outpatient prescription drugs (according to the terms of the member's *Evidence of Coverage*)
- Harvesting tissue for storage is not eligible for coverage unless the member has a documented disease diagnosis that may require the use of stored tissue in the future.

** Reimbursable transplants include bone marrow (allogeneic and autologous), cornea, heart, heart-lung, small bowel, simultaneous small bowel and liver, multivisceral, kidney, liver, lung, simultaneous pancreas and kidney, pancreas after kidney, peripheral stem cell and autologous stem cell transplants.*

When the transplant is part of a clinic trial, please refer to the Medical Payment Policy for senior members and commercial members.

FCHP generally reimburses organ, bone marrow and stem cell transplants at a single, all-inclusive, negotiated rate determined by the transplant facility contract. This "global payment" typically includes facility and professional charges for the transplant period that is specified in the transplant facility contract, generally, beginning on the date of admission for transplant or the day prior to transplant and ending on the date of discharge from the transplant facility. Occasionally transplant facility contracts may exclude professional and ancillary charges, whereupon providers may submit claims for their services separately. These services may be paid at a discounted rate specified in the transplant facility contract.

The global payment includes the organ acquisition (donor) costs, including psychological evaluation prior to surgery, preparation, surgery and recovery. In situations where an organ is harvested and transported to the transplant facility, all applicable charges related to the harvesting and transporting of the organ are billed to the transplant facility. The transplant facility's global payment reflects the cost for these services.

FCHP reimburses the following services separately from the global payment:

- The initial consultation to determine the need for transplant
- Transplant evaluation and other pre-transplant related services (outlier period) for the transplant recipient, including inpatient and outpatient facility and professional charges provided to evaluate a patient for acceptance into a facility's transplant program; the

transplant-related services provided to a patient prior to the transplant, such as management and monitoring of the underlying disease condition for which the transplant is needed. Outlier services are generally paid at a rate specified in the transplant facility contract.

- Charges for activating the National Marrow Donor Program (NMDP) registry and compatibility testing of potential organ/tissue donors identified through the search process. NMDP charges are payable at invoice price.
- A transplant recipient's stay that exceeds the contracted number of inlier days. The transplant period is for a specific number of days (inlier period), based on the type of transplant.
- Post-transplant related services (outlier period) provided to the transplant recipient, including inpatient and outpatient services provided during the 12-month period immediately following the end of the transplant period, including services provided to maintain or monitor the patient for recurrence of the underlying disease condition for which the transplant was performed. Outlier services are generally paid at a rate specified in the transplant facility contract.
- Services unrelated to the underlying disease for which the transplant is needed, before or after the transplant
- Outpatient immunosuppressive drug therapy, if the member's *Evidence of Coverage* includes prescription drugs

The following services are not covered:

- Services related to any transplant that is not reimbursable. This includes, but is not limited to experimental or investigational transplants, bioartificial transplants, such as the transplant of a total artificial heart, and xenotransplants, such as the transplant of animal tissue into humans (refer to Clinical Trials Medical Payment Policy)
- Services for the donor if the recipient is not a plan member
- Services of the donor covered by another insurer
- Transportation or housing costs for the donor or the recipient
- House cleaning costs incurred in preparation for a transplant recipient's discharge.
- Any other service unless otherwise noted in covered services above.

preauthorization guidelines

PCP referral is required for the initial consultation, unless otherwise specified in the member's Evidence of Coverage. Preauthorization is required for all subsequent services including transplant evaluation. The initial preauthorization is valid for up to 12 months and includes the evaluation and all transplant related services up to and including the transplant period. A subsequent authorization is issued on the date of discharge from the transplant facility for the transplant admission and is valid for all transplant related services for up to 12 months.

billing/coding guidelines

Facility and physician/ancillary services associated with the transplant should be submitted to LifeTrac Network unless otherwise noted in the contract or agreement:

LifeTrac Network
P.O. Box 884
Minneapolis, MN 55440-0884
800-968-8722

facility

- Hospitals bill the appropriate Revenue Codes using the UB-92 or ANSI 837I 4010.

- Itemization should be available upon request.
- Submit claims with appropriate ICD-9-DM diagnosis procedure code(s) such as 41.01, 50.59, 55.69 in box 80 and 81 on the UB-92.
- Submit organ acquisition costs, including any costs for a living donor during the transplant period and outlier period.
- The excising hospital (removal of organs) does not submit a claim to FCHP.
- All services related to the acquisition of an organ (i.e. tissue typing, post-operative evaluation, etc.) should be submitted on the inpatient claim. They will be reimbursed at the contracted rate.
- All donor charges regardless if an FCHP member should be submitted under the recipient's name and member identification number.
- Facility and physician charges may be billed separately or together.

physician/ancillary

- Physicians bill professional physician services using the CMS-1500 claim form or ANSI 837P 4010.
- Surgical claims billed over \$1000 should be submitted with operative notes.
- Physician and facility charges may be billed separately or together.
- Services will be reimbursed according to contract terms.

place of service

This policy applies to all places of service related to human solid organ, bone marrow and stem cell transplant.

definitions

Affiliated transplant facility – FCHP utilizes a network of designated transplant facilities comprised of leading medical centers that perform organ, bone marrow and stem cell transplants. These designated transplant facilities may be different from the hospitals listed in the provider directory. A list of transplant facilities is available upon request. FCHP also contracts with certain facilities in our provider network to perform transplants.

Transplant period – Generally begins on the date of admission for transplant or the day prior to transplant and ends on the date of discharge from the transplant facility or as specified according to the contract.

policy implementation

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