

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 12/03/24
<b>Approved by:</b> Medical Policy Quality Management Subcommittee	<b>Date Approved:</b> 12/03/24
<b>Clinical Policy Document:</b> Transplantation, Solid Organ	<b>Replaces Effective Clinical Policy Dated:</b> 12/12/23
<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 most current [Optum Clinical Guidelines for Solid Organ Transplantation](#); 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.

# PreferredOne®

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<b>Reference #:</b> MC/T008	<b>Page:</b> 3 of 3

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: Coverage Determination Guidelines (MP/C009)
3. Clinical Policy: Investigative Services (MP/I001)
4. Clinical Policy: Ventricular Assist Devices (VAD) and Total Artificial Heart (TAH) (MC/A006)
5. US Department of Health & Human Services. Organ Procurement and Transplantation Network (OPTN) Policies. 2024. Retrieved from [https://optn.transplant.hrsa.gov/media/1200/optn\\_policies.pdf](https://optn.transplant.hrsa.gov/media/1200/optn_policies.pdf). Accessed 07-29-24.
6. Optum Clinical Guidelines for Solid Organ Transplantation. 2024. Retrieved from <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/clinical-guidelines/transplant-review-guidelines-solid-organ-transplantation.pdf>. Accessed on 10-02-24.

## DOCUMENT HISTORY:

<b>Created Date:</b> 10/19
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<b>Revised Date:</b> 01/10/20, 01/27/23, 10/02/24

# PreferredOne Community Health Plan Nondiscrimination Notice

PreferredOne Community Health Plan (“PCHP”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PCHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

## PCHP:

Provides 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)

Provides 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 a Grievance Specialist.

If you believe that PCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist  
PreferredOne Community Health Plan  
PO Box 59052  
Minneapolis, MN 55459-0052  
Phone: 1.800.940.5049 (TTY: 763.847.4013)  
Fax: 763.847.4010  
[customerservice@preferredone.com](mailto:customerservice@preferredone.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist 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

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.940.5049 (TTY: 763.847.4013).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

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 1.800.940.5049 (TTY: 763.847.4013)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານ ບໍ່ເຂົ້າໃຈພາສາ ລາວ, ການບໍລິການ ລູກຄ້າ ວ່າຍເຫຼືອ ຈຳນວນ ພາສາ ໂດຍບໍ່ຄ່າ ສໍາລັບ ທ່ານ ຈະມີ ທ່ານ ທີ່ ສາມາດ ຄວບຄູ່ ທ່ານ ໄດ້. ໂທ 1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉዎት ተዘጋጅተዋል። ወደ ሚክላተሎ ቁጥር ይደውሉ 1.800.940.5049 (ማስማት ለተሳናቸው: 763.847.4013) .

ဟံသာဝတီ- နေရာကတိာ ကညိ ကျိအယိ. နေရာနဲ့ ကျိအတိာမၤစၤလၢ တလၢကတိာလၢကတိာ နိတံၤတၢ်သ့န့ၢ်လိာ်. ကိ: 1.800.940.5049 (TTY: 763.847.4013).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1.800.940.5049 (TTY: 763.847.4013)។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013). 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.940.5049 (TTY: 763.847.4013).

