

Organ and Tissue Transplants

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[Instructions for Use](#)

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Related Medicare Advantage Policy Guidelines
• Adult Liver Transplantation (NCD 260.1)
• Dental Examination Prior to Kidney Transplantation (NCD 260.6)
• Heart Transplants (NCD 260.9)
• Histocompatibility Testing (NCD 190.1)
• Intestinal and Multi-Visceral Transplantation (NCD 260.5)
• Islet Cell Transplantation in the Context of a Clinical Trial (NCD 260.3.1)
• Pancreas Transplants (NCD 260.3)
• Pediatric Liver Transplantation (NCD 260.2)
• Stem Cell Transplantation (Formerly 110.8.1) (NCD 110.23)

Coverage Guidelines

Human organ and tissue transplants, including pre-and post-operative medical, surgical, hospital services, and medically necessary ambulance transportation are covered when Medicare coverage criteria are met.

Notes:

- All transplant procedures, including ventricular assist devices, for UnitedHealthcare Medicare Advantage Plan members must be performed by Optum Transplant Network facility and/or Medicare-Approved Transplant facility.
- A list of organ transplant facilities eligible for Medicare reimbursement is available at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Transplant-Laws-and-Regulations.html>. (Accessed September 2, 2020)

Heart and Heart-Lung Transplants

Heart and heart-lung transplants are covered when criteria are met. Refer to the [National Coverage Determination \(NCD\) for Heart Transplants \(260.9\)](#). (Accessed September 7, 2021)

For artificial heart implants, refer to the Coverage Summary titled [Ventricular Assist Device \(VAD\)](#).

Kidney, Pancreas and Kidney-Pancreas Transplants

Kidney, pancreas and kidney-pancreas transplants are covered when criteria are met.

Refer to the:

- [NCD for Pancreas Transplantation \(260.3\)](#).
- [Medicare Benefit Policy Manual, Chapter 11 End Stage Renal Disease \(ESRD\), §140 - Transplantation](#).

(Accessed September 7, 2021)

Note: When the medical evaluation for a transplant is performed on the recipient or the living donor during the same inpatient stay in which the actual transplant occurs, all such services will be billed, and the costs will be accumulated in the normal manner. For example, all hospital services rendered to the donor will be considered kidney acquisition services. However, all physicians' services rendered to the living donor and all hospital and physicians' services rendered to the recipient will be billed in the same manner as any other inpatient services on the account of the recipient. Refer to the [Medicare Benefit Policy Manual, Chapter 11, §140.8 - Kidney Recipient Admitted for Transplantation and Evaluation](#). (Accessed September 7, 2021)

Adult Liver Transplants

Adult liver transplants are covered when criteria are met. Refer to the [NCD for Adult Liver Transplantation \(260.1\)](#).

(Accessed September 7, 2021)

Pediatric Liver Transplants

Pediatric liver transplants are covered when criteria are met. Refer to the [NCD for Pediatric Liver Transplantation \(260.2\)](#).

(Accessed September 7, 2021)

Intestinal and Multi-Visceral Transplantation

Intestinal and multi-visceral transplantation are covered when criteria are met. Refer to the [NCD for Intestinal and Multi-Visceral Transplantation \(260.5\)](#). (Accessed September 7, 2021)

Stem Cell Transplantation and Bone Marrow Transplantation

Allogeneic hematopoietic stem cell transplantation (HSCT) and autologous stem cell transplantation (AuSCT) are covered when criteria are met. Refer to the [NCD for Stem Cell Transplantation Formerly 110.8.1 \(110.23\)](#).

(Accessed September 7, 2021)

Notes:

- Effective for services performed on or after August 4, 2010, allogeneic HSCT for myelodysplastic syndromes (MDS) is covered by Medicare pursuant to Coverage with Evidence Development (CED) in the context of a Medicare-approved, prospective clinical study.
 - Effective for services performed on or after January 27, 2016, allogeneic HSCT for multiple myeloma (MM), myelofibrosis (MF), and sickle cell disease (SCD) is covered by Medicare pursuant to Coverage with Evidence Development (CED) in the context of a Medicare-approved, prospective clinical study.
 - Refer to the [NCD for Stem Cell Transplantation Formerly 110.8.1 \(110.23\)](#). (Accessed September 7, 2021)
 - The list of Medicare approved clinical trials is available at <http://www.cms.gov/Medicare/Coverage/Coverage-with-Evidence-Development/allo-HSCT.html>. (Accessed September 7, 2021)
 - For payment rules for NCDs requiring CED, refer to the Coverage Summary titled [Experimental Procedures and Items, Investigational Devices and Clinical Trials](#).
- Acquisition charges for stem cell transplants apply only to allogeneic transplants, for which stem cells are obtained from a donor (other than the recipient himself or herself). Acquisition charges do not apply to autologous transplants (transplanted stem cells are obtained from the recipient himself or herself), because autologous transplants involve services provided to the beneficiary only (and not to a donor), for which the hospital may bill and receive payment. Refer to the [Medicare Claims Processing Manual, Chapter 4, §231.11 - Billing for Allogeneic Stem Cell Transplants](#). (Accessed September 7, 2021)

Islet Cell Transplantation in the Context of a Clinical Trial

Transplantation of partial pancreatic tissue or islet cells is not covered by UnitedHealthcare.

Notes:

- Members may have coverage by Medicare in a Medicare certified Clinical Trials. Effective October 1, 2004, as a result of section 733 of the Medicare Prescription Drug, Improvement and Modernization Act of 2003, Medicare will cover pancreatic islet cell transplantation for patients with Type I diabetes who are participating in National Institutes of Health-sponsored clinical trials.
 - Because this legislative change in benefits meets the significant cost threshold described in section 1852(a)(5) of the Social Security Act, MA organizations are not required to assume risk for the costs of this service until payments /can be appropriately adjusted to take into account the cost of this legislative change in benefits. As is the case for other qualifying clinical trial services, CMS will make payments directly to providers of covered islet cell transplant clinical trial services on a fee-for-service basis.
 - For detailed information, refer to the [NCD for Islet Cell Transplantation in the Context of a Clinical Trial \(260.3.1\)](#). (Accessed September 7, 2021)
- CMS Payment Guidelines: CMS will make payment directly on a fee-for service basis for the routine costs of pancreatic islet cell transplants as well as transplantation and appropriate related items and services, for MA beneficiaries participating in an NIH-sponsored clinical trial. MA organizations will not be liable for payment for routine costs of this new clinical trial until MA payments can be appropriately adjusted to take into account the cost of this national coverage decision. Medicare contractors shall make payment on behalf of MA organizations directly to providers of these islet cell transplants in accordance with Medicare payment rules, except that beneficiaries are not responsible for the Part A and Part B deductibles. MA members will be liable for any applicable coinsurance amounts MA organizations have in place for clinical trial benefits. Refer to the [Medicare Claims Processing Manual, Chapter 32, §70.5 - Special Billing and Payment Requirements Medicare Advantage \(MA\) Beneficiaries](#). (Accessed September 7, 2021)

Immunosuppressive Drugs

Post-transplant, immunosuppressive drug therapy following a Medicare covered organ transplant is covered. Refer to the Coverage Summary titled [Medications/Drugs \(Outpatient/Part B\)](#) for detailed coverage guideline.

Dental/Oral Examination

Dental/oral examination performed on an inpatient basis prior to a kidney transplant is covered when criteria are met. Refer to the [NCD for Dental Examination Prior to Kidney Transplantation \(260.6\)](#). (Accessed September 7, 2021)

Thoracic Duct Drainage (TDD)

Thoracic duct drainage (TDD) is covered when used in renal transplantation. Refer to the [NCD for Thoracic Duct Drainage in Renal Transplantation \(20.3\)](#). (Accessed September 7, 2021)

Histocompatibility Testing (HLA Typing)

Histocompatibility testing (HLA typing) for the transplant recipient and donor when the intended transplant recipient is a UnitedHealthcare Medicare member is covered when criteria are met. Refer to the [NCD for Histocompatibility Testing \(190.1\)](#). (Accessed September 7, 2021)

Solid Organ Acquisition

Solid organ acquisition from cadaver or live donor is covered. Refer to the [Medicare Benefit Policy Manual, Chapter 11 End Stage Renal Disease \(ESRD\), §140 – Transplantation](#). (Accessed September 7, 2021)

Transportation, Food and Housing

Transportation, food and housing expense of the member and one escort may be covered. Refer to the member's EOC/SOB to determine coverage eligibility.

Note: Although not described in the EOC for UnitedHealthcare MedicareDirect plans, if the member is sent outside of the member's community for a transplant, UnitedHealthcare will arrange or pay for appropriate lodging and transportation costs for the member and a companion. This applies to all Medicare Advantage plans.

Heartsbreath Test for Heart Transplant Rejection

Heartsbreath test for heart transplant rejection is not covered; refer to the [NCD for Heartsbreath Test for Heart Transplant Rejection \(260.10\)](#). (Accessed September 7, 2021)

Umbilical Cord Blood Harvesting and Storage for Future Use

Medicare does not have a National Coverage Determination (NCD) for umbilical cord blood harvesting and storage for future use. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Umbilical Cord Blood Harvesting and Storage for Future Use](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

Policy History/Revision Information

Date	Summary of Changes
09/21/2021	Title Change <ul style="list-style-type: none">Previously titled <i>Transplants: Organ and Tissue Transplants</i> Supporting Information <ul style="list-style-type: none">Archived previous policy version MCS096.01

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The benefit information in this Coverage Summary is based on existing national coverage policy; however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

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