

Pediatric Liver Transplantation (NCD 260.2)

Guideline Number: MPG234.06
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[↪ Terms and Conditions](#)

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<p>Related Medicare Advantage Policy Guideline</p> <ul style="list-style-type: none"> Adult Liver Transplantation (NCD 260.1)
<p>Related Medicare Advantage Coverage Summary</p> <ul style="list-style-type: none"> Transplants: Organ and Tissue Transplants

Policy Summary

[↪ See Purpose](#)

Overview

Liver transplantation is covered for children (under age 18) with extrahepatic biliary atresia or any other form of end stage liver disease, except that coverage is not provided for children with a malignancy extending beyond the margins of the liver or those with persistent viremia.

Guidelines

Liver transplantation is covered when performed in a pediatric hospital that performs pediatric liver transplants if the hospital submits an application which CMS approves documenting that:

- The hospital's pediatric liver transplant program is operated jointly by the hospital and another facility that has been found by CMS to meet the institutional coverage criteria in the "Federal Register" notice of April 12, 1991;
 - The unified program shares the same transplant surgeons and quality assurance program (including patient protocol, patient selection criteria, and oversight committee,); and
 - The hospital is able to provide the specialized facilities, personnel and services that are required by pediatric liver transplant patients.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Coding Clarification: The following CPT codes and ICD Procedure Codes are from NCD 260.1 Adult Liver Transplantation.

CPT Code	Description
47135	Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age

CPT Code	Description
47399	Unlisted procedure, liver

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ICD Procedure Code	Description
0FY00Z0	Transplantation of liver, allogeneic, open approach
0FY00Z1	Transplantation of liver, syngeneic, open approach

Questions and Answers

1	Q:	Does CMS require that liver transplants be performed at a CMS approved facility?
	A:	Yes, CMS approved facility locations for liver transplants are on the CMS website. (Page 97)

References

CMS National Coverage Determinations (NCDs)

[NCD 260.2 Pediatric Liver Transplantation](#)

Reference NCD: [NCD 260.1 Adult Liver Transplantation](#)

CMS Claims Processing Manual

[Chapter 3; § 90.4 Liver Transplants](#)

CMS Transmittal(s)

[Transmittal 146, Change Request 7908, Dated 08/03/2012 \(Liver Transplantation for Patients with Malignancies\)](#)

[Transmittal 2200, Change Request 10859, Dated 11/08/2018 \(International Classification of Diseases, Tenth Revision \(ICD-10\) and Other Coding Revisions to National Coverage Determinations \(NCDs\)\)](#)

MLN Matters

[Article MM7908, Liver Transplantation for Patients with Malignancies](#)

Other(s)

[Medicare Approved Transplant Programs, CMS Website](#)

[The Scientific Registry of Transplant Recipients](#)

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	Template Update <ul style="list-style-type: none"> Reformatted policy; transferred content to new template
08/12/2020	Supporting Information <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information Archived previous policy version MPG234.05

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

Medicare Advantage Policy Guidelines are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).