Transplantation Services

Policy Number: BIP187.J
Effective Date: October 1, 2021

Instructions for Use

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Related Benefit Interpretation Policy
- Medical Necessity

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- Total Artificial Heart and Ventricular Assist Devices

Related Clinical Guideline
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Federal/State Mandated Regulations

Note: The most current federal/state mandated regulations for each state can be found in the links below.

Oregon

836-053-0012

https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=204285

Essential Health Benefits for Plan Years Beginning on and after January 1, 2017

(1) This rule applies to plan years beginning on and after January 1, 2017.
(2) As used in the Insurance Code and OAR chapter 836:
  (b) "Base benchmark health benefit plan" means the PacificSource Health Plans Preferred CoDeduct Value 3000 35 70 small group health benefit plan, including prescription drug benefits, as provided in Exhibit 1 to this rule;
  (c) "Essential health benefits" or "EHB" means the following coverage provided in compliance with 45 CFR 156:
    (A) The base-benchmark health benefit plan with the exclusions and modifications of provisions of that plan as set forth in section (3) to (7) of this rule.
(3) (a) The following treatment limitations and exclusions of coverage currently included in the base-benchmark health benefit plan are excluded:
    (A) The 24-month waiting period for transplant benefits;

Washington

WAC 284-43-5642 Essential Health Benefit Categories

https://apps.leg.wa.gov/wac/default.aspx?cite=284-43-5642

(3) A health benefit plan must cover "hospitalization" in a manner substantially equal to the base-benchmark plan. For purposes of determining a plan's actuarial value, an issuer must classify as hospitalization services the medically necessary services delivered in a hospital or skilled nursing setting including, but not limited to, professional services, facility fees, supplies, laboratory, therapy or other types of services delivered on an inpatient basis.
  (a) A health benefit plan must include the following services which are specifically covered by the base-benchmark plan and classify them as hospitalization services:
    (i) Hospital visits, facility costs, provider and staff services and treatments delivered during an inpatient hospital stay, including inpatient pharmacy services;

(ii) Skilled nursing facility costs, including professional services and pharmacy services and prescriptions filled in the skilled nursing facility pharmacy;
(iii) Transplant services, supplies and treatment for donors and recipients, including the transplant or donor facility fees performed in either a hospital setting or outpatient setting;
(iv) Dialysis services delivered in a hospital;
(v) Artificial organ transplants based on an issuer's medical guidelines and manufacturer recommendations; and
(vi) Respite care services delivered on an inpatient basis in a hospital or skilled nursing facility.

State Market Plan Enhancements

In addition to the covered benefits listed in Section C, some members may have additional Organ and Tissue Transplant benefits. Refer to the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB) for additional information.

Additional resources for Transplantation Services: Referrals may be made to Optum as follows:
Phone Referrals: 866-300-7736 or Fax: 888-361-0502

Covered Benefits

Important Note: Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

Note: UnitedHealthcare shall intermittently review new developments in medical technology based on scientific evidence to determine if the list of covered transplants should be revised.

- Human Organ and tissue Transplants are limited to non-experimental and non-investigational procedures that are determined to be Medically Necessary (Refer to the Benefit Interpretation Policy titled Medical Necessity).

  Coverage is provided for the pre-and post-operative medical, surgical, hospital services and Medically Necessary ambulance transportation to the UnitedHealthcare Designated Facility. All Transplant procedures must be preauthorized by UnitedHealthcare and performed in a Designated Facility.

  Covered Transplant procedures include:
  - Bone Marrow Transplants (either from the member or from a compatible Donor) and peripheral stem cell Transplants, with or without high dose chemotherapy, including Chimeric Antigen Receptor (CAR)-T Cell Therapy. Not all Bone Marrow Transplants or peripheral stem cell Transplants meet the definition of a Covered Health Service.
  - Heart
  - Heart/lung
  - Lung
  - Kidney
  - Kidney/pancreas
  - Liver
  - Liver/small bowel
  - Pancreas
  - Small bowel

  If OptumHealth Transplant Solutions has determined that another Transplant (not listed above) is proven, then that Transplant is also eligible for coverage.

- When the Transplant recipient is a UnitedHealthcare member, reasonable and necessary services of the living Donor solely for the Transplant procedure are covered if the Donor does not have insurance or the Dono's primary insurance does not cover Donor hospital services (the donor does not need to be a UnitedHealthcare member for Transplant Services to be covered)

- Listing at two UnitedHealthcare Designated facilities.
  - Dual listing is allowed only when the Regional Organ Procurement Agency used is different
  - Member is financially responsible for all costs associated with the 2nd Transplant evaluation.

  Note: UnitedHealthcare will pay for the Transplant surgery, living Donor inpatient-services and surgery, and post-Transplant Services at the facility which performs the Transplant.
- Pre-transplant testing and evaluation, including Histocompatibility Testing for the Transplant recipient and Donor when the intended Transplant recipient is a UnitedHealthcare member. The testing of immediate blood relatives to determine the compatibility of Bone Marrow and stem cells is limited to immediate blood relatives who are sisters, brothers, parents and natural children.
- Organ acquisition from cadaver or living Donor
- An oral or dental examination performed on an inpatient basis as part of a comprehensive workup prior to Transplant surgery
- Tooth extraction prior to a major Organ Transplant
- Outpatient post-transplant, immunosuppressive drug therapy only if the member has a supplemental pharmacy benefit
- Storage costs of any Organ or Bone Marrow only as part of an authorized treatment protocol as determined by the UnitedHealthcare Designated Facility Medical Director or designee
- Bone Marrow and stem cells Donor search and testing
  Note: Specific requirements and limitations apply, refer to the member's EOC/SOB
- Transportation, food and housing expense of the member and one escort to the UnitedHealthcare Designated Facility
  Note: Specific requirements and limitations apply, refer to the member's EOC/SOB
- Covered services for living Donors are limited to Medically Necessary clinical services once a Donor is identified.

Refer to the Medical Management Guideline (MMG) titled Total Artificial Heart.

Not Covered

- Artificial heart implantation
- Non-human Organ Transplantation
- Equipment and medication that is experimental/investigational and/or not Medically Necessary (Refer to the Medical Management Guideline titled Medical Necessity)
- Storage costs of any Organ or Bone Marrow unless criteria in section C are met
- Transplant Services, including Donor costs, when the Transplant recipient is not a UnitedHealthcare member
- Transplantation performed in a non-UnitedHealthcare Designated Facility
- Transportation of any potential Donor for typing and matching
- Unauthorized or not prior authorized Organ procurement and Transplant related services
- Transportation, food and housing expenses of the member
  - When the member is not receiving Medically Necessary Transplant Services
  - Above and beyond the allowed benefit for the member
    Note: Refer to the member's EOC/SOB
- Transportation and other non-clinical expenses of a living Donor
- Duplicated diagnostic costs for a Transplant evaluation at the 2nd Regional Organ Procurement Facility

Definitions

Designated Facility (Includes UnitedHealthcare National Preferred Transplant Network [NPTN]): A facility that has entered into an agreement with UnitedHealthcare, or with an organization contracting on UnitedHealthcare's behalf, to render covered services for the treatment of specified diseases or conditions. A Designated Facility may or may not be located within the service area. The fact that a hospital is a participating/contracting hospital does not mean that it is a Designated Facility.

Donor: A person who undergoes a surgical procedure for the purpose of donating either a body organ or body tissue for transplant surgery.

Histocompatibility Testing: Testing that involves the matching or typing of the human leukocyte antigen in preparation for organ/tissue transplantation.

Regional Organ Procurement Agency: An organization designated by the federal government and responsible for procurement of organs for transplantation and the promotion of organ donation.

Transplant Evaluation (Bone Marrow): Begins with initial consult with transplant physician and ends upon acceptance or denial into the transplant program. services include, but are not limited to:

- Consultation with transplant physician(s), psychiatrist(s), specialist(s), transplant coordinator(s), social services
- Hematology, blood banking, serology, chemistry, histocompatibility testing according to Member's Benefit Program
- X-rays, pulmonary function tests, skin tests, leukopheresis consultation, CT scan, tissue typing, MRI
- Restaging of disease
- Inpatient or outpatient, including professional, room and board, nursing, inpatient pharmacy and all other ancillary services

Transplant Evaluation (Solid Organ): Pre-Transplant medically necessary services required to assess and evaluate the Member to determine acceptance to transplant program. This phase ends upon acceptance or denial into the transplant program. Services include, but are not limited to:

- Consultation with surgeon(s), psychiatrist(s), specialist(s), transplant coordinator(s), social services
- Hematology, blood banking, serology, chemistry, histocompatibility
- X-rays, pulmonary function tests, skin tests, leukopheresis consultation, CT scan, tissue typing, MRI
- Inpatient or outpatient services, including professional, room and board, nursing, inpatient pharmacy and all other ancillary services

Transplant Facility Authorized by UnitedHealthcare: A facility that is licensed in the State in which it operates; certified by Medicare as a transplant facility for a specific organ transplant; and authorized by the Company to perform transplant services under the Policy provisions.

Policy History/Revision Information

Date	State(s) Affected	Summary of Changes
10/01/2021	All	• Routine review; no change to benefit coverage guidelines • Archived previous policy version BIP187.I

Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.