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1.0 Description of the Procedure, Product, or Service

This policy governs the administrative aspects of transplant coverage under the NC Health Choice program.

2.0 Eligible Recipients

2.1 General Provisions

To be eligible, NCHC recipients must be enrolled on the date of service.

3.0 When the Procedure, Product, or Service Is Covered

3.1 General Criteria

NCHC covers procedures, products, and services related to this policy when they are medically necessary and

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available; **AND**
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

3.2 Specific Criteria

- a. Benefits are provided for transplantation on an individual consideration basis.
- b. The proposed transplant must be based upon both a critical medical need for transplantation and a maximum likelihood of successful clinical outcome.
- c. As appropriate, additional organ transplants may be covered if rejection occurs and the recipient still meets criteria
- d. If the transplant is approved, the following services are covered:
 1. Harvesting and transportation of the organ
 2. Processing, preservation, and storage of cadaver organs
- e. All charges related to preliminary testing of the recipient to determine that the transplant is feasible and the recipient is a good candidate for transplant are covered.

- f. Although the NCHC Program will cover the cost of the surgical procedure to remove the organ from the donor when the recipient is an NCHC recipient, as well as immediate complications of the organ donation, such coverage will be limited to the accepted donor for services directly and specifically related to the transplant up to one (1) year after donation. Services to the organ donor greater than one (1) year after organ removal will not be covered.

4.0 When the Procedure, Product, or Service Is Not Covered

4.1 General Criteria

Procedures, products, and services related to this policy are not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient does not meet the medical necessity criteria listed in **Section 3.0**;
- c. the procedure, product, or service unnecessarily duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental or investigational.

4.2 Specific Criteria

Transplants are **not covered** in the following situations:

- a. For organ transplants determined to be investigational or experimental (unless the request for coverage meets criteria for coverage under the applicable "clinical trials" provisions for the NCHC Program), or for complications arising from non-covered services known at the time the non-covered services were provided.
- b. The recipient has an unsuitable psychosocial profile and is therefore ineligible for transplant benefits. A recipient will be considered to have an unsuitable psychosocial profile if any of the following criteria are met:
 - 1. Inability to keep medical appointments
 - 2. Unwillingness to comply with medication regimen
 - 3. Evidence of psychosis, delusional behavior, or suicidal behavior
 - 4. Behavior pattern or psychiatric illness considered likely to interfere significantly with compliance with a disciplined medical regimen
- c. Travel expenses related to routine/non-emergent transplant services.
- d. Lodging.
- e. No benefits are provided for professional organ donors or for organs obtained from a profit-making procurement agency.
- f. Services for or related to the search for a donor or donor organ are not covered.
- g. No benefits are payable for hospitalization, surgery and follow-up care, including anti-rejection drugs, once the recipient meets the lifetime maximum benefits.

- h. If the transplant recipient is NOT a NCHC Program recipient, no benefits are provided for services for organ, bone marrow, or stem cell donation. The recipient's health insurance is liable for all charges related to tissue donation.

5.0 Requirements for and Limitations on Coverage

5.1 Prior Approval

- a. Prior approval is required for transplants.
- b. A letter of medical necessity signed and dated by the physician must be submitted to DMA's vendor when the recipient has been determined to be an appropriate candidate for a transplant and has been placed on a waiting list.
- c. Documentation must include:
 - 1. Recipient mailing address, NCHC ID and date of birth
 - 2. Name of facility where transplant will be performed.
 - 3. Diagnosis
 - 4. Medical history, including other methods of treatment utilized prior to transplant.
 - 5. Recipient's prognosis, including, as appropriate, indication of a life-threatening condition.
- d. The following additional documentation is required for transplants performed as part of a clinical trial:
 - 1. Signed (or example of) informed consent document
 - 2. Treatment protocol
 - 3. Institution Review Board (IRB) letter.
- e. All requests for transplantation will be reviewed by the Transplant Coordinator.

6.0 Providers Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for procedures, products, and services related to this policy, providers shall

- a. meet NCHC qualifications for participation;
- b. be currently enrolled with NCHC; **AND**
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

7.0 Additional Requirements

7.1 Compliance

Providers must comply with all applicable federal, state, and local laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements.

8.0 Policy Implementation/Revision Information

Original Effective Date: July 1, 2010

Revision Information:

Date	Section Revised	Change
July 1, 2010		Policy Conversion: Implementation of Session Law 2009-451, Section 10.32 "NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY."
1/31/12	Throughout	Coverage is provided under individual NCHC transplant policies

Date of Termination January 31, 2012

Attachment A: Claims-Related Information

Reimbursement requires compliance with all NCHC guidelines.

A. Claim Type

Professional (CMS-1500/837P transaction)

Institutional (UB-04/837I transaction)

B. Diagnosis Codes

Providers must bill the ICD-9-CM diagnosis codes(s) to the highest level of specificity that supports medical necessity.

C. Procedure Code(s)

Heart, Lung, Heart-Lung				
CPT Codes				
00580	32850	32851	32852	32853
32854	32999	33930	33935	33940
33945				
Procedure Codes				
33.5	33.50	33.51	33.52	33.6
37.5				

Liver			
CPT Codes			
00796	47133	47135	47136
Procedure Codes			
50.5	50.51	50.59	

Bone marrow				
CPT Codes				
38230	38231	38240	38241	38242
Procedure Codes				
41	41.0	41.00	41.01	41.02
41.03	41.04	41.05	41.06	41.07
41.08	41.09	41.91		

Corneal				
CPT Codes				
00144	65710	65730	65750	65755
Procedure Codes				
11.6	11.60	11.61	11.62	11.63
11.64	11.69			

Kidney				
CPT Codes				
00868	50300	50320	50340	50360
50365	50370	50380		
Procedure Codes				
55.6	55.61	55.69		

Pancreas				
CPT Codes				
48160	48550	48554	48556	
Procedure Codes				
52.8	52.80	52.81	52.82	52.83
52.84	52.85	52.86		

Donor services				
Revenue Codes				
0810	0811	0812	0813	0814
0819	0890	0891	0892	0893
0899				

Note: All the above services will deny if prior approval is not obtained.

D. Modifiers

Providers are required to follow applicable modifier guidelines.

E. Billing Units

The appropriate procedure code(s) used determines the billing unit(s).

F. Place of Service

Inpatient Hospital, Outpatient Hospital and Office

G. Co-payments

Co-payment(s) may apply to covered prescription drugs and services.

H. Reimbursement

Providers must bill their usual and customary charges.