



## **Covered Benefit: Transplant Services**

CMP Published: Yes  No

CPG Published: Yes  No

Definition: This benefit coverage summary refers to major organ transplants and does not include bone and tissue transplants.

Human organ transplant is the surgical removal of a whole or partial organ from one body and transplanting it to another, for the purpose of replacing the recipient's damaged or failing organ with a working one. Organ donors can be living, or deceased. Organs that can be transplanted include heart, lung, kidney, kidney-pancreas (for members with Type 1 Diabetes only), liver, bone marrow and stem cell.

For Neighborhood members receiving a live donor organ transplant Neighborhood will cover the donors health care services associated with the harvesting of the organ. Neighborhood follows CMS guidelines and care related to the harvesting of an organ is covered for up to one (1) year. Per CMS guidelines the donor's services are billed under the recipient's claim(s) from the hospital performing the transplant.

Neighborhood covers the donors health care services associated with a transplant for a live donor when the recipient is a Neighborhood member.

Benefit Packages: Rite Care, Children with Special Health Care Needs, Substitute Care, Rhody Health Partners

### Coverage Limitations:

- Transplant services are covered for Rhody Health Plan, Rite Care, Children with Special Health Care Needs and Substitute Care when ordered by a plan physician.
- Authorization is required.

### Exclusions:

- Extended Family Planning (EFP) members have a restricted benefit package which does not include transplant services.
- Transplants of the face, intestines, and hand are considered experimental and therefore are not covered.
- Additional exclusions are listed in Table 2, Non-covered Transplant Services

### Coverage Includes:

- Recipient transplant covered services
- Live donor covered services



- Transplant and Donor (Living)

Episodes of care can occur across multiple settings; the following are included in the detailed benefit service category criteria:

Inpatient (POS 21)  
 Outpatient (POS 22)

**Table: 1 Configuration: Covered Transplant Services**

Description	ICD-9 Diagnosis Codes	ICD-9 Procedure Codes	CPT Code	HCPCS	Comments
Transplant	"V59.02", "V59.3", "V59.4", "V59.6", "V59.8"	"00.91" to "00.93", "33.50" to "33.52", "33.6", "37.51", "41.00" to "41.09", "41.91", "46.97", "50.51", "50.59", "55.52" to "55.69", "52.80" to "52.83", "99.79"	"32850" to "32856", "33930" to "33945", "38204" to "38215", "38230" to "38242", "47133" to "47147", "48550" to "48556", "50300" to "50380"	"G0364", "S2054", "S2055", "S2060", "S2061", "S2065", "S2140", "S2142", "S2150", "S2152"	Conditionally covered authorization required

**Table 2: Non-Covered Transplant Services**

ICD-9 Procedure Codes	Description
52.84	Autotransplantation of cells of islets of Langerhans
52.85	Allotransplantation of cells of islets of Langerhans
52.86	Transplantation of cells of islets of Langerhans, not otherwise specified
0141T	Pancreatic islet cell transplantation through portal vein, percutaneous
0142T	Pancreatic islet cell transplantation through portal vein, poen
0143T	Laparoscopy, surgical, pancreatic islet cell transplantation through portal vein
HCPCS	Description
G0341	Percutaneous islet cell transplant includes portal vein catheterization and infusion.
S2102	Islet cell tissue transplant from pancreas; allogenic
S2103	Adrenal tissue transplant to brain



Notes:

Medical Assistance (fee for service Medicaid) may cover some costs for the living donor for food and lodging.

For information regarding bone and tissue transplants see benefit coverage summaries by body system.

Cornea transplants are conditionally covered; see Implants benefit coverage summary.

Transplant recipient's anti-rejection medications are covered while the recipient is an active member with RIte Care, Sub Care, CSN or RHP benefit plans.

Cord blood harvesting for transplantation, allogeneic (S2140) and cord blood-derived stem-cell transplantation, allogeneic (S2142) are conditionally covered; however, cord blood harvesting for cord blood banking purposes is not covered.

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