

# Solid Organ Transplants



INDEPENDENT CARE HEALTH PLAN

Effective Date: 01/01/2024

Revision Date: Click or tap to enter a date.

Review Date: Click or tap to enter a date.

Policy Number: WI.PA-1212

Line of Business: Medicare

## Medicare Advantage Medical Coverage Policy

### Table of Contents

[Related Medicare Advantage Medical/Pharmacy Coverage Policies](#)

[Related Documents](#)

[Description](#)

[Coverage Determination](#)

[Coverage Limitations](#)

[Coding Information](#)

[References](#)

[Appendix](#)

[Change Summary](#)

#### Disclaimer

The Coverage Summaries are reviewed by the iCare Medicare Utilization Management Committee. Policies in this document may be modified by a member's coverage document. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. References to CPT® codes or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee of claims payment. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from iCare.

## Related Medicare Advantage Medical/Pharmacy Coverage Policies

None

## Related Documents

Please refer to [CMS website](#) for the most current applicable CMS Online Manual System (IOMs)/National Coverage Determination (NCD)/ Local Coverage Determination (LCD)/Local Coverage Article (LCA)/ Transmittals.

Type	Title	ID Number	Jurisdiction Medicare Administrative Contractors (MACs)	Applicable States/Territories
------	-------	-----------	---------------------------------------------------------------------	----------------------------------

Internet-Only Manuals (IOMs)	Pub. 100-02, Medicare Benefit Policy Manual, Chapter 11 Pub. 100-03, Medicare National Coverage Determinations Manual Chapter 1, Part 4 (Sections 200 – 310.1) Coverage Determinations	<a href="#">Chapter 11, End Stage Renal Disease</a> <a href="#">Chapter 1, Part 4 Coverage Determinations</a>		
NCD	Adult Liver Transplantation	<a href="#">260.1</a>		
NCD	Heart Transplants	<a href="#">260.9</a>		
NCD	Intestinal and Multi-Visceral Transplantation	<a href="#">260.5</a>		
NCD	Islet Cell Transplantation in the Context of a Clinical Trial	<a href="#">260.3.1</a>		
NCD	Pancreas Transplants	<a href="#">260.3</a>		
NCD	Pediatric Liver Transplantation	<a href="#">260.2</a>		

## Description

Solid organ transplantation includes pre-transplant, transplant and post-discharge services, including the treatment of complications.

**Allogeneic islet cell transplants** obtain islet cells from another individual for use in the affected person. Allogeneic islet cell transplants are performed in an individual with type 1 diabetes mellitus with the key goal being to eliminate the need for insulin administration.

**Autologous islet cell transplants** are those obtained from and used in the individual's own body, which are utilized to reduce the incidence of diabetes mellitus in an individual who have undergone a total or near total pancreatectomy due to chronic pancreatitis.

**Cardiopulmonary (heart and lung) transplants** may be performed in an individual with end-stage lung disease that affects the heart (eg, severe pulmonary hypertension).

**Heart transplants** may be performed in an individual with irreversible heart damage.

**Intestinal transplants** may be performed in an individual with chronic, irreversible intestinal failure. The transplant allows the individual to become independent of total parenteral nutrition, restores vitamin and nutrient absorption of the small bowel and allows the individual to resume more normal eating habits. There are three categories of intestinal transplantation: intestine-alone transplant, intestine-liver transplant and one that includes stomach, duodenum and pancreas along with the small intestine and liver, which is also known as a multivisceral transplant.

**Kidney transplants** may be performed to provide a healthy kidney for an individual with kidney failure. The transplant may be from a cadaver donor or from a living donor.

**Liver transplants** may be performed in pediatric or adult individual with end-stage liver disease using a healthy liver graft from a donor. The transplant may be from a cadaver donor or a portion from a healthy living donor.

**Living-related donor segmental pancreas transplants** may be performed in order to reduce waiting time for a matched cadaveric organ, to enhance immunologic compatibility and decrease cold ischemic injuries to the donated organ.

**Lung transplants** involve the transplantation of a lung lobe or lobes, to replace the diseased lung(s) of individuals with end stage lung disease. The transplant may be from a cadaver donor or from a living donor.

**Multivisceral transplants** may be performed in an individual who suffer from a loss of organ function due to injury or who have chronic gastrointestinal problems that have resulted in the failure of other organs. Multivisceral organ transplants include the small bowel and liver and can include the stomach, duodenum, jejunum, ileum, pancreas or colon.

**Pancreas after kidney (PAK) transplants** may be performed in an individual with type 1 diabetes mellitus who have already had a successful kidney transplant to treat diabetic renal insufficiency. The goal of PAK transplantation is to prevent, slow or reverse additional secondary diabetic complications, including retinopathy, neuropathy and vasculopathy.

**Pancreas transplants** may be performed in an individual who are nonuremic or preuremic with type 1 diabetes mellitus with the goal of improving quality of life by eliminating the need for exogenous insulin and its associated problems with imperfect glucose control and preventing or reversing secondary diabetic complications.

**Simultaneous pancreas/kidney (SPK) transplants** may be performed to correct complications from type 1 diabetes mellitus. Complications of type 1 diabetes mellitus may include severe impairment of glucose metabolism, increased need for exogenous insulin, renal failure, dialysis, neuropathy, retinopathy and vascular disease.

**Organ preservation systems** are utilized for maintaining organ viability after removal from the donor and during transport for transplantation. These systems include, but may not be limited to, the following: **Ex**

**Vivo Lung, Kidney Assist, Organ Care System (OCS Heart, OCS Liver, OCS Lung), OrganOx metra System, and RM3 Kidney Perfusion System.**

## Coverage Determination

*iCare follows the CMS requirements that only allows coverage and payment for services that are reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member except as specifically allowed by Medicare.*

Please refer to the above CMS guidance for **Adult Liver, Heart, Intestinal and Multi-visceral, Islet cell (context of a clinical trial), and Pancreas transplantation.**

*In interpreting or supplementing the criteria above and in order to determine medical necessity consistently, iCare may consider the following criteria:*

### Solid Organ Transplants

*The use of the criteria in this Medicare Advantage Medical Coverage Policy provides clinical benefits highly likely to outweigh any clinical harms. Services that do not meet the criteria above are not medically necessary and thus do not provide a clinical benefit. Medically unnecessary services carry risks of adverse outcomes and may interfere with the pursuit of other treatments which have demonstrated efficacy.*

## Coverage Limitations

[US Government Publishing Office. Electronic code of federal regulations: part 411 – 42 CFR § 411.15 - Particular services excluded from coverage](#)

## Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
32850	Donor pneumonectomy(s) (including cold preservation), from cadaver donor	
32851	Lung transplant, single; without cardiopulmonary bypass	
32852	Lung transplant, single; with cardiopulmonary bypass	
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	

32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	
32999	Unlisted procedure, lungs and pleura	
33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy	
33945	Heart transplant, with or without recipient cardiectomy	
33999	Unlisted procedure, cardiac surgery	
44135	Intestinal allotransplantation; from cadaver donor	
44136	Intestinal allotransplantation; from living donor	
47133	Donor hepatectomy (including cold preservation), from cadaver donor	
47135	Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age	
47399	Unlisted procedure, liver	
48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells	
48550	Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation	
48554	Transplantation of pancreatic allograft	
48556	Removal of transplanted pancreatic allograft	
48999	Unlisted procedure, pancreas	
50300	Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral	
50320	Donor nephrectomy (including cold preservation); open, from living donor	
50340	Recipient nephrectomy (separate procedure)	
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	
50370	Removal of transplanted renal allograft	
50547	Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor	
53899	Unlisted procedure, urinary system	
<b>CPT® Category III Code(s)</b>	<b>Description</b>	<b>Comments</b>

0494T	Surgical preparation and cannulation of marginal (extended) cadaver donor lung(s) to ex vivo organ perfusion system, including decannulation, separation from the perfusion system, and cold preservation of the allograft prior to implantation, when performed	
0495T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; first two hours in sterile field	
0496T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; each additional hour (List separately in addition to code for primary procedure)	
0584T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; percutaneous	
0585T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; laparoscopic	
0586T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; open	
<b>HCPCS Code(s)</b>	<b>Description</b>	<b>Comments</b>
G0341	Percutaneous islet cell transplant, includes portal vein catheterization and infusion	
G0342	Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion	
G0343	Laparotomy for islet cell transplant, includes portal vein catheterization and infusion	

S2053	Transplantation of small intestine and liver allografts	<b>Not Covered</b>
S2054	Transplantation of multivisceral organs	<b>Not Covered</b>
S2060	Lobar lung transplantation	<b>Not Covered</b>
S2065	Simultaneous pancreas kidney transplantation	<b>Not Covered</b>
S2102	Islet cell tissue transplant from pancreas; allogeneic	<b>Not Covered</b>
S9975	Transplant related lodging, meals and transportation, per diem	

## References

- Centers for Medicare & Medicaid Services (CMS). Internet-Only Manuals (IOMs). Pub. 100-02, Medicare Benefit Policy Manual Chapter 11 – End stage renal disease. <https://www.cms.gov>. Published October 1, 2003. Updated March 1, 2019. Accessed November 1, 2023.
- Centers for Medicare & Medicaid Services (CMS). Internet-Only Manuals (IOMs). Pub. 100-03, Medicare National Coverage Determinations Manual Chapter 1, Part 4 (Sections 200 – 310.1) Coverage Determinations. <https://www.cms.gov>. Published October 1, 2003. Updated August 3, 2023. Accessed November 1, 2023.
- Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD). Adult liver transplantation (260.1). <https://www.cms.gov>. Published June 21, 2012. Accessed November 1, 2023.
- Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD). Heart transplants (260.9). <https://www.cms.gov>. Published May 1, 2008. Accessed November 1, 2023.
- Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD). Intestinal and multi-visceral transplantation (260.5). <https://www.cms.gov>. Published May 11, 2006. Accessed November 1, 2023.
- Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD). Islet cell transplantation in the context of a clinical trial (260.3.1). <https://www.cms.gov>. Published October 4, 2004. Accessed November 1, 2023.
- Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD). Pancreas transplants (260.3). <https://www.cms.gov>. Published April 26, 2006. Accessed November 1, 2023.
- Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD). Pediatric liver transplantation (260.2). <https://www.cms.gov>. Published April 12, 1991. Accessed November 1, 2023.

## Change Summary

- 01/01/2024 New Policy.
-