



SUBJECT: <b>Transplant Program</b>		
The following MemorialCare affiliates that have adopted this: <input checked="" type="checkbox"/> Policy & Procedure or <input type="checkbox"/> Policy (only) or <input type="checkbox"/> Procedure (only)	<input type="checkbox"/> MemorialCare <input type="checkbox"/> Community Medical Center Long Beach <input type="checkbox"/> Long Beach Medical Center <input type="checkbox"/> Miller Children’s & Women’s Hospital Long Beach <input type="checkbox"/> Orange Coast Medical Center <input type="checkbox"/> Saddleback Medical Center <input type="checkbox"/> MemorialCare Medical Foundation <input checked="" type="checkbox"/> Memorialcare Select Health Plan <input type="checkbox"/> Memorial Medical Center Foundation <input type="checkbox"/> Saddleback Memorial Foundation	REFERENCE: UM 1503 S
		PAGE: 1 OF: 4
		EFFECTIVE: 2/26/2018
MANUAL:	SHP Select Utilization Management/UM	
OWNER:	Utilization Management Department	

**I. POLICY**

- A. MemorialCare Select Health Plan transplant program covers the professional and institutional costs of solid organ, cornea and stem cell transplant for members when medically necessary and not considered experimental or investigative.
- B. The methodology for payment of the transplant fee is determined by the contract with the facility. Memorialcare Select Health Plan may use either a facility that is well known to MemorialCare Select Health Plan and whose results for the transplant are well known or it may chose a Center of Excellence that has been determined by an outside vendor such as Optum.

**II. PROCEDURE**

- A. COVERED SERVICES
  - 1. Pre-transplant evaluation

2. **Injectable Transplant Medication**

An injectable transplant medication is an injectable immunosuppressive used specifically during the course of transplantation to prevent organ rejection. Refer to the MemorialCare Select Health Plan Injectable Medication HCPCS/DOFR Crosswalk table for a list of injectable transplant medications.

3. **Solid Organs**

The following are covered for solid organ transplants and related services:

Memorial Health Services

- a) Donor search, organ acquisition or procurement services, histocompatibility services, donor services (for example, identifying prospective donor), and United Network for Organ Sharing (UNOS) fees - Unrelated donor searches are covered across all product lines and require prior authorization from MemorialCare Select Health Plan's transplant care managers before beginning the search
- b) Transplant of solid organ:
  - (1) Professional fees: All inpatient and outpatient services beginning either one day prior to the transplant or the date of transplant (depending on the Transplant Performance Center) for solid organ transplants through the case rate period. Professional services include:
    - (a) Any and all professional services
    - (b) Consultations including any services rendered by transplant surgeon for the transplant operation
    - (c) Post-operative inpatient care and outpatient care
    - (d) Assistant surgeon and physician's assistant for operation and postoperative care
    - (e) Anesthesiologist services (professional component)
    - (f) Hepatologist for pre- and post-operative inpatient care
    - (g) Pathologist (professional component) of clinical and anatomical lab testing
    - (h) Radiologist for professional component of X-rays
    - (i) Immunologist for the professional component of histocompatibility
  - (2) Institutional fees: All inpatient and outpatient services, including room and board, for services beginning either the day prior to the

transplant or the date of transplant (depending on the Transplant Performance Center) of solid organs through the case rate period

- c) Re-transplant : Covered if medically necessary and reimbursed according to MemorialCare Select Health Plan's Provider Participation Agreement (PPA) with the transplant facility
- d) Transplant-related services during the case rate period - Except for medications covered by a member's outpatient pharmacy benefit, postdischarge care includes all transplant-related care, including inpatient and outpatient services (for example, laboratory, radiology, home health care, and durable medical equipment (DME)), all transplant-related medications, including a medication supply for up to 30 days after discharge. Medications that are transplant-related and covered by the member's outpatient pharmacy benefit are not covered under the transplant case rate.

#### 4. Bone Marrow Transplantation

MemorialCare Select Health Plan considers compatibility testing of prospective donors who are members of the immediate family (first-degree relatives, i.e., parents, siblings and children) and harvesting and short-term storage of peripheral stem cells or bone marrow from the identified donor medically necessary when an allogeneic bone marrow or peripheral stem cell transplant is authorized by MemorialCare Select Health Plan.

- 5. The following transplants are covered when prior authorization is obtained and when medically necessary:
  - a) Cornea
  - b) Heart
  - c) Heart and lung
  - d) Intestine
  - e) Kidney
  - f) Kidney and pancreas
  - g) Pancreas
  - h) Liver
  - i) Lung (single or double)
  - j) Bone Marrow and Peripheral Stem Cell Transplant

#### B. COVERAGE EXCLUSION

- 1. Transplant Coverage will not be extended if the transplant was not authorized by MemorialCare Select Health Plan.
- 2. Post-transplant care for current MemorialCare Select Health Plan members is not covered if the transplant procedure was not approved by MemorialCare Select

Health Plan and performed at a facility that is not a MemorialCare Select Health Plan Transplant Center.

3. Any transplant considered experimental or investigative is not covered, except when approved through an independent review organization or third-party reviewer.
4. The following services are not covered:
  - a) Non-transplant related services
  - b) Any chemotherapy or radiation therapy (for example, induction, consolidation or adjuvant) performed prior to high-dose chemotherapy is excluded from the case rate and processed according to the current MemorialCare Select Health Plan Provider Participation Agreement (PPA)

#### C. CENTER OF EXCELLENCE NETWORK

MemorialCare Select Health Plan utilizes the Optum Adult Transplant Centers of Excellence, Adult Transplant Access Program and Pediatric Transplant Centers of Excellence network that is annually evaluated to ensure the network maintains its standards of care. Optum selects programs in the pediatric network according to criteria that reflects the overall volume and unique complexity associated with pediatric transplants.

#### D. CASE COORDINATION

1. MemorialCare Select Health Plan Transplant Case Manager provides members and their families with education, support and advocacy during the pre-intra- and post-transplant period (minimum of one year after organ or bone marrow transplantation) with an exception for corneal transplant. The Case Manager conducts telephonic outreach to these members to aid them in obtaining and coordinating necessary health care services, while helping to maximize health care benefits. The nurses are a resource regarding transplants, cost issues, community resources, and care options.
2. PPGs are required to coordinate and obtain authorizations from MemorialCare Select Health Plan for all transplant-related care. PPGs are obligated to use the following procedure when a request is received indicating that a member is a potential transplant candidate:
  - a) Once the PPG's case manager has received the request from the primary care physician (PCP) for a transplant evaluation, the PPG case manager notifies the MemorialCare Select Health Plan UM immediately.

- b) Upon receipt of a request, MemorialCare Select Health Plan's transplant case manager will request clinical documentation. Upon receipt, our case manager will review the documentation with the Chief Medical Officer or his/her designee to determine medical necessity (see P&P UM-150) and benefit coverage. MemorialCare Select Health Plan transplant case manager or Chief Medical Officer may discuss the determination with you by phone and will follow up with a written determination.
- c) Transplant request will be handled utilizing standard timeframes related to an Urgent or Routine Request. Urgent or Routine will be assigned based on the clinical status of the member.
- d) After meeting medical necessity, the case manager coordinates the approved services with the Transplant Center and issues an approval letter to the PPG and the member.
- e) Upon MemorialCare Select Health Plan's receipt of the transplant center evaluation, a review is completed by the Chief Medical Officer or his/her designee. MemorialCare Select Health Plan notifies the member, the requesting provider and the PPG of the final determination regarding approval, denial, second opinion, and/or modification in writing within 24 hours of making the decision.