

Transplants

Policy

Harvard Pilgrim reimburses for transplant services when performed in a Harvard Pilgrim–contracted facility, subject to applicable referral, authorization and notification requirements.

Policy Definition

Transplant Services include non-experimental human organ transplant of an organ or tissue from one person to another or grafting living tissue from its normal position to another site. It is generally considered major surgery.

Prerequisite(s)

Applicable Harvard Pilgrim referral, notification and authorization policies and procedures apply. (Refer to *Referral, Notification and Authorization* for more information.)

HMO/POS/PPO

- Notification is required for inpatient admissions. (Refer to *Emergent/Urgent Admission Notification and Elective Admission Notification* for specific requirements. Notification is the responsibility of the transplant facility. When the donor and the recipient are both Harvard Pilgrim members, notification is required for each member.)
- An authorization is required for intestinal/multivisceral transplants when performed at a non-participating facility (Refer to *Non-Participating Provider Authorization* for specific requirements).

Open Access HMO and POS

For *Open Access HMO and Open Access POS* products, no referral is required to see a contracted specialist.

Harvard Pilgrim Reimburses¹

HMO/POS/PPO

Harvard Pilgrim reimburses transplant surgery, including postoperative outpatient services, at single, all-inclusive, negotiated rates as determined by specific hospital contract.

- Reimbursable transplants include bone marrow (allogenic and autologous); cornea; heart; heart/lung; intestinal and multivisceral; kidney; liver; lung/double lung; pancreas transplant post–kidney transplant; simultaneous pancreas/kidney; and stem cell.
- Outpatient immuno-suppressive therapy drugs are not considered part of the all-inclusive case rate and are separately reimbursed when the member's benefits include prescription drugs.
- Donor costs for organ procurement are separately reimbursed and include hospital and surgical expenses directly related to the removal and transport of a living organ; prescription drugs related to the removal of the organ; and post-operative inpatient services for medical complications caused as a direct result of the donation.
- When a Harvard Pilgrim member is the donor, but the recipient is not a Harvard Pilgrim member, donor-related procurement expenses are covered only to the extent that the recipient's health coverage does not cover them.
- When a Harvard Pilgrim member is the recipient, but the donor is not a Harvard Pilgrim member, Harvard Pilgrim will cover the donor-related procurement services to the extent that such services are covered benefits and not covered by the donor's own health coverage.
- Evaluation of potential organ donor tissue (histologic) compatibility is separately reimbursed.
- Costs for the removal of an organ from a non-living organ donor (cadaver donor) are separately reimbursed.
- Transportation of an organ from a non-living organ donor to the location of the recipient surgery is separately reimbursed.

- Testing of A, B, and DR antigens for human leukocyte antigen screening necessary to determine a plan member's bone marrow transplant donor suitability.
- Harvard Pilgrim reimburses certain transportation, lodging and meal expenses mandated in Connecticut for transplant recipients. Please refer to the *Member Handbook* for specific details related to reimbursement eligibility.

Harvard Pilgrim Does *Not* Reimburse

The following is a general guideline and may not be all-inclusive.

HMO/POS/PPO

- Charges for transplant services that are provided at no cost to the organ recipient
- Cost of organs that are sold rather than donated to recipients
- Travel time and related travel expenses for physician
- Donor expenses except as listed under reimbursed transplant costs
- Costs associated with recruitment of potential donors
- Costs for a recipient who is not a Harvard Pilgrim member
- Costs for experimental or unproven procedures
- Pronouncement of death and burial expenses for cadaver donor
- Transfer of potential cadaver donor
- Travel and non-medical room and board for a live donor or recipient or for family members of the donor or recipient
- Donor registration with National Bone Marrow Registry
- Autologous stem cell acquisition charges are not separately reimbursed (The acquisition charges are part of the all-inclusive single rate.)
- Embryonic stem cell transplants

Member Cost-Sharing

Services subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible).

Provider Billing Guidelines and Documentation

Coding²

Code	Description	Comments
0811	Organ acquisition; live donor	Submit in Form Locator 42 of the paper UB-04 or loop 2400, SV2 segment with appropriate revenue code in SV201 of the electronic 837I, to identify standard acquisition charges
0812	Organ acquisition; cadaver donor	
0819	Organ acquisition; other	
86817	HLA typing; DR/DQ, multiple antigens	Reimburses HLA DR typing only— DQ typing <i>not</i> reimbursed

Other Information

- Use specific bone marrow transplant ICD-10-PCS, in form Locator 74, 74A, 74B of the paper UB-04 or loop 2300, with BR qualifier in HI01-1 segment and appropriate code in HI01-2 segment of the electronic 837I, with the appropriate dates.
- The excising hospital bills applicable services to the transplant (implant) hospital. (The excising hospital does not submit charges to Harvard Pilgrim.)
- The transplant hospital keeps an itemized statement that identifies the services rendered, the charges, and the person receiving the services (donor or recipient); the charges are reflected in the transplant hospital's kidney or heart acquisition cost center and are used in determining the hospital's standard charge for acquiring live or cadaver donor bone marrow, heart, kidney or liver.
- The standard charge does not represent the acquisition cost of a specific organ. It reflects the average cost associated with each type of organ acquisition.

- Acquisition services are inclusive of all services necessary in the acquisition of an organ (i.e., tissue typing, post-operative evaluation, etc.), which is included in the case rate, DRG, or per diem payment methodology.
- The standard acquisition charge appears on the billing form for the period during which the transplant took place when interim bills are submitted.
- When a Harvard Pilgrim member is the recipient of an organ from a non-plan donor, bill reimbursable donor costs using the Harvard Pilgrim recipient's name, date of birth, gender and member identification number.
- To help identify non-plan donor claims billed under the Harvard Pilgrim member recipient information, the donor claim may include the following:
 - Diagnosis that indicates donor
 - Attachment that indicates the patient is a donor

Related Policies

Payment Policies

- Human Leukocyte Antigen Testing
- Inpatient Acute Medical Admissions
- Surgery
- Umbilical Cord Blood

Clinical and Authorization Policies

- Non-Participating Provider Authorization Policy
- Stem Cell Transplantation

Referral, Notification & Authorization

- Prior Authorization
- Elective Admission Notification
- Emergent/Urgent Admission Notification
- Notification

PUBLICATION HISTORY

09/15/00	original documentation
06/01/01	inpatient authorization requirement changed to notification.
08/01/01	inpatient notification requirement changed to no requirement
01/01/02	clarification of billing requirements
07/01/02	reformatted from original documentation in Surgical Payment Policy; added prescription drug benefit information; added intestinal and multivisceral transplant for First Seniority only
01/01/03	clarified First Seniority transplant facility language
01/01/04	annual review; clarified reimbursed and excluded costs; clarified bone marrow transplant billing
10/31/04	updated with First Seniority non-covered services
10/31/05	annual review; changed policy name; generalized First Seniority reimbursement on donor registration fees
10/31/06	annual review; added Non-Participating Provider Authorization Policy and clarified authorization pre-requisite
10/31/07	annual review; added does not reimburse prospective donor recruitment costs or embryonic stem cell transplants
10/31/08	annual review; minor edits for clarity
05/15/09	clarified Harvard Pilgrim reimbursement of non-plan recipient and donor costs
11/15/09	annual review; added HLA policy reference and HLA and donor claim billing information
09/15/10	annual review; added to related policies
09/15/11	annual review; no changes
01/01/12	removed First Seniority Freedom information from header
09/15/12	annual review; minor edits for clarity
09/15/13	annual review; no changes
06/15/14	added <i>Connecticut Open Access HMO</i> referral information to Prerequisites
09/15/14	annual review; added statement to clarify transportation coverage eligibility for Connecticut plans
09/15/15	annual review; updated electronic billing guidelines; added link to Stem Cell Transplantation Medical Policy
09/15/16	annual review; no changes
02/01/18	updated Open Access Product referral information under Prerequisites
09/04/18	annual review; removed ICD-9 PCS codes under Other Information

PAYMENT POLICIES

10/01/19	annual review; updated Provider Billing Guidelines with non-donor claims submission requirement; removed version 5010
10/01/20	annual review; updated Provider Billing Guidelines and Documentation
10/01/21	annual review; no changes

¹This policy applies to the products of Harvard Pilgrim Health Care and its affiliates—Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England, and HPHC Insurance Company—for services performed by contracted providers. Payment is based on member benefits and eligibility, medical necessity review, where applicable, and provider contractual agreement. Payment for covered services rendered by contracted providers will be reimbursed at the lesser of charges or the contracted rate. (Does not apply to inpatient per diem, DRG, or case rates.) HPHC reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.

²The table may not include all provider claim codes related to transplants.