

BENEFIT COVERAGE POLICY

Title: BCP-33 Pre-Transplant Services

Effective Date: 01/01/2024

Important Information - Please Read Before Using This Policy

The following coverage policy applies to health benefit plans administered by UM Health Plan and may not be covered by all UM Health Plan plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Coverage determinations for individual requests require consideration of:

- The terms of the applicable benefit document in effect on the date of service.
- Any applicable laws and regulations.
- Any relevant collateral source materials including coverage policies.
- The specific facts of the particular situation.

Contact UM Health Plan Customer Service to discuss plan benefits more specifically.

1.0 Policy:

All pre-transplant-related services require prior approval for coverage of Covered Health Services provided at a Health Plan designated transplant facility. Contact the Transplant Case Manager to verify if a provider is contracted as a designated transplant facility.

Non-network services are not covered.

Refer to the member's benefit coverage document for specific benefit descriptions, guidelines, coverage, and exclusions.

2.0 Background:

Transplantation programs typically include three phases: pre-transplant services, the transplant period, and post-transplant services. Pre-transplants are considered medically necessary when all the following guidelines below are met for the following (not an all-inclusive list):

1. Cardiac transplant.
2. Hematopoietic stem cell transplant.
3. Renal transplant.
4. Liver transplant.
5. Lung transplant.
6. Pancreas-kidney transplant.
7. Pancreas alone transplant.

3.0 Clinical Determination Guidelines:

A. Pre-transplant services are eligible for coverage as follows:

1. Prior authorization/approval for pre-transplant services is required (evaluation, specialist consult, outpatient diagnostics, and labs) at a Health Plan designated transplant facility linked to one of the transplant networks: Emerging Therapy Solutions or Cigna LifeSource. If a member is not receiving services at a Health Plan designated facility, the member will be redirected to a designated facility.
2. One evaluation per transplant approval.

Note: A second opinion consult only would be approved to determine candidacy at a Health Plan-designated transplant facility if a second transplant evaluation is requested and the member has been previously turned down for transplant.

4.0 Unique Configuration/Prior Approval/Coverage Details:

None

5.0 Terms & Definitions:

None.

6.0 References, Citations & Resources:

InterQual® 2023, Mar. 2023 Release, CP: Procedures Transplantation, Liver
 InterQual® 2023, Mar. 2023 Release, CP: Procedures Transplantation, Cardiac
 InterQual® 2023, Mar. 2023 Release, CP: Procedures Transplantation, Renal
 InterQual® 2023, Oct. 2023 Release, CP: Procedures Transplantation, Allogeneic Stem Cell
 InterQual® 2023, Mar. 2023 Release, CP: Procedures Transplantation, Autologous Stem Cell (Pediatric)
 InterQual® 2023, Mar. 2023 Release, CP: Procedures Transplantation, Autologous Stem Cell
 InterQual® 2023, Mar. 2023 Release, CP: Procedures Transplantation, Autologous Stem Cell (Pediatric)

7.0 Associated Documents [For internal use only]:

Benefit Coverage Policies\

- [BCP-70 Lung Transplantation, BCP-71 Pancreas Transplantation.](#)

Policies and Procedures (P&Ps)

- [MMP-09 Benefit Determinations](#)
- [MMP-02 Transition and Continuity of Care](#)
- [UMP-02 Peer to Peer Conversations](#)

Standard Operating Procedures (SOPs)

- [MMS-03 Algorithm for Use of Criteria for Benefit Determinations](#)
- [MMS-05 Completing a High Cost Notification Form](#)
- [MMS-48 CCA Outpatient Services for Transplant](#)
- [MMS-49 CCA Transplant Event and Listing](#)

Sample Letters

- TCS Approval Letter
- Clinically Reviewed Exclusion Letter
- Specific Exclusion Denial Letter.
- Forms – Out of Network/ Prior Authorization
- High-Cost Notification Form
- Transplant Travel and Lodging Reimbursement Form

Other

- Transplant Network contracts with Cigna LifeSource and Emerging Therapy Solutions

9.0 Revision History:

Original Effective Date: 12/31/2020

Next Review Date: 01/01/2025

Revision Date & Approval	Reason for Revision
9/20	Policy created
10/21	Annual review; removed Interlink language, added language “not an all-inclusive list” to first paragraph in background section, updated InterQual references and added reference to Internal BCP policies. Removed ICD-10 Diagnosis Code list.
10/22	Changed LifeTrac language to Emerging Therapy Solutions, updated references, updated associated documents. Removed coverage details in 4.0, those plans are no longer offered as of 2021.
10/23	Annual review, updated InterQual references, updated associated documents.
12/23	Policy presented and approved at the Medical Management Committee on 12/13/2023