Administrative Policy

Transplant Administration

Policy Number: OCA 3.10
Version Number: 13
Version Effective Date: 04/13/16

Product Applicability

All Plan* Products

Well Sense Health Plan
- New Hampshire Medicaid
- NH Health Protection Program

Boston Medical Center HealthNet Plan
- MassHealth
- Qualified Health Plans/ConnectorCare/Employer Choice Direct
- Senior Care Options ◊

Notes:
+ Disclaimer and audit information is located at the end of this document.
◊ The guidelines included in this Plan policy are applicable to members enrolled in Senior Care Options only if there are no criteria established for the specified service in a Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) on the date of the prior authorization request. Review the member’s product-specific benefit documents at www.SeniorsGetMore.org to determine coverage guidelines for Senior Care Options.

Policy Summary

The Plan considers transplantation services to be medically necessary when Plan medical criteria are met, and the member meets the eligibility criteria from the transplanting institution. The eligibility criteria of the transplanting institution must follow the applicable United Network for Organ Sharing (UNOS) guidelines. The hospital in which the organ transplants are performed must be a member of the Organ Procurement and Transplantation Network (OPTN) in accordance with the Public Health Service Act and follow the Centers for Medicare & Medicaid Services (CMS) applicable conditions of participation for the specified organ to be transplanted (including but not limited to the following Code of Federal Regulations: 42 CFR Parts 405, 482, 488, and 498).

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In the absence of Plan criteria in an applicable medical policy, InterQual® criteria must be met for the transplantation services. All transplant-related consults, evaluations, procedures, and post-transplant follow-up services should be managed within the Plan’s provider network or at the most appropriate preferred transplant facility, depending upon the type of transplant. Prior authorization is required for all transplantation services.

It will be determined during the Plan’s prior authorization process if the specific transplant service is considered medically necessary for the requested indication within the Plan’s provider network, as appropriate. See the Plan policy, Medically Necessary (policy number OCA 3.14) for the product-specific definitions of medically necessary treatment. The Plan has the following additional transplantation policies: Transplantation of Lung or Lobar Lung (policy number OCA 3.24), Transplantation of Pancreas or Pancreas-Kidney (policy number OCA 3.25), and Transplantation of Small Bowel, Small Bowel-Liver, or Multivisceral Organs (policy number OCA 3.26). Also, see Plan policy, Experimental and Investigational Treatment (policy number OCA 3.12), for the product-specific definitions of experimental or investigational treatment.

Policy Statement

The Plan follows the procedure outlined below when evaluating requests for transplantation services and managing care related to transplantation services, as specified in items 1 through 5:

1. The Plan receives a request for evaluation of a member for transplantation services from the member’s primary care provider, the physician treating the condition potentially necessitating a transplant, or the transplant specialist. An evaluation for transplantation services is defined as a consultation and diagnostic testing or other testing required to assess a member’s appropriateness and readiness for transplantation; an evaluation does not include care required as part of the course of treatment for the underlying medical condition. Requests for evaluation will be processed according to Plan guidelines specified below in item a or item b:

   a. Requests for evaluation of a member for transplant services received from participating providers may be approved without Medical Director review; OR (Medical Director review may be required for some requests for evaluation of transplant services from participating providers.)

   b. Requests for evaluation of a member for transplant services received from non-participating providers require Medical Director approval; AND

2. If a member is deemed an appropriate candidate for transplantation services, requests for approval of the transplant are evaluated utilizing the applicable Plan medical policy or, in the absence of such, InterQual® criteria, with final approval by a Plan Medical Director; AND

3. If the transplant is approved by a Medical Director, the Prior Authorization staff completes the following tasks, as specified below in items a through d:

   a. 
   b. 
   c. 
   d. 

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a. Determines if a request to upgrade to RC2 status is appropriate (for MassHealth members only) and, if so, submits the request through designated Plan channels; AND

b. Notifies Inpatient Utilization Management (UM) so Plan staff in that department will monitor for an admission; AND

c. Notifies Complex Care Management so Plan staff in that department will evaluate ongoing care management needs; AND

d. Notifies the Plan’s financial departments as applicable, including but not limited to Claims, Finance, and Contracting; AND

4. Upon admission for a transplant, the Inpatient UM staff notifies the following departments, as specified below in items a through c:

a. Complex Care Management Department; AND

b. Finance Department; AND

c. Claims Department; AND

5. Post-transplant, Inpatient UM staff coordinates the member’s hospital discharge with the facility’s transplant coordinator and the Plan’s primary Complex Care Manager. If the member agrees to participate in and utilize the Plan’s Care Management services, the Complex Care Manager continues to follow the member through discharge and post-transplant care for a minimum of one (1) year or as appropriate.

Clinical Background Information

The U.S. Department of Health and Human Services (DHHS) has oversight responsibility for the organ allocation system in the United States. Congress established the Organ Procurement and Transplantation Network (OPTN) when it enacted the National Organ Transplant Act (NOTA) of 1984. The Act called for a unified transplant network to be operated by a private, nonprofit organization under federal contract. United Network for Organ Sharing (UNOS) was awarded the initial OPTN contract in 1986 and continues to administer the OPTN.

According to UNOS, transplantation has saved and enhanced the lives of more than 600,000 people in the United States as of 2015. It is the leading form of treatment for many forms of end-stage organ failure. More than 122,000 people are awaiting transplants nationwide. Living donation has dramatically increased the number of transplants performed.
References


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<table>
<thead>
<tr>
<th>Original Approval Date</th>
<th>Original Effective Date* and Version Number</th>
<th>Policy Owner</th>
<th>Approved by</th>
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<tbody>
<tr>
<td>Regulatory Approval: N/A</td>
<td>09/01/04 Version 1</td>
<td>Medical Policy Manager as Chair of Medical Policy, Criteria, and Technology Assessment Committee (MPCTAC) and member of Quality Improvement Committee (QIC)</td>
<td>Quality and Clinical Management Committee (Q&amp;CMC)</td>
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<td>Internal Approval: 09/01/14</td>
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*Effective Date for the BMC HealthNet Plan Commercial Product(s): 01/01/12
*Effective Date for the Well Sense Health Plan New Hampshire Medicaid Product(s): 01/01/13
*Effective Date for Senior Care Options Product(s): 01/01/16

<p>| Policy Revisions History |
|--------------------------|-----------------|-----------------|</p>
<table>
<thead>
<tr>
<th>Review Date</th>
<th>Summary of Revisions</th>
<th>Revision Effective Date and Version Number</th>
<th>Approved by</th>
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<tbody>
<tr>
<td>08/02/05</td>
<td>Updated Definitions and Procedure sections.</td>
<td>Version 2</td>
<td>08/02/05: Q&amp;CMC</td>
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<tr>
<td>03/13/07</td>
<td>Updated Policy Statement and Procedure sections.</td>
<td>Version 3</td>
<td>03/13/07: Utilization Management Committee (UMC) 04/04/07: QIC</td>
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<tr>
<td>04/22/08</td>
<td>No changes.</td>
<td>Version 4</td>
<td>04/22/08: UMC 06/19/08: QIC</td>
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<td>07/01/10</td>
<td>Updated clinician titles and Procedure section.</td>
<td>Version 5</td>
<td>07/09/10: UMC 07/28/10: QIC</td>
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<tr>
<td>10/26/11</td>
<td>Updated policy to reflect the application to the commercial product.</td>
<td>Version 6</td>
<td>10/17/11: UMC 10/26/11: QIC</td>
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<tr>
<td>08/01/12</td>
<td>Updated Policy Statement and Procedure sections. Updated policy to reflect the application to the Well Sense product(s).</td>
<td>Version 7</td>
<td>08/09/12: UMC</td>
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<tr>
<td>08/20/12</td>
<td>Off cycle review, updated Procedure</td>
<td>Version 8</td>
<td>08/30/12: MPCTAC</td>
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**Policy Revisions History**

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<th>Date</th>
<th>Description</th>
<th>Version</th>
<th>Review Date</th>
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<tbody>
<tr>
<td>05/01/13</td>
<td>Review for effective date 06/20/13. Updated Summary section and referenced applicable Plan policies. Deleted the Responsibilities and Accountability section since it is not included in other medical and administrative policies reviewed by MPCTAC and approved by QIC. Renamed “Procedure” section the “Policy Statement” section and revised text. Deleted references to Centers of Excellence.</td>
<td>06/20/13</td>
<td>05/15/13: MPCTAC</td>
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<td>Version 9</td>
<td>06/20/13: QIC</td>
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<td>04/01/14</td>
<td>Review for effective date 08/01/14. Revised Summary section. Revised Policy Statement section, including adding a definition for “evaluation for transplantation services.”</td>
<td>08/01/14</td>
<td>04/16/14: MPCTAC</td>
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<td>Version 10</td>
<td>05/14/14: QIC</td>
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<tr>
<td>03/01/15</td>
<td>Review for effective date 04/08/15. Removed Commonwealth Care, Commonwealth Choice, and Employer Choice from the list of applicable products because the products are no longer available. Updated Summary section. Clarified language in the Medical Policy Statement section without changing criteria.</td>
<td>04/08/15</td>
<td>03/18/15: MPCTAC</td>
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<td>11/01/15</td>
<td>Review for effective date 01/01/16. Updated template with list of applicable products and notes.</td>
<td>01/01/16</td>
<td>11/18/15: MPCTAC</td>
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<td>Version 12</td>
<td>12/09/15: QIC</td>
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<td>03/01/16</td>
<td>Review for effective date 04/13/16. Updated Summary, Clinical Background Information, References, and Reference to Applicable Laws and Regulations sections. Administrative changes made to the Policy Statement section.</td>
<td>04/13/16</td>
<td>03/16/16: MPCTAC</td>
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**Last Review Date**

03/01/16

**Next Review Date**

03/01/17

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**Authorizing Entity**

QIC

**Other Applicable Policies**

Medical Policy - *Experimental and Investigational Treatment*, policy number OCA 3.12
Medical Policy - *Medically Necessary*, policy number OCA 3.14
Medical Policy - *Transplantation of Lung or Lobar Lung*, policy number OCA 3.24
Medical Policy - *Transplantation of Pancreas or Pancreas-Kidney*, policy number OCA 3.25
Medical Policy - *Transplantation of Small Bowel, Small Bowel-Liver, or Multivisceral Organs*, policy number OCA 3.26
Reimbursement Policy - *Anesthesia*, policy number 4.103
Reimbursement Policy - *General Billing and Coding Guidelines*, policy number 4.31
Reimbursement Policy - *General Clinical Editing and Payment Accuracy Review Guidelines*, policy number 4.108
Reimbursement Policy - *Inpatient Hospital*, policy number 4.110
Reimbursement Policy - *Outpatient Hospital*, policy number 4.17
Reimbursement Policy - *Physician and Non Physician Practitioner Services*, policy number 4.608

**Reference to Applicable Laws and Regulations**


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Disclaimer Information: +

Medical Policies are the Plan’s guidelines for determining the medical necessity of certain services or supplies for purposes of determining coverage. These Policies may also describe when a service or supply is considered experimental or investigational, or cosmetic. In making coverage decisions, the Plan uses these guidelines and other Plan Policies, as well as the Member’s benefit document, and when appropriate, coordinates with the Member’s health care Providers to consider the individual Member’s health care needs.

Plan Policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization standards (including NCQA). Medical Policies are also developed, as appropriate, with consideration of the medical necessity definitions in various Plan products, review of current literature, consultation with practicing Providers in the Plan’s service area who are medical experts in the particular field, and adherence to FDA and other government agency policies. Applicable state or federal mandates, as well as the Member’s benefit document, take precedence over these guidelines. Policies are reviewed and updated on an annual basis, or more frequently as needed. Treating providers are solely responsible for the medical advice and treatment of Members.

The use of this Policy is neither a guarantee of payment nor a final prediction of how a specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement.