



Covered Benefit: Transplant Services

CMP Published: Yes No

CPG Published: Yes No

Definition: This benefit coverage summary refers to major organ transplants and does not include bone and tissue transplants.

Human organ transplant is the surgical removal of a whole or partial organ from one body and transplanting it to another, for the purpose of replacing the recipient's damaged or failing organ with a working one. Organ donors can be living, or deceased. Organs that can be transplanted include heart, lung, kidney, kidney-pancreas (for members with Type 1 Diabetes only), liver, bone marrow and stem cell.

For Neighborhood members receiving a live donor organ transplant Neighborhood will cover the donors health care services associated with the harvesting of the organ. Neighborhood follows CMS guidelines and care related to the harvesting of an organ is covered for up to one (1) year. Per CMS guidelines the donor's services are billed under the recipient's claim(s) from the hospital performing the transplant.

Neighborhood covers the donors health care services associated with a transplant for a live donor when the recipient is a Neighborhood member.

Benefit Packages: RItE Care, Children with Special Health Care Needs, Substitute Care, Rhody Health Partners, and Rhody Health Options Phase One.

Coverage Limitations:

Transplant services are covered for Rhody Health Partners, Rhody Health Options Phase One, Rite Care, Children with Special Health Care Needs and Substitute Care when ordered by a plan physician.

Authorization is required.

Exclusions:

Extended Family Planning (EFP) members have a restricted benefit package which does not include transplant services.

Transplants of the face and hand are considered experimental and therefore are not covered.

Please see Non-covered Transplant Services under Non-Covered Coverage Summary

Coverage Includes:



Recipient transplant covered services
Live donor covered services
Transplant and Donor (Living)

Episodes of care can occur across multiple settings; the following are included in the detailed benefit service category criteria:

Inpatient (POS 21)
Outpatient (POS 22)

Notes:

Medical Assistance (fee for service Medicaid) may cover some costs for the living donor for food and lodging.

For information regarding bone and tissue transplants see benefit coverage summaries by body system.

Cornea transplants are conditionally covered; see Implants benefit coverage summary.

Transplant recipient's anti-rejection medications are covered while the recipient is an active member with Rite Care, Sub Care, CSN or RHP benefit plans.

Cord blood harvesting for transplantation, allogeneic (S2140) and cord blood-derived stem-cell transplantation, allogeneic (S2142) are conditionally covered; however, cord blood harvesting for cord blood banking purposes is not covered.

Refer to the [Non-Covered Benefit Coverage Summary](#) for details regarding non-covered codes.

VERSION HISTORY:

PEC: 10/3/13