

HEALTH PLAN POLICY	
Policy Title: Transplant Policy	Policy Number: M14 Revision: A
Department: Medical Management	Sub-Department:
Applies to Product Lines:	
<input type="checkbox"/> Medicaid	<input checked="" type="checkbox"/> USFHP
<input type="checkbox"/> Children's Health Insurance Plan	<input checked="" type="checkbox"/> Commercial Insured
<input checked="" type="checkbox"/> Health Insurance Exchange	<input checked="" type="checkbox"/> Non Insured Business
<input checked="" type="checkbox"/> Medicare	
Origination/Effective Date: 09/20/2018	
Reviewed Date(s):	Revision Date(s): 01/16/2020

SCOPE:

The following applies to CHRISTUS Health Plan contracting inpatient transplant facilities. The health plan covers medically necessary organ and stem cells transplants, as described below.

DEFINITIONS AND ACRONYMS:

None

POLICY:

General Benefit Information –

When the recipient is a member, the following services related to the procurement of the organ or tissue from the donor are covered, but only to the extent that such services are not covered by any other plan of health benefits or health care coverage and provided that it is a Plan approved facility:

- Evaluation
- Candidacy
- Organ Procurement Services
- Transplant Event
- Post-Transplant Services

Medicare Advantage members are subject to the guidelines set forth under the Centers for Medicare and Medicaid Services.

US Family Health Plan members are subject to the guidelines set forth under Tricare.

Benefits are not available when the member is the donor.

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services.

Authorization Requirements –

1. The Transplant Provider will contact the health plan's preauthorization department via fax or email to initiate the transplant authorization process for transplant evaluations and surgeries prior to services being rendered.

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2. The prior authorization nurse will apply evidence-based criteria to determine medical necessity.
3. All transplant cases are sent to the medical director to review for final determination with the prior authorization nurse's recommendations.
4. All transplant cases will be referred to Optum for network management. Optum will determine if the requested facility is part of the Optum Center of Excellence Transplant network.
5. All transplant cases will be sent to reinsurance.

Compensation/Reimbursement Information –

Payment for transplant services will follow the standard payment policy of the CHRISTUS Health Plans.

REFERENCES:

None


RELATED DOCUMENTS:

- DMUM17 Prior Authorization Transplant Case Work Instructions
- MUM43 Hematopoietic Stem Cell Transplantation (HSCT) – Aplastic Anemia, Sickle Cell Disease and Thalassemia
- MUM44 Hematopoietic Stem Cell Transplantation (HSCT) for Hodgkins and Non Hodgkins Lymphomas (NHL)
- MUM45 Hematopoietic Stem Cell Transplantation (HSCT) for Multiple Myeloma and Related Plasma Cell Dyscrasias
- MUM46 Hematopoietic Stem Cell Transplantation (HSCT) for Selected Leukemias and Myelodysplastic Syndromes

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1/27/20

Date



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Medical Director

1/27/20

Date

REVISION HISTORY:

Revision	Date	Description of Change	Committee
New	09/20/2018	Initial release.	Executive Leadership
A	01/16/2020	Annual review. No change to policy.	Executive Leadership