

<b>HEALTH PLAN POLICY</b>	
<b>Policy Title:</b> Transplant Policy	<b>Policy Number:</b> M14 <b>Revision:</b> C
<b>Department:</b> Medical Management	<b>Sub-Department:</b>
<b>Applies to Product Lines:</b> <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	
<b>Origination/Effective Date:</b> 09/20/2018	
<b>Reviewed Date(s):</b>	<b>Revision Date(s):</b> 01/16/2020, 12/21/2020, 12/10/2021

**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.

**For Texas Health Exchange ONLY: No preauthorization is required. Please use Transplant Notification Form.**

**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

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being rendered. For Texas Health Exchange, the Transplant Referral form will be faxed in to the preauthorization department.

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 or Cigna LifeSOURCE for network management. Optum or Cigna LIFESOURCE will determine if the requested facility is part of a 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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**REVISION HISTORY:**

<b>Revision</b>	<b>Date</b>	<b>Description of Change</b>	<b>Committee</b>
New	09/20/2018	Initial release.	Executive Leadership
A	01/16/2020	Annual review. No change to policy.	Executive Leadership
B	12/21/2020	Annual review. No change to policy.	Executive Leadership
C	12/10/2021	Annual review. Updated with LIFESOURCE as a vendor and added language for TX HIX regarding HB 3459.	Executive Leadership