

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 31.12
TITLE: **COMBINED HEART-KIDNEY TRANSPLANTATION**

AUTHORITY: 38 CFR 17.270(a), 17.272(a)(1)(4)(13)(14)(59), and 17.273

RELATED AUTHORITY: 32 CFR 199.4(e)(5)

I. EFFECTIVE DATE

March 27, 1997

August 1, 2003, for combined heart-kidney transplant, payment will be made under the assigned DRG based on the patient's diagnosis.

II. PROCEDURE CODE(S)

33940-33945, and 50300-50380, (ICD-9-CM - 55.69)

III. POLICY

A. Heart-kidney transplantation requires pre-authorization.

B. Medically necessary services and supplies related to combined heart-kidney transplants are covered when the transplant is performed at **a center certified by TRICARE or Medicare for heart transplantation or TRICARE-certified pediatric consortium heart transplantation center and Medicare approved for renal transplantation, for patients who:**

1. are suffering from end stage heart disease and irreversible or end stage renal disease;
2. have exhausted more conservative medical and surgical treatments;
3. must have a realistic understanding of the range of clinical outcomes that may be encountered; and
4. must have plans for long-term adherence to a disciplined medical regimen that are feasible and realistic.

C. Benefits may be allowed for medically necessary services and supplies during the Medicare waiting period for those beneficiaries who qualify for Medicare coverage as a result of end stage renal disease.

D. **Preauthorized** services and supplies related to combined heart-kidney **that are medically necessary can be** cost shared for:

1. evaluation of a potential candidate's suitability for transplantation whether or not the patient is ultimately accepted as a candidate for transplantation;
2. pre- and post-transplantation inpatient hospital and outpatient services;
3. pre- and post-operative services of the transplantation team;
4. the donor acquisition team **and all costs of transportation for the team and donor organ to the location of the transplantation center;**
5. the maintenance for viability of the donor organ is covered after all existing legal requirements for excision of the donor organ has been met;
6. the blood and blood products required for the transplantation;
7. FDA approved immunosuppression drugs, to include off-label uses, when determined to be medically necessary and generally accepted practice within the medical community (i.e., proven);
8. the complications associated with the transplant procedure, including inpatient care, management of infection, and rejection episodes;
9. the periodic evaluation and assessment of the successfully transplanted patient;
10. **Air ambulance may be cost shared when determined to be medically necessary (see [Chapter 2, Section 32.1, Ambulance Service](#));**
11. Hepatitis B and pneumococcal vaccines for patients undergoing transplantation are covered; **and**
12. DNA-HIA tissue typing for determining histocompatibility is covered.

IV. POLICY CONSIDERATIONS

A. Pre-authorization and retrospective authorization of combined heart-kidney transplantation **is required. When pre-authorization was not obtained, but patient meets (or as of the date of transplantation, would have met) the patient selection criteria, CHAMPVA benefits may be extended. The claim will be reviewed to determine whether the beneficiaries condition meets the clinical criteria for transplantation.**

B. The transplant facility is (or as of the date of transplantation would have been) **a center certified by TRICARE or Medicare for heart transplantation or TRICARE-certified pediatric consortium heart transplantation center and Medicare approved for renal transplantation.**

C. Claims for services and supplies related to the transplantation will be reimbursed based on billed charges.

1. Charges from the donor hospital will be cost shared on an inpatient basis and must be fully itemized and billed by the transplant center under the name of the CHAMPVA patient (see [Chapter 2, Section 31.1](#), *Donor Costs*).

2. Claims for transportation of the donor organ and transplant team shall be adjudicated on the basis of billed charges, but not to exceed the transport service's published schedule of charges, and cost shared on an inpatient basis. Scheduled or chartered transportation will be cost shared.

3. Acquisition and donor costs are not considered to be components of the services covered under the DRG. These costs must be billed separately on a standard UB-92 claim form under the name of the CHAMPVA patient. The appropriate hospital standard kidney acquisition costs (live donor or cadaver) required for Medicare in every instance must be used as the acquisition cost for purposes of providing benefits.

4. **When a patient is discharged (less than 24 hours) due to circumstances that prohibit the authorized transplant, such as the available organ is found not suitable, all charges will be cost shared on an in-patient basis. When admitted, the expected stay was for more than 24 hours.**

D. If a beneficiary becomes eligible for Medicare benefits because of end stage renal disease, CHAMPVA is always the secondary payer.

E. When a beneficiary does not qualify for the Medicare end stage renal disease program because they do not have enough work quarters, CHAMPVA is primary payer. Before CHAMPVA benefits can be allowed, a statement from Medicare is required indicating the patient's ineligibility for benefits.

V. EXCEPTIONS

Combined heart-kidney transplantation and services or supplies received on an emergency basis in an unauthorized transplant facility may be cost shared only when the following conditions have been met:

1. the unauthorized center must consult with the nearest **center certified by TRICARE or Medicare for heart transplantation or TRICARE-certified pediatric consortium heart transplantation center and Medicare approved for renal transplantation regarding the transplantation case, and**

2. It has been determined and documented by the transplant team physician(s) at the authorized heart-kidney transplantation center that transfer of the patient (to the authorized heart-kidney transplantation center) is not medically reasonable, even though the transplantation is feasible and appropriate.

VI. EXCLUSIONS

A. Combined heart-kidney transplantation is excluded when any of the following contraindications exist:

1. severe pulmonary hypertension (pulmonary vascular resistance above 5 Wood units or pulmonary artery systolic pressure over 65 mm Hg) is not reversible with intravenous agents;
2. active infection;
3. HIV positive;
4. active alcohol or other substance abuse including current use of tobacco (verified abstinence for six months is mandatory);
5. active malignant disease;
6. hepatic dysfunction not explained by the underlying heart failure and not deemed reversible;
7. symptomatic or asymptomatic cerebrovascular disease;
8. systemic hypertension, either at transplantation or prior to development of end stage cardiac disease, that is not controlled, even with multi-drug therapy;
9. history of noncompliance or psychiatric illness of such magnitude as to jeopardize postoperative compliance;
10. recent and unresolved pulmonary infarction or pulmonary nodules;
11. any chronic systemic illness that would limit or preclude survival and rehabilitation after transplantation; or
12. current or recent history of diverticulitis or peptic ulcer disease require evaluation by a gastroenterology specialist prior to determining candidacy.

B. Services and supplies provided at no cost or if the beneficiary (or sponsor) has no legal obligation to pay. This includes expenses or charges that are waived by the transplantation center. [38 CFR 17.272(a)(1)]

C. Services and supplies not provided in accordance with applicable program criteria (i.e., part of a grant or research program, unproven procedure). [38 CFR 17.272(a)(13)]

D. Services, supplies or devices, even those used in lieu of the transplantation, when determined to be related or integral to an investigation or experimental (unproven) procedure (see [Chapter 2, Section 16.5](#), *Experimental/Investigational (Unproven) Procedures*). [38 CFR 17.272(a)(14)]

E. Pre-or post-transplant nonmedical expenses (i.e., out-of-hospital living expenses, to include, hotel, meals, privately owned vehicle for the beneficiary or family members). [38 CFR 17.272(a)(4)]

F. The transportation costs of a living organ donor or cadaver. [38 CFR 17.272(a)(59)]

G. Administration of an investigational or experimental (unproven) immunosuppressant drug that is not FDA approved or has not received CHAMPVA approval as an appropriate "off label" drug indication (see [Chapter 2, Section 30.8](#), *Immunosuppression Therapy*).

END OF POLICY