

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 31.4
TITLE: 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

February 27, 1996

II. PROCEDURE CODE(S)

A. CPT codes: 50300, 50320, 50340, and 50360-50380

B. ICD-9-CM codes: 55.61 and 55.69

III. POLICY

A. Kidney transplantation requires pre-authorization.

B. Medically necessary services and supplies related to cadaver and living donor kidney transplantation may be cost shared when the transplant is performed at a Medicare-certified or TRICARE-certified kidney transplantation center (pediatric consortia are not applicable for kidney transplantation at this time).

C. All of the following criteria contained in this policy must be followed when authorizing a kidney transplantation:

1. beneficiary is suffering from concomitant, irreversible renal failure;

2. beneficiary has exhausted more conservative medical and surgical treatment;

3. beneficiary has been recommended for the kidney transplant by the medical facility's transplant selection team; and

4. beneficiary must have plans for long-term adherence to a disciplined medical regimen that are feasible and realistic;

D. 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.

E. For a properly pre-authorized patient, services and supplies related to the kidney transplantation are cost shared for:

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

IV. POLICY CONSIDERATIONS

A. Pre-authorization or retrospective authorization for 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 beneficiary's condition meets the clinical criteria for the transplantation.

B. Transplant facility is (or at time of transplantation, would have been) a Medicare-certified, or TRICARE-certified transplantation center, (pediatric consortia are not applicable for kidney transplantation at this time).

C. Claims for services and supplies associated with the transplant will be reimbursed based on billed charges.

D. 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*).

E. 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 scheduled charges, and cost shared on an inpatient basis. Scheduled or chartered transportation will be cost shared.

F. 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.

G. 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 inpatient basis. When admitted, the expected stay was for more than 24 hours.

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

I. If a beneficiary does not have enough work quarters to qualify for the Medicare end stage renal disease program, then CHAMPVA is the primary payer. A statement from Medicare is required indicating the beneficiaries ineligibility.

J. Kidney transplants are paid under the DRG.

V. EXCLUSIONS

A. Kidney transplantation is excluded if any of the following contraindications exist:

1. significant systemic or multisystemic diseases (because the presence of multi-organ involvement limits the possibility of full recovery and may compromise the function of newly transplanted organs), or
2. malignancies have metastasized to or extend beyond the margins of the kidney.

B. Services/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/supplies not provided in accordance with applicable program criteria (i.e., part of a 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 investigational or experimental procedure, will not be cost shared (see [Chapter 2, Section 16.5](#), *Experimental/Investigational/ (Unproven) Procedures*). [38 CFR 17.272 (a)(14)]

E. Pre- or post- transplant non-medical expenses (e.g., 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 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 approval as an appropriate "off label" drug indication (see [Chapter 2, Section 30.8](#), *Immunosuppression Therapy*).

END OF POLICY