



Solid Organ and Stem Cell Transplantation

Last Revision/Review Date: March 20, 2019

P&P # C.5.17

Policy

The Medical Management Department reviews referral requests for authorization of solid organ and stem cell transplant related services using OPTUM® Transplant Review Guidelines (see *Related Documents* section below). The Medical Management Nurse Case Manager may approve transplant evaluations based on the OPTUM® Transplant Review Guidelines but all medical necessity determinations for the transplant procedure must be made by the Medical Director. Coverage for solid organ and stem cell transplantation services is determined by the Certificate of Coverage which supersedes OPTUM® Transplant Review Guidelines

This Medical Policy does not constitute medical advice. When deciding coverage, the enrollee's specific plan document must be referenced. The terms of an enrollee's plan document (Certificate of Coverage (COC) or Summary Plan Description (SPD)) may differ from this Medical Policy. In the event of a conflict, the enrollee's specific benefit plan document supersedes this Medical Policy. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements, and the plan benefit coverage prior to use of this Medical Policy. Other Policies and Coverage Determination Guidelines may apply. Quartz reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

Procedure

A. Documentation Required:

To facilitate the authorization process referral requests must include the following:

1. A copy of the transplant evaluation report that includes:
 - a. Transplant physician's evaluation
 - b. Summary of the multi-disciplinary assessments
 - c. Results of the transplant evaluation diagnostic studies
2. Documentation of acceptance by the transplant committee at an approved transplant center

B. Criteria for Medical Necessity:

Solid organ and stem cell transplantation referrals are reviewed using OPTUM® Transplant Review Guidelines (see the *Related Documents* section above) and are considered medically necessary if **ALL** the applicable OPTUM® Transplant Review Guidelines are met. All transplant requests are reviewed by the Medical Director to determine medical necessity.

C. Out-of-Network Transplant Requests:

All out-of-network (OON) referral requests for solid organ and stem cell transplantation services will be reviewed using the OPTUM® Transplant Review Guidelines (see the *Related Documents* section above). All OON requests for transplant services will be reviewed by the Medical Director who will determine if the OON services requested are medically necessary. OPTUMHealth Care Solutions will be contacted to contract with the OON transplant center when OON transplant services are approved by the Medical Director

D. Indications Considered Experimental, Investigational or not Medically Necessary (Not an all-inclusive list)

1. Stem cell transplants for solid organ tumors; unless specified in the Certificate of Coverage.
2. Transplants excluded or restricted by the Certificate of Coverage.

References

2019 OPTUM® Transplant Review Guidelines, Solid Organ Transplantation. Revised and Effective November 1, 2018. Accessed December 31, 2018

2019 OPTUM® Transplant Guidelines, Hematopoietic Stem Cell Transplantation. Effective October 1, 2018. Revised November 1, 2018. Accessed December 31, 2018

Levitsky J, Formica R, Bloom R, et al. The American Society of Transplantation Consensus Conference on the Use of Hepatitis C Viremic Donors in Solid Organ Transplantation. American Journal of Transplantation 2017; 17: 2790-2802. Accessed March 12, 2019.

Gene Y, Cameron A, Lucey M, Liver Transplantation for Alcoholic Hepatitis. Journal of Hepatology. November 8, 2018. Accessed March 12, 2019.