

Solid Organ and Hematopoietic Stem Cell Transplantation

Last Revision/Review Date: March 17, 2021

P&P # C.5.17

Policy

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

Related Documents

OPTUM® Transplant Review Guidelines-Solid Organ Transplantation (Effective 10/1/2020)

OPTUM® Transplant Review Guidelines-Hematopoietic Stem Cell Transplantation (Effective 9/1/2020)



2020 Solid Organ
Transplant Review G



2020 Optum Stem
Cell Transplant Review

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 and Investigational (Not an all-inclusive list)

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

References

OPTUM® Transplant Review Guidelines, Solid Organ Transplantation. Effective October 1, 2020. Accessed February 24, 2021.

OPTUM® Transplant Guidelines, Hematopoietic Stem Cell Transplantation. Effective September 1, 2020. Accessed February 24, 2021.

Hayes, Inc. Health Technology Assessment. Hematopoietic stem cell transplantation for treatment of multiple sclerosis. Published Mar 2019. Annual Review Jun 11, 2020. Accessed March 5, 2021.

Im GY, Cameron AM, Lucey MR. Liver Transplantation for Alcoholic Hepatitis. *Journal of Hepatology*. 2019;70(2):328-334.

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.