

# BENEFIT COVERAGE POLICY

**Title:** BCP-33 Pre-Transplant Services

**Effective Date:** 01/01/2022



Physicians Health Plan  
PHP Insurance Company  
PHP Service Company

## Important Information - Please Read Before Using This Policy

The following coverage policy applies to health benefit plans administered by PHP and may not be covered by all PHP plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Coverage determinations for individual requests require consideration of:

- The terms of the applicable benefit document in effect on the date of service.
- Any applicable laws and regulations.
- Any relevant collateral source materials including coverage policies.
- The specific facts of the particular situation.

Contact PHP Customer Service to discuss plan benefits more specifically.

### 1.0 Policy:

All pre-transplant related services require prior approval for coverage of Covered Health Services provided at a Health Plan designated transplant facility. Contact the Transplant Case Manager to verify if a provider is contracted as a designated transplant facility.

Non-network services are not covered.

Refer to member's benefit coverage document for specific benefit description, guidelines, coverage and exclusions.

### 2.0 Background:

Transplantation programs typically include three phases: pre-transplant services, the transplant period and post-transplant services. Pre-transplants are considered medically necessary when all the following guidelines below are met for the following (not an all-inclusive list):

1. Cardiac transplant.
2. Hematopoietic stem cell transplant.
3. Renal transplant.
4. Liver transplant.
5. Lung transplant.
6. Pancreas-kidney transplant.
7. Pancreas alone transplant.

### 3.0 Clinical Determination Guidelines:

A. Pre-transplant services are eligible for coverage as follows:

1. Prior authorization/approval for pre-transplant services is required (evaluation, specialist consult, outpatient diagnostics and labs) at a Health Plan designated transplant facility linked to one of the transplant networks: LifeTrac or Cigna LifeSource. If a member is not receiving services at a Health Plan designated facility, the member will be redirected to a designated facility.
2. One evaluation per transplant approval.

Note: A second opinion consult only would be approved to determine candidacy at a Health Plan-designated transplant facility if a second transplant evaluation is requested and the member has been previously turned down for transplant.

#### 4.0 Unique Configuration/Prior Approval/Coverage Details:

Fully insured SPD (prefix of Product ID) PPO plans have unique language: Hematopoietic Stem Cell Transplants do not have to be done at designated facilities and are also covered at non-network facilities.

Under fully insured DSP (prefix of Product ID) PPO plans, Kidney transplants do not have to be done at designated facilities.

#### 5.0 Terms & Definitions:

None.

#### 6.0 References, Citations & Resources:

InterQual®, subset Transplantation, Liver, 4-16-2021.  
InterQual®, subset Transplantation, Cardiac, 4-16-2021.  
InterQual®, subset Transplantation, Renal, 4-16-2021.  
InterQual®, subset Transplantation, Allogenic Stem Cell, 4-16-2021.  
InterQual®, subset Transplantation, Allogenic Stem Cell (Pediatric), 4-16-2021.  
InterQual®, subset Transplantation, Autologous Stem Cell, 4-16-2021.  
InterQual®, subset Transplantation, Autologous Stem Cell (Pediatric), 4-16-2021.

#### 7.0 Associated Documents [For internal use only]:

Benefit Coverage Policies – [BCP-70 Lung Transplantation](#), [BCP-71 Pancreas Transplantation](#).  
Policies and Procedures (P&Ps) - MMP-02 Transition/Continuity of Care; MMP-06 Peer-to-Peer Conversations; MMP-09 Benefit Determinations.  
Standard Operating Procedures (SOPs) –MMS-03 Algorithm for Use of Criteria for Benefit Determinations; MMS-05 Completing a High Cost Notification Form; MMS-10 Pre-Transplant Process, MMS-11 Transplant Event and Listing, and MMS-12 Post-Transplant Process.  
Sample Letters – TCS Approval Letter; Clinically Reviewed Exclusion Letter; Specific Exclusion Denial Letter.  
Forms – Out of Network/ Prior Authorization; High Cost Notification Form; Transplant Travel and Lodging Reimbursement Form.  
Other – Transplant Network contracts with Cigna LifeSource and LifeTrac.

#### 9.0 Revision History:

Original Effective Date: 12/31/2020

Next Review Date: 01/01/2023

Revision Date & Approval	Reason for Revision
9/29/2020	Policy created
10/7/2021	Annual review; removed Interlink language, added language “not an all-inclusive list” to first paragraph in background section, updated InterQual references and added reference to Internal BCP policies. Removed ICD-10 Diagnosis Code list.

