

# Transplantation Services

**Policy Number:** BIP186.P  
**Effective Date:** August 1, 2024

[Instructions for Use](#)

Table of Contents	Page
<a href="#">Federal/State Mandated Regulations</a> .....	1
<a href="#">State Market Plan Enhancements</a> .....	2
<a href="#">Covered Benefits</a> .....	2
<a href="#">Not Covered</a> .....	3
<a href="#">Policy History/Revision Information</a> .....	3
<a href="#">Instructions for Use</a> .....	3

<b>Related Benefit Interpretation Policy</b>
<ul style="list-style-type: none"> <li><a href="#">Medical Necessity</a></li> </ul>
<b>Related Medical Management Guideline</b>
<ul style="list-style-type: none"> <li><a href="#">Total Artificial Heart and Ventricular Assist Devices</a></li> </ul>
<b>Related Clinical Guideline</b>
<ul style="list-style-type: none"> <li><a href="#">Transplant Review Guidelines: Solid Organ Transplantation</a></li> </ul>

## Federal/State Mandated Regulations

### California Code of Regulations, Title 10, Article 3, Section 2698.301, Minimum Scope of Benefits

<https://regulations.justia.com/states/california/title-10/chapter-5-5/article-3/section-2698-301/>

(a) The basic minimum scope of benefits offered by participating health plans to subscribers, dependent subscribers and enrolled dependents must comply with all requirements of the Knox-Keene Health Care Service Plan Act of 1975 including amendments as well as its applicable regulations, and shall include all of the benefits and services listed in this section. Except as required by applicable statute and regulations, no other benefits shall be permitted to be offered by a participating health plan unless specifically provided for in the program contract with the participating health plan. The basic minimum scope of benefits shall be as follows:

The following human organ transplants: corneal, human heart, heart-lung, liver, bone marrow and kidney. Transplants other than corneal shall be subject to the following restrictions:

- A. Pre-operative evaluation, surgery and follow-up care shall be provided at centers that have been designated by the participating health plan as having documented skills, resources, commitment and record of favorable outcomes to qualify the center to provide such care.
- B. Patients shall be selected by the patient-selection committee of the designated centers and subject to prior authorization.
- C. Only anti-rejection drugs, biological products, and other procedures that have been established as safe and effective and no longer investigational are covered.

(14) This part shall not be construed to prohibit a plan's ability to impose cost-control mechanisms. Such mechanisms may include, but are not limited to requiring prior authorization for benefits or providing benefits in alternative settings or using alternative methods"

### California Health and Safety Code Section 1374.17

[http://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?sectionNum=1374.17&lawCode=HSC](http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=1374.17&lawCode=HSC)

January 1, 2006

- (a) A health care service plan shall not deny coverage that is otherwise available under the plan contract for the costs of solid organ or other tissue transplantation services based upon the enrollee or subscriber being infected with the human immunodeficiency virus.
- (b) Notwithstanding any other provision of law, in the provision of benefits required by this section, a health care service plan may utilize case management, network providers, utilization review techniques, prior authorization, copayments, or other cost sharing, subject to the terms and conditions of the plan contract and consistent with sound clinical processes and guidelines.

## State Market Plan Enhancements

In addition to the covered benefits listed in Section C, some members may have additional Organ and Tissue Transplant benefits. Refer to the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB) for additional information.

Additional resources for Transplantation Services: Referrals may be made to Optum as follows:  
Phone Referrals: 866-300-7736 or Fax: 888-361-0502

## Covered Benefits

**Important Note:** Covered benefits are listed in *Federal/State Mandated Regulations, State Market Plan Enhancements, and Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

**Note:** UnitedHealthcare shall intermittently review new developments in medical technology based on scientific evidence to determine if the list of covered Transplants should be revised.

- Human organ and tissue transplants are limited to non-experimental and non-investigational procedures that are determined to be medically necessary (Refer to the Benefit Interpretation Policy titled [Medical Necessity](#)).

Coverage is provided for the pre-and post-operative medical, surgical, hospital services and medically necessary ambulance transportation to the UnitedHealthcare designated facility. All transplant procedures must be prior authorized by UnitedHealthcare and performed in a designated facility.

Covered transplant procedures include:

- Bone marrow transplants (either from the member or from a compatible donor) and peripheral stem cell transplants, with or without high dose chemotherapy, including chimeric antigen receptor (CAR)-T cell therapy. Not all bone marrow transplants or peripheral stem cell transplants meet the definition of a covered health service.
- Heart
- Heart/lung
- Lung
- Kidney
- Kidney/pancreas
- Liver
- Liver/small bowel
- Pancreas
- Small bowel

If OptumHealth Transplant Solutions has determined that another transplant (not listed above) is proven, then that transplant is also eligible for coverage.

- Donor related services. Refer to the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB) for additional information.
- Listing at two UnitedHealthcare designated facilities.
  - Dual listing is allowed only when the regional organ procurement agency used is different.
  - Member is financially responsible for all costs associated with the 2<sup>nd</sup> Transplant review.

**Note:** UnitedHealthcare will pay for the transplant surgery, living donor inpatient-services and surgery, and post-transplant services at the facility which performs the transplant.

- Pre-transplant testing and evaluation, including histocompatibility testing for the transplant recipient and donor when the intended transplant recipient is a UnitedHealthcare member. The testing of immediate blood relatives to determine the compatibility of bone marrow and stem cells is limited to immediate blood relatives who are sisters, brothers, parents and natural children.
- Organ acquisition from cadaver or living donor
- An oral or dental examination performed on an inpatient basis as part of a comprehensive workup prior to transplant surgery
- Tooth extraction prior to a major organ transplant
- Outpatient post-transplant, immunosuppressive drug therapy only if the member has a supplemental pharmacy benefit or unless pharmacy is part of the basic health plan

- Storage costs of any organ or bone marrow only as part of an authorized treatment protocol as determined by the UnitedHealthcare designated facility medical director or designee
- Bone marrow and stem cells donor search and testing  
**Note:** Specific requirements and limitations apply, refer to the member's EOC/SOB.
- Transportation, food and housing expense of the member and one escort to the UnitedHealthcare designated facility  
**Note:** Specific requirements and limitations apply, refer to the member's EOC/SOB.
- Covered services for living donors are limited to medically necessary clinical services once a donor is identified.

Refer to the Medical Management Guideline (MMG) titled [Total Artificial Heart and Ventricular Assist Devices](#).

## Not Covered

- Artificial heart implantation (Refer to the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB) for additional information)
- Non-human organ transplantation
- Equipment and medication that is experimental/investigational and/or not medically necessary (Refer to the Benefit Interpretation Policy titled [Medical Necessity](#))
- Storage costs of any organ or bone marrow unless criteria in the *Covered Benefits* section are met
- Transplant services, when the transplant recipient is not a UnitedHealthcare member
- Transplantation performed in a non-UnitedHealthcare designated facility (Refer to the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB) for additional information)
- Transportation of any potential donor for typing and matching
- Unauthorized or not prior authorized organ procurement and transplant related services
- Transportation, food and housing expenses of the member
  - When the member is not receiving medically necessary transplant services
  - Above and beyond the allowed benefit for the member  
**Note:** Refer to the member's EOC/SOB
- Transportation and other non-clinical expenses of a living donor
- Duplicated diagnostic costs for a transplant review at the 2<sup>nd</sup> regional organ procurement facility

## Policy History/Revision Information

Date	Summary of Changes
08/01/2024	<p><b>Federal/State Mandated Regulations</b></p> <ul style="list-style-type: none"> <li>• Updated reference link to the <i>California Code of Regulations Section 2698.301</i></li> </ul> <p><b>Covered Benefits</b></p> <ul style="list-style-type: none"> <li>• Added reference link to the Medical Management Guideline titled <i>Total Artificial Heart and Ventricular Assist Devices</i></li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>• Archived previous policy version BIP186.O</li> </ul>

## Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.