# Transplant

### Policy

This payment policy applies to Mass General Brigham Health Plan contracted inpatient transplant facilities. The policy applies to MassHealth, Commercial plan members, and Medicare Advantage.

### Definitions

There are two sources for organ donation: living donors and cadaver donors. Living donors are typically a friend or a family member who is able to donate an organ or part of an organ to the recipient. These donors must be tested to determine if they are healthy enough to donate an organ and to identify whether the organ would be compatible with the recipient's body. If the recipient is waiting for a cadaver donor, they will need to ensure that their transplant center has current phone numbers for the recipient. The recipient's transplant center will need to contact the recipient immediately when an organ becomes available.

### Prerequisites

Various services and procedures require referral and/or prior authorization. Referral and prior authorization guidelines can be located here.

### Reimbursement

Providers are reimbursed in accordance with the plan's network provider reimbursement or contracted rates. Claims are subject to payment edits that are updated at regular intervals.

Covered services are defined by the member's benefit plan. The manner in which covered services are reimbursed is determined by the Mass General Brigham Health Plan Payment Policy and by the provider's agreement with Mass General Brigham Health Plan. Member liability amounts may include but are not limited to: copayments; deductible(s); and/or co-insurance; and will be applied dependent upon the member's benefit plan.

Various services and procedures require referral and/or prior authorization. Referral and prior authorization requirements can be located here.

Please reference procedure codes from the current CPT, HCPCS Level II, and ICD-10-CM manuals, as recommended by the American Medical Association (AMA), the Centers for Medicare & Medicaid

Services (CMS), and the American Hospital Association. CMS and the AMA revise HIPAA medical codes on a pre-determined basis, including changes to CPT, HCPCS, and ICD-10 codes and definitions.

Please refer to the CMS or CPT guidelines for requisite modifier usage when reporting services. The absence or presence of a modifier may result in differential claim payment or denial.

Mass General Brigham Health Plan reviews claims to determine eligibility for payment. Services considered incidental, mutually exclusive, integral to the primary service rendered, or part of a global allowance, are not eligible for separate reimbursement. Please refer to the General Coding and Billing Provider Payment Guidelines for more information.

All claims are subject to audit services and medical records may be requested from the provider.

### Mass General Brigham Health Plan Reimburses

Mass General Brigham Health Plan reimburses transplants, including postoperative outpatient services, at single, all-inclusive, negotiated rates as determined by contract.

- Donor costs for organ procurement are separately reimbursed and include hospital and surgical expenses directly related to the removal and transport of a donor organ; prescription drugs related to the removal of the organ; and post-operative inpatient services for medical complications caused as a direct result of the donation.
- When a Mass General Brigham Health Plan member is the donor, but the recipient is not a Mass General Brigham Health Plan member, donor-related procurement expenses are covered only to the extent that the recipient's health coverage does not cover them.
- When a Mass General Brigham Health Plan member is the recipient, but the donor is not a Mass General Brigham Health Plan member, Mass General Brigham Health Plan will cover the donor-related procurement services to the extent that such services are covered benefits and not covered by the donor's own health coverage.
- Evaluation of potential organ donor tissue (histologic) compatibility is separately reimbursed.
- Costs for the removal of an organ from a non-living organ donor (cadaver donor) are separately reimbursed.
- Transportation of an organ from a non-living organ donor to the location of the recipient surgery is separately reimbursed.
- Testing of A, B, and DR antigens, or any combination thereof, for human leukocyte antigen

screening necessary to determine a plan member's bone marrow transplant donor suitability.

### Mass General Brigham Health Plan Does *Not* Reimburse

The following is a general guideline and may not be all-inclusive.

- Charges for transplant services that are provided at no cost to the organ recipient
- Cost of organs that are sold rather than donated to recipients
- Travel time and related travel expenses for physician
- Donor expenses except as listed under reimbursed transplant costs
- Costs associated with recruitment of potential donors
- Costs for a recipient who is not a Mass General Brigham Health Plan member
- Costs for experimental or unproven procedures. Please refer to Medical Policy 021, Experimental and Investigational
- Pronouncement of death and burial expenses for cadaver donor
- Transfer of potential cadaver donor
- Travel and non-medical room and board for a live donor or recipient or for family members of the donor or recipient
- Donor registration with National Bone Marrow Registry
- Autologous stem cell acquisition charges are not separately reimbursed (The acquisition charges are part of the all-inclusive single rate.)
- Embryonic stem cell transplants

### Provider Billing Guidelines and Documentation

| Code | Description | Comments |
|---|---|---|
| 0811 | Organ acquisition; live donor | Submit in Form Locator 42 of the paper UB-04 or loop 2400, SV2 segment with appropriate revenue code in SV201 of the electronic 837I, to identify standard acquisition charges |
| 0812 | Organ acquisition; cadaver donor | |
| 0819 | Organ acquisition; other | |
| 86817 | HLA typing; DR/DQ, multiple antigens | Reimburses HLA DR typing only - DQ typing *not* reimbursed |

**Other Information**

- Use specific bone marrow transplant ICD-10-PCS, in form Locator 74, 74A, 74B of the paper UB-04 or loop 2300, with BR qualifier in HI01-1 segment and appropriate code in HI01-2 segment of the electronic 837I, with the appropriate dates.
- The excising hospital bills applicable services to the transplant (implant) hospital. (The excising hospital does not submit charges to Mass General Brigham Health Plan.)
- The transplant hospital keeps an itemized statement that identifies the services rendered, the charges, and the person receiving the services (donor or recipient); the charges are reflected in the transplant hospital's kidney or heart acquisition cost center and are used in determining the hospital's standard charge for acquiring live or cadaver donor bone marrow, heart, kidney or liver.
- The standard charge does not represent the acquisition cost of a specific organ. It reflects the average cost associated with each type of organ acquisition.
- Acquisition services are inclusive of all services necessary in the acquisition of an organ (i.e., tissue typing, post-operative evaluation, etc.), which is included in the case rate, DRG, or per diem payment methodology.
- The standard acquisition charge appears on the billing form for the period during which the transplant took place when interim bills are submitted.
- When a Mass General Brigham Health Plan member is the recipient of an organ from a non-plan donor, bill reimbursable donor costs using the Mass General Brigham Health Plan recipient's name, date of birth, gender, and member identification number.
- To help identify non-plan donor claims billed under the Mass General Brigham Health Plan member recipient information, the donor claim may include the following:
    - Diagnosis that indicates donor
    - Attachment that indicates the patient is a donor

## Related Documents

Mass General Brigham Health Plan Referral and Authorization Guide
General Coding and Billing
Modifiers

## References

CMS National Coverage Determination (NCD) - Adult Liver Transplantation (260.1)

CMS National Coverage Determination (NCD) - Heart Transplants (260.9)

CMS National Coverage Determination (NCD) - Intestinal and Multi-Visceral Transplantation (260.5)

CMS National Coverage Determination (NCD) - Pancreas Transplants (260.3)

CMS National Coverage Determination (NCD) - Pediatric Liver Transplantation (260.2)

CMS National Coverage Determination (NCD) - Stem Cell Transplantation (110.23)

CMS National Coverage Determination (NCD) - Dental Examination Prior to Kidney Transplantation (260.6)

CMS National Coverage Determination (NCD) - Nonselective (Random) Transfusions and Living Related Donor Specific Transfusions (DST) in Kidney Transplantation (110.16)

CMS Transplant
MassHealth Guidelines for Medical Necessity Determination for Organ Transplant Procedures | Mass.gov

**Publication History**

| Topic: Transplant | Owner: Network Management |
|---|---|
| ***July 1, 2024*** | *Original documentation* |
| ***January 1, 2025*** | *Annual review, no policy change* |