

HUMAN ORGAN TRANSPLANT

Human organ transplant is the surgical removal of a whole or partial organ from one body to another or from a donor site on the patient's own body, for the purpose of replacing the recipient's damaged or failing organ with a working one from the donor site. Organ donors can be living, or deceased. Human organ transplants can be categorized as life saving, while tissue transplants are life enhancing.

ORIGINAL MEDICARE

Original Medicare provides coverage for a number of transplant procedures such as heart, heart-lung, lung, liver, lobar lung, bone marrow or stem cell, pancreas, simultaneous pancreas kidney, intestinal (small bowel), multi-visceral, stomach, duodenum, pancreas, liver and intestine, and pancreatic tissue or islet cell (covered in clinical trial only).

Additional detailed information pertaining to clinical trial is located in the clinical trial national coverage decision policy paper. For more information pertaining to specified organ transplants refer to www.cms.hhs.gov/manuals/downloads/ncd103c1_Part4.pdf.

Medicare guidelines require that transplants be performed in Centers for Medicare & Medicaid Services approved transplant centers. A complete listing of CMS approved transplant centers can be found at <http://www.cms.hhs.gov/ApprovedTransplantCenters>.

Under Original Medicare heart and or lung transplants are considered to be medically reasonable and necessary when performed in facilities that meet the institutional coverage criteria. Specific conditions or diagnoses are not indicated in the Medicare National Coverage Determinations manual.

Other specified organs transplants require that the services are performed in the CMS approved transplant center and have diagnosis restrictions.

MEDICARE ADVANTAGE

Coverage for specified organ transplant is provided to members under select Medicare Advantage private fee-for-service plans. The member's cost-sharing and other coverage conditions, such as less restrictive diagnosis for skin and kidney transplants, are determined by the group.

Specified organ transplant

If specified organ transplants are not covered under Original Medicare guidelines, members under select Medicare Advantage private fee-for-service coverage may have additional benefits.

BCBSM Medicare Advantage private fee-for-service plans offer enhanced benefits with specific benefit periods and benefit maximums. Coverage varies by contract and for different groups.

In order to receive additional group enhanced benefits for bone marrow, specified organ transplants and noncovered Medicare transplants, please contact the Human Organ Transplant Program Department at 800-242-3504.

All services, except immunosuppressive (anti-rejection) drugs and other transplant-related prescription drugs, must be provided during the benefit period which begins five days before the transplant and ends one year after the transplant. Specified organ transplant have a lifetime benefit maximum of \$1,000,000 per member, per transplant type for the transplant procedure(s) and related professional, hospital and pharmacy services covered under the benefit for transplants not covered by Original Medicare.

When directly related to the transplant, Medicare Advantage private fee-for-service will pay for immunosuppressive (anti-rejection) drugs and other transplant related prescription drugs, during and after the benefit period, when the member has a Medicare approved transplant and was eligible for Medicare Part A.

When the transplant is noncovered under Original Medicare, the member's prescription drug plan will be responsible for immunosuppressive (anti-rejection) drugs and other transplant related prescription drugs. Medicare Advantage private fee-for-service will reimburse the member for the balance of the cost-share not reimbursed by the prescription drug plan.

Conditions for payment

BCBSM Medicare Advantage private fee-for-service plans use CMS deemed provider¹ concept for group specific benefits. The table below specifies payment conditions for specified organ transplants:

Conditions for payment — specified organ transplant	
Eligible provider	Does not apply
Deemed provider	See terms and conditions on bcbsm.com/ma
Payable locations	Medicare/Blue Distinction Center for Transplant Facilities
CPT/HCPCS codes	Contact the Human Organ Transplant Program Department 800-242-3504
Diagnosis restrictions	

Reimbursement

The maximum payment amount for the specified organ transplants benefit is consistent with Original Medicare. The provider will be paid the lesser of Medicare's allowed amount or the provider's charge, minus the member's cost-share. This represents payment in full and providers are not allowed to balance bill the member for the difference between the allowed amount and the charge.

Member cost-sharing

- The member cost-sharing responsibilities do not apply to the human organ transplant benefit.
- If the member elects to receive a noncovered service, he or she is responsible for the entire charge associated with the noncovered service.

For detailed information about BCBSM Medicare Advantage member's benefits and cost-share, review the group plan's [Summary of Benefits](#). The chart below identifies members with specified organ transplant coverage.

Group name and number		
BCBSM/NBU Retirees 80311, 80312	City of Southgate 50737	
City of Detroit Option E 81100, 81101	City of Detroit Option F 54731, 81097	City of Detroit Option G 04436
Hope College 51623	Kadant Johnson 50309	
MPSERS 59000	Oakwood HealthCare 47064, 47067	
State of MI Retirees Troopers 81820	State of MI Retirees Nontroopers 81821, 81828	

¹ 2009 Terms & Conditions – <http://www.bcbsm.com/ma/>

Billing instructions — providers

1. Bill services on the CMS 1500 (8/05) claim form, UB-04 or the 837 equivalent claim.
2. Use the Medicare Advantage private fee-for-service unique billing requirements.
3. Report CPT/HCPCS codes and diagnosis codes to the highest level of specificity.
4. Report your National Provider Identifier number on all claims.
5. Submit claims to your local BCBS plan.
6. Use electronic billing:
 - a. Michigan providers:
 - A copy of the ANSI ASC X12N 837 and 835 Institutional Health Care Claim and Health Care Claim Payment/Advice (BCBSM Electronic Data Interchange (EDI) Institutional 837/835 Companion Document) is available at: http://www.bcbsm.com/pdf/837_835_institutional_companion.pdf
 - A copy of the BCBSM EDI Professional 837/835 Companion Document is available at: http://www.bcbsm.com/pdf/systems_resources_prof_837_835.pdf
 - b. Providers outside of Michigan should contact their local BCBS plan.

Additional billing instructions – members

A member must request reimbursement for the balance of the cost-share not covered by their prescription drug plan for the immunosuppressive (anti-rejection) drugs and other transplant related drugs.

1. The member must submit a receipt with the following information:
 - Member's name and contract number
 - Medication name
 - Date of service
 - Dosage amount
 - National drug code
 - Cost of each drug

2. Send the receipt to:

Human Organ Transplant Program
— Mail Code J607
Blue Cross Blue Shield of Michigan
600 East Lafayette Blvd.
Detroit, MI 48226