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## Blue Cross Blue Shield of Michigan Reimbursement Policy

*These documents are not used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information.*

Enterprise: Blue Cross Blue Shield of Michigan  
Department: Medical Affairs  
Effective Date: 01/01/2012  
Next Review Date: 3<sup>rd</sup> Quarter 2020

### Topic: Transplant Centers

#### Background:

Blue Cross Blue Shield of Michigan (BCBSM) promotes the consistent practice of evidence-based medicine and is committed to working collaboratively with physicians and hospitals to raise the overall quality of care for specified organ, bone marrow and combination transplants. These are highly complex and costly procedures. To ensure high quality and cost efficient care for transplant patients, BCBSM employs the Blue Cross Blue Shield Association (BCBSA) Blue Distinction Centers for Transplants (BDCT) national network. BCBSA develops and oversees the network and utilizes the BDCT as a comprehensive organ transplant network to meet national and regional transplant needs for Blue Cross Blue Shield members. BCBSA selects institutions to participate in the BDCT network based on their ability to meet specified quality benchmarks and the acceptance of competitive global pricing. BDCT selection criteria include:

- An established transplant program, actively performing these procedures for the most recent 24-month period and performing a required minimum volume of transplant procedures
- Appropriate experience and credentialing of its transplant team
- An established acute care inpatient facility, including intensive care, emergency and a full range of services
- Full facility accreditation by Centers for Medicare and Medicaid Services (CMS)-deemed national accreditation organization.
- Evaluation of patient and graft aggregate outcomes, including sufficiently low graft failures and mortality rates
- A comprehensive quality management program
- Documented patient care and follow-up procedures at admission and discharge, including referral back to primary care physicians

BCBSM medical policies are developed to provide general information. They are not intended to offer coverage or medical advice. This policy may be updated and is subject to change.

**For transplant types that are not addressed by the BDCT Network or for groups that do not require use of the BDCT Network, other BCBSM transplant program criteria will apply.**

**Reimbursement Policy Statement:**

Blue Cross Blue Shield of Michigan employs the Blue Distinction Center network for covered specified solid organ and bone marrow transplantation. Blue Distinction Centers for Transplants (BDCT) consist of a national network of transplant centers that provide comprehensive transplant services through a coordinated, streamlined referral management program. All of the centers in the BDCT network meet specific participation criteria that consider not only provider qualifications and program process, but patient outcomes as well.

Each of these facilities is designated for one or more of the following types of transplants:

- Heart
- Lung
- Liver (deceased and living donor)
- Pancreas (adult transplants only)
- Bone Marrow/Stem Cell

**BCBSM SPECIFIC TRANSPLANT PROGRAM CRITERIA WHEN NOT PERFORMED UNDER BDCT PROGRAM:**

**Facilities approved to perform transplant procedures on BCBSM members must:**

- Have experience performing the procedure
- Have BDCT certification status for at least one of the transplant types involved in a “combined transplant procedure”
- Be Medicare certified for each transplant type involved (for combined transplants)
- Agree to global, contractual agreement with BCBSM and/ or BCBSA for outstate facilities

Non BDCT Approved Bone Marrow facilities must be deemed as approved by a BCBSM Medical Director. In such circumstances, the program must have CMS approval, evidence of national accreditation, verification of data reporting to a national organization and the patient must meet BCBSM medical criteria for the transplant being performed.

Note: The coverage guidelines outlined in this Medical Policy should not be used in lieu of the Member's specific benefit plan language.

**Scope:**

This policy applies to all underwritten contracts; and, self-funded or ASC contracts, pending customer approval.

**References:**

1. Blue Distinction Centers for Transplants Summary of Clinical Program Requirements <https://www.bcbs.com/blue-distinction-specialty-care#transplants> Last accessed 10/8/2018.
2. Medicare approved Transplant Programs <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/downloads/ApprovedTransplantPrograms.pdf> Updated 9/10/2018 Last accessed 10/8/2018.

**BCBSM Policy History**

<b>Policy Effective Date</b>	<b>BCBSM Signature Date</b>	<b>Comments</b>
01/01/2012	1/24/2014	BCBSM medical policy established
01/01/2012	07/31/2015	Annual review – no revisions
01/01/2012	12/20/2016	Annual review – Minor revisions
01/01/2012	09/27/2017	Annual review – no revisions
01/01/2012	11/20/2018	Annual review – references updated
01/01/2012	09/24/2019	Annual review – no revisions