Human organ transplant services
Applies to:

Blue Cross Blue Shield of Michigan

A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

☐ Medicare Plus Blue℠ PPO ☒ Medicare Plus Blue℠ Group PPO ☐ Both

Human organ transplant services

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, to replace the recipient's damaged or failing organ with a working one. Organ donors can be living or deceased. Human organ transplants can be categorized as life-saving, while tissue transplants are categorized as life-enhancing. Medicare Plus Blue PPO members doesn't require prior authorization for covered human organ transplants and may receive care at facilities outside of the Blue Cross network as long as the facility has a Medicare provider agreement and is certified by CMS for the relevant covered procedure.

Original Medicare

Original Medicare provides coverage for a number of transplant procedures.

- 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, intestine and pancreatic tissue
- Islet cell (covered in clinical trial only)

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

Medicare guidelines require that other specified solid organ transplants be performed in CMS–approved transplant centers and these transplants may have diagnosis restrictions. The most recent complete listing of CMS–approved transplant centers can be found at ***http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/Transplant.html*** page under the Downloads section.

**Blue Cross does not control this website or endorse its general content.*

Organ transplant coverage under Original Medicare includes:

- Necessary tests, labs and exams before surgery
- Immunosuppressive drugs (under certain conditions)
- Follow-up care
- Procurement of organs

Medicare Part A also covers some stem cell transplants under certain conditions. For example, treatment for some Myleoplastic Syndrome condtions may only be available as part of an approved prospective Medicare clinical trial.

Medicare Part B covers cornea transplants under some conditions. Stem cell and cornea transplants are not limited to approved facilities.

When stem cell transplants are covered, all phases of the treatment are included in the coverage. These phases include:

- Mobilization
- Harvesting
- High dose radiotherapy or chemotherapy prior to transplantation and
- Infusion of stem cells

Under National Coverage Determination 110.8.1 the following human stem cell transplants aren't covered for the conditions listed:

Autologous stem cell transplants (AuSCT):

- Acute leukemia not in remission
- Chronic granulocytic leukemia
- Solid tumors other than neuroblastoma
- Tandem transplantation (multiple rounds of AuSCT) for patients with multiple myeloma
- Non-primary AL amyloidosis
- Primary AL amyloidosis for Medicare beneficiaries age 65 and older

Allogenic stem cell transplants for:

- Multiple myeloma

Medicare Plus Blue℠ Group PPO enhanced benefit

Medicare Plus Blue is a Medicare Advantage plan, which provides at least the same level of benefit coverage as Original Medicare (Part A and Part B) and may provide enhanced benefits beyond the scope of Original Medicare within a single health care plan. This flexibility allows Blue Cross to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

All Medicare Plus Blue PPO Individual and Group members have coverage for all transplant procedures that are covered by Original Medicare. Original Medicare facility requirements apply to all organ transplant procedures.

Coverage for additional transplant services is provided only to members under select Medicare Plus Blue Group PPO plans. Member reimbursement and cost sharing are determined by the member's group.

The following transplant procedures are included in the enhanced transplant benefit available to select Medicare Plus Blue Group PPO plans.

- Bone marrow and hematopoietic stem cell transplants when required for the following conditions.
  - Allogeniec (from a donor) transplants for:
    - Osteopetrosis
    - Renal cell cancer
    - Primary amyloidosis

- Autologous (from the patient) transplants for:
  - Renal cell cancer
  - Germ cell tumors of ovary, testis, mediastinum, retroperitoneum
  - Neuroblastoma (stage III or IV)
  - Primitive neuroectodermal tumors
  - Ewing's sarcoma
  - Medulloblastoma
  - Wilms' tumor
  - Primary amyloidosis
  - Rhabdomyosarcoma
- A second bone marrow transplant for multiple myeloma after a failed first bone marrow transplant.

This list is periodically updated in consultation with the Blue Cross medical policy and will be published as it changes.

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.

When directly related to a covered transplant, Medicare Plus Blue Group PPO will pay for immunosuppressive drugs and other transplant–related prescription drugs, during and after the benefit period. For noncovered transplants, the member's prescription drug plan is responsible for immunosuppressive drugs and other transplant–related prescription drugs.

Conditions for payment

The table below specifies payment conditions for specified organ transplants:

Conditions for payment	
Eligible provider	Doesn't apply
Payable location	CMS-approved transplant facilities
CPT/HCPCS codes	Consistent with Original Medicare
Diagnosis restrictions	Restrictions apply

Reimbursement

Medicare Plus Blue Group PPO plan's maximum payment amount for the human organ transplant services benefit is available on our provider website, ***bcbsm.com/providers/help/faqs/medicare-advantage/provider-toolkit/enhanced-benefits.html*** in the MA enhanced benefits fee schedule. The provider will be paid the lesser of the allowed amount or the provider's charge minus the member's cost share. This represents payment in full and providers aren't allowed to bill the member for the difference between the allowed amount and the charge.

Member cost–sharing

- Medicare Plus Blue providers should collect the applicable cost-sharing from the member at the time of the service when possible. Cost–sharing refers to a flat dollar copayment, a percentage coinsurance or a deductible. Providers can only collect the appropriate Medicare Plus Blue cost–sharing amounts from the member.
- If the member elects to receive a noncovered service, he or she is responsible for the entire charge associated with that service.

- Providers may not have members sign an ABN to accept financial responsibility for noncovered items or services. If there is any question about whether an item or service is covered, seek a coverage determination from Blue Cross before providing the item or service to the member. If a provider provides a noncovered item/service to a member without first obtaining a coverage determination, the member must be held harmless for all charges except for any applicable cost-share.

To verify benefits and cost share, providers may utilize web-DENIS or call 1–866–309–1719.

Billing instructions for providers

1. Bill services on the CMS 1500 (02/12) claim form, UB–04 or the 837 equivalent claim.
2. Use the Medicare Advantage PPO 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 Blue Cross plan.
6. Use electronic billing:
   a. Michigan providers

      Copies of the ANSI ASC X 12N 837 and 835 Institutional Health Care Claim and Health Care Claim Payment/ Advice (Blue Cross Electronic Data Interchange (EDI) Institutional 837/835 Companion Documents) are available on the Blue Cross website under the reference library section at: ***http://www.bcbsm.com/providers/help/faqs/electronic-connectivity-edi.html***.

   b. Providers outside of Michigan should contact their local Blue Cross plan.

Member reimbursement

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. The medical request claim form is available on the Blue Cross website at: ***http://www.bcbsm.com/medicare/help/forms-documents.html***.

1. The member must submit a request for reimbursement along with a receipt containing the following information for each drug to the address below:
   - Member's name and contract number
   - Medication name
   - Date of service
   - Dosage amount
   - National drug code
   - Cost of each drug
2. Mail request to:

   Blue Cross Blue Shield of Michigan
   Imaging and Support Services
   PO Box 32593
   Detroit, MI 48232-0593

Additional information

- Transplantation facilities are encouraged to refer Medicare Plus Blue Group PPO members to the Blue Cross Case Management program by calling 1–800–845–5982 if case management services might be helpful to the member.
- Members should be directed to call the member servicing number on the back of their ID card if they have any questions about their coverage for transplants and travel or lodging.
- Additional group specific information can be found in the member's *Evidence of Coverage and/or Summary of Benefits* booklets.

Revision history

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8/17/2015: Updated formatting, expanded content under Original Medicare section, removed reference to CAREN, updated all hyperlinks, updated provider billing instructions, added link for member reimbursement form, updated submission address, added revision history.