

Marketplace National Regional Benefit Interpretation Document

Benefit Name	TRANSPLANTATION SERVICES
Applicable State	California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin
Benefit Definition	<p>This policy addresses human organ and tissue transplants, donor-related services (including organ acquisition), pre-transplant testing and evaluation/examination, bone marrow and stem cell transplants, and transplant related costs and services.</p> <p>Covered benefits are listed in three (3) Sections - A, B and C. 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.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">A. FEDERAL/STATE MANDATED REGULATIONS</div> <p>Note: The most current federal/state mandated regulations for each state can be found in the links below.</p> <p>CALIFORNIA: 28 CCR § 1300.67- Transplant Health and Safety Code § 1374.17- Transplantation services for persons with HIV</p> <p>FLORIDA: Fl. Stat. § 627.4236: Bone Marrow Transplants</p> <p>ILLINOIS: Organ Transplants – Immunosuppressant Drugs P.A. 95-1045 215 ILCS 5/356g.5-1 215 ILCS 125/5-3</p> <p style="text-align: center;">Organ Transplants</p>

[215 ILCS 5/367\(13\)](#)

[215 ILCS 5/356k](#)

[215 ILCS 125/4-5](#)

KENTUCKY:

Breast cancer treatment with high-dose chemotherapy with autologous bone marrow transplantation or stem cell transplantation

[Ky. Rev. Stat. § 304.17-3165](#): Coverage for treatment of breast cancer

[Ky. Rev. Stat. § 304.17A-135](#): Coverage for treatment of breast cancer

[Ky. Rev. Stat. § 304.38-1936](#): Coverage for treatment of breast cancer

TEXAS:

[28 TAC Section 3.3040\(h\)](#)- Transplant donor coverage

B. STATE MARKET PLAN ENHANCEMENTS

None

C. COVERED BENEFITS

IMPORTANT NOTE: Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

All transplants require prior authorization from the Corporate Transplant Department. Solid organ transplant requests will be reviewed by the Medical Director or qualified clinical designee. All other transplants will be reviewed by the Corporate Medical Director or covering Medical Director. If the criteria are met using appropriate NCD and/or LCD guidelines, state regulations and/or MCP policies the Corporate Medical Director's designee can approve the requested transplant.

TRANSPLANTATION SERVICES**CALIFORNIA:**

Transplant Services: Molina covers transplants of organs, tissue, or bone marrow at Participating Provider facilities when Prior Authorized. If a Participating Provider determines that a Member does not satisfy its respective criteria for a transplant, Molina will only cover services the Member received before that determination is made. Molina is not responsible for finding, furnishing, or ensuring the availability of an organ, tissue, or bone marrow

donor. In accordance with Molina guidelines for services for living transplant donors, Molina provides certain donation-related services for a donor, or an individual identified as a potential donor, regardless of whether the donor is a Member. These services must be directly related to a covered transplant for the Member. Covered Services may include certain services for evaluation, organ removal, direct follow-up care, harvesting the organ, tissue, or bone marrow and for treatment of complications. Molina guidelines for donor services are available by calling Member Services.

FLORIDA:

Transplant Services: Molina covers transplants of organs, tissue, or bone marrow at Participating Provider facilities when Prior Authorized. If a Participating Provider determines that a Member does not satisfy its respective criteria for a transplant, Molina will only cover services the Member received before that determination is made. Molina is not responsible for finding, furnishing, or ensuring the availability of an organ, tissue, or bone marrow donor. In accordance with Molina guidelines for services for living transplant donors, Molina provides certain donation-related services for a donor, or an individual identified as a potential donor, regardless of whether the donor is a Member. These services must be directly related to a covered transplant for the Member. Covered Services may include certain services for evaluation, organ removal, direct follow-up care, harvesting the organ, tissue, or bone marrow and for treatment of complications. Molina guidelines for donor services are available by calling Customer Support.

IDAHO:

Transplant Services: Molina covers transplants of organs, tissue, or bone marrow at licensed facilities when Prior Authorized. If a provider determines that a Member does not satisfy its respective criteria for a transplant, Molina will only cover services the Member received before that determination is made. Molina is not responsible for finding, furnishing, or ensuring the availability of an organ, tissue, or bone marrow donor. In accordance with Molina guidelines for services for living transplant donors, Molina provides certain donation-related services for a donor, or an individual identified as a potential donor, regardless of whether the donor is a Member. These services must be directly related to a covered transplant for the Member. Covered Services may include certain services for evaluation, organ removal, direct follow-up care, harvesting the organ, tissue, or bone marrow and for treatment of complications. Molina guidelines for donor services are available by calling Customer Support.

Molina does not cover the following transplant services:

- Transplants of brain tissue or brain membrane, islet tissue, pancreas, intestine, pituitary and adrenal glands, hair transplants, or any other transplant not specifically named as a Covered Service in this section
- Artificial Organs including but not limited to, artificial hearts or pancreases
- Any eligible expenses of a donor related to donating or transplanting an organ or tissue unless the recipient is a Member who is eligible to receive benefits for transplant services after benefits for the recipient have been paid, subject to the provisions of this Agreement
- The cost of a human organ or tissue that is sold rather than donated to the recipient
- Transportation costs including but not limited to, ambulance transportation service or air service for the donor, or to transport a donated organ or tissue
- Living expenses for the recipient, donor, or family members, except as specifically listed as a Covered Service in this Agreement
- Costs covered or funded by governmental, foundation or charitable grants or programs; or provider fees or other charges, if no charge is generally made in the absence of insurance coverage.
- Any complication to the donor arising from a donor's transplant surgery is not a covered benefit under the insured transplant recipient's Agreement. If the donor is a Molina Member, eligible to receive benefits for Covered Services, benefits for medical complications to the donor arising from transplant surgery will be allowed under the donor's policy
- Costs related to the search for a suitable donor

ILLINOIS:

Transplant Services: Molina covers transplants of organs, tissue, or bone marrow at Participating Provider facilities when Prior Authorized in accordance with state law. If a Participating Provider determines that a Member does not satisfy its respective criteria for a transplant, Molina will only cover services the Member received before that determination is made. Molina is not responsible for finding, furnishing, or ensuring the availability of an organ, tissue, or bone marrow donor. In accordance with Molina guidelines for services for living transplant donors, Molina provides certain donation-related services for a donor, or an individual identified as a potential donor, regardless of whether the donor is a Member. If the Member is the recipient of the transplant, services will be provided for transportation and lodging for the Member and one companion. If the recipient of the transplant is a dependent child under the limiting age of this Policy, benefits for transportation and lodging will be provided for the transplant recipient and two companions. For benefits to be available, your place of residency must be more than 50 miles from the Hospital where the transplant will be performed. These services must be directly related

to a covered transplant for the Member. Covered Services may include certain services for evaluation, organ removal, direct follow-up care, harvesting the organ, tissue, or bone marrow and for treatment of complications. Molina guidelines for donor services are available by calling Customer Support.

Molina covers medically necessary immunosuppressant drugs with a written prescription after an approved human organ transplant when issued to inhibit or prevent the activity of the immune system of the member to prevent the rejection of the transplanted organs and tissues, in accordance with state law. When a participating provider has indicated on the member's approved prescription "MAY NOT SUBSTITUTE" Molina will not require or cause a pharmacist to interchange another immunosuppressant drug or formulation, without notification and the documented consent of the prescribing participating provider and the member. This does not apply to immunosuppressant drugs for the treatment of autoimmune diseases or diseases that are most likely of autoimmune origin.

KENTUCKY:

Transplant Services: Passport covers transplants of organs, tissue, or bone marrow at Participating Provider facilities when Prior Authorized. If a Participating Provider determines that a Member does not satisfy its respective criteria for a transplant, Passport will only cover services the Member received before that determination is made. Passport is not responsible for finding, furnishing, or ensuring the availability of an organ, tissue, or bone marrow donor. In accordance with Passport guidelines for services for living transplant donors, Passport provides certain donation-related services for a donor, or an individual identified as a potential donor, regardless of whether the donor is a Member. These services must be directly related to a covered transplant for the Member. Covered Services may include certain services for evaluation, organ removal, direct follow-up care, harvesting the organ, tissue, or bone marrow and for treatment of complications. Passport guidelines for donor services are available by calling Customer Support.

MICHIGAN:

Transplant Services: Molina covers transplants of organs, tissue, or bone marrow at Participating Provider facilities when Prior Authorized. If a Participating Provider determines that a Member does not satisfy its respective criteria for a transplant, Molina will only cover services the Member received before that determination is made. Molina is not responsible for finding, furnishing, or ensuring the availability of an organ, tissue, or bone marrow donor. In accordance with Molina guidelines for services for living transplant donors, Molina provides certain donation-related services for a donor, or an individual identified as a potential donor, regardless of whether the donor is a Member. These services must be directly related to a covered transplant for the

Member. Covered Services may include certain services for evaluation, organ removal, direct follow-up care, harvesting the organ, tissue, or bone marrow and for treatment of complications. Molina guidelines for donor services are available by calling Customer Support.

MISSISSIPPI:

Transplant Services: Molina covers transplants of organs, tissue, or bone marrow at Participating Provider facilities when Prior Authorized. If a Participating Provider determines that a Member does not satisfy its respective criteria for a transplant, Molina will only cover services the Member received before that determination is made. Molina is not responsible for finding, furnishing, or ensuring the availability of an organ, tissue, or bone marrow donor. In accordance with Molina guidelines for services for living transplant donors, Molina provides certain donation-related services for a donor, or an individual identified as a potential donor, regardless of whether the donor is a Member.

These services must be directly related to a covered transplant for the Member. Covered Services may include certain services for evaluation, organ removal, direct follow-up care, harvesting the organ, tissue, or bone marrow and for treatment of complications. Molina guidelines for donor services are available by calling Customer Support.

NEW MEXICO:

Transplant Services: Molina covers transplants of organs, tissue, or bone marrow at Participating Provider facilities when Prior Authorized. If a Participating Provider determines that a Member does not satisfy its respective criteria for a transplant, Molina will only cover services the Member received before that determination is made. Molina is not responsible for finding, furnishing, or ensuring the availability of an organ, tissue, or bone marrow donor. In accordance with Molina guidelines for services for living transplant donors, Molina provides certain donation-related services for a donor, or an individual identified as a potential donor, regardless of whether the donor is a Member. These services must be directly related to a covered transplant for the Member. Covered Services may include certain services for evaluation, organ removal, direct follow-up care, harvesting the organ, tissue, or bone marrow and for treatment of complications. Molina guidelines for donor services are available by calling Member Services.

The following transplants are covered:

- Human Solid Organ transplant benefits are Covered for:
 - Kidney
 - Liver
 - Pancreas

- Intestine
- Heart
- Lung
- Multi-visceral (3 or more abdominal organs)
- Simultaneous multi-organ transplants -unless investigational
- Pancreas islet cell infusion
- Meniscal Allograft
- Autologous Chondrocyte Implantation – knee only
- Bone Marrow Transplant including peripheral blood bone marrow stem cell harvesting and transplantation (stem cell transplant) following high dose chemotherapy. Bone marrow transplants are covered for the following indications
- Multiple myeloma
- Leukemia
- Aplastic anemia
- Lymphoma
- Severe combined immunodeficiency disease (SCID)
- Wiskott Aldrich syndrome
- Ewing’s Sarcoma
- Germ cell tumor
- Neuroblastoma
- Wilm’s Tumor
- Myelodysplastic syndrome
- Myelofibrosis
- Sickle cell disease
- Thalassemia major

If there is a living donor that requires surgery to make an Organ available for a Covered transplant for our Member, Coverage is available for expenses incurred by the living donor for surgery, laboratory and X-ray services, Organ storage expenses, and Inpatient follow-up care only. We will pay the Total Allowable Charges for a living donor who is not entitled to benefits under any other health benefit plan or policy.

Limited travel benefits are available for the transplant recipient, live donor (if applicable) and/or one other person. Transportation costs will be Covered only if out-of-state travel is required. Reasonable expenses for lodging and meals will be Covered for both out-of-state and in- state, up to a maximum of \$150 per day for the transplant recipient, live donor (if applicable) and/or one other person combined. Benefits will only be Covered for transportation, lodging and meals and are limited to a lifetime maximum of \$10,000.

OHIO:

Transplant Services: Molina covers transplants of organs, tissue, or bone marrow at Participating Provider facilities when Prior Authorized. If a Participating Provider determines that a Member does not satisfy its respective criteria for a transplant, Molina will only cover services the Member received before that determination is made. Molina is not responsible for finding, furnishing, or ensuring the availability of an organ, tissue, or bone marrow donor. In accordance with Molina guidelines for services for living transplant donors, Molina provides certain donation-related services for a donor, or an individual identified as a potential donor, regardless of whether the donor is a Member. These services must be directly related to a covered transplant for the Member. Covered Services may include certain services for evaluation, organ removal, direct follow-up care, harvesting the organ, tissue, or bone marrow and for treatment of complications. Molina guidelines for donor services are available by calling Customer Support.

Molina provides donation-related services for a donor, or an individual identified as a potential donor, whether or not the donor is a Member. Donor benefits are limited to benefits not available to the donor from any other source. These services must be directly related to a covered transplant for a Member. Included are services for harvesting the organ, tissue, or bone marrow and for treatment of complications. Complications from the donor procedure are covered for up to 6 weeks from the date of procurement.

SOUTH CAROLINA:

Transplant Services: Molina covers certain transplants of organs or stem cell/bone marrow at participating Molina Centers of Excellence or at a Molina approved facility when Prior Authorization requirements are met. Molina criteria for transplant evaluation must be met before a transplant assessment is authorized. If a Center of Excellence determines that a Member does not satisfy Molina criteria for the future transplant, Molina will only cover the transplant evaluation services. The transplant Center of Excellence or Molina approved facility is responsible for all activities related to the transplant, including organ acquisition or stem cell/bone marrow donor cells. If a living donor transplant is pursued for a Molina member, Molina will cover certain donation-related services for a donor, if the donor's insurance does not cover it. These services must be directly related to a covered transplant for the Member. Covered Services may include certain services for evaluation, organ removal, direct follow-up care, harvesting the organ or stem cell/bone marrow, and the treatment of complications. Molina guidelines for donor services are available by calling Member Services.

TEXAS:

Transplant Services: Molina covers transplants of organs, tissue, or bone marrow at Participating Provider facilities when Prior Authorized. If a

Participating Provider determines that a Member does not satisfy its respective criteria for a transplant, Molina will only cover services the Member received before that determination is made. Molina is not responsible for finding, furnishing, or ensuring the availability of an organ, tissue, or bone marrow donor. In accordance with Molina guidelines for services for living transplant donors, Molina provides certain donation-related services for a donor, or an individual identified as a potential donor, regardless of whether the donor is a Member. These services must be directly related to a covered transplant for the Member. Covered Services may include certain services for evaluation, organ removal, direct follow-up care, harvesting the organ, tissue, FDA-approved artificial devices, or bone marrow and for treatment of complications. Molina guidelines for donor services are available by calling Customer Support.

UTAH:

Transplant Services: Molina covers transplants of organs, tissue, or bone marrow at Participating Provider facilities when Prior Authorized. If a Participating Provider determines that a Member does not satisfy its respective criteria for a transplant, Molina will only cover services the Member received before that determination is made. Molina is not responsible for finding, furnishing, or ensuring the availability of an organ, tissue, or bone marrow donor. In accordance with Molina guidelines for services for living transplant donors, Molina provides certain donation-related services for a donor, or an individual identified as a potential donor, regardless of whether the donor is a Member. These services must be directly related to a covered transplant for the Member. Covered Services may include certain services for evaluation, organ removal, direct follow-up care, harvesting the organ, tissue, or bone marrow and for treatment of complications. Molina guidelines for donor services are available by calling Customer Support.

WASHINGTON:

Transplant Services: Molina covers transplants of organs, including artificial organs, tissue, or bone marrow, with no waiting period, at Participating Provider facilities when Prior Authorized. If a Participating Provider determines that a Member does not satisfy its respective criteria for a transplant, Molina will only cover services the Member received before that determination is made. Molina is not responsible for finding, furnishing, or ensuring the availability of an organ, tissue, or bone marrow donor. In accordance with Molina guidelines for services for living transplant donors, Molina provides certain donation-related services for a donor, or an individual identified as a potential donor, regardless of whether the donor is a Member. These services must be directly related to a covered transplant for the Member. Covered Services may include certain services for evaluation, organ removal, direct follow-up care, harvesting the organ, tissue, or bone marrow and for treatment of complications. Members will be responsible for applicable professional and

facility Cost Sharing for these Covered Services based on their Plan. Molina guidelines for donor services are available by calling Customer Support.

Limited transplant-related travel services can be reimbursed by Molina, subject to Prior Authorization. Coverage for Members who must travel more than sixty (60) miles from their residence to receive covered transplant services will include a per diem cap for lodging with a mileage reimbursement at the Internal Revenue Service (IRS) rate for medical mileage. Members should contact Customer Support for questions regarding coverage. No Cost Sharing applies to these identified covered limited transplant-related travel services.

Molina provides or pays for donation-related services for actual or potential donors (whether or not they are Members) in accord with Molina guidelines for donor services at no charge.

WISCONSIN:

Transplant Services: Molina covers transplants of organs, tissue, or bone marrow at Participating Provider facilities when Prior Authorized. If a Participating Provider determines that a Member does not satisfy its respective criteria for a transplant, Molina will only cover services the Member received before that determination is made. Molina is not responsible for finding, furnishing, or ensuring the availability of an organ, tissue, or bone marrow donor. In accordance with Molina guidelines for services for living transplant donors, Molina provides certain donation-related services for a donor, or an individual identified as a potential donor, regardless of whether the donor is a Member.

These services must be directly related to a covered transplant for the Member. Covered Services may include certain services for evaluation, organ removal, direct follow-up care, harvesting the organ, tissue, or bone marrow and for treatment of complications. Molina guidelines for donor services are available by calling Customer Support.

D. NOT COVERED

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

TRANSPLANT SERVICES**NEW MEXICO:**

Molina does not cover:

- Non-human organ transplants, except for porcine (pig) heart valve

- Transportation costs for deceased members
- The medical and hospital services of an organ transplant donor when the receipt of an organ transplant is not a member or when the transplant procedure is not a covered benefit
- Travel and lodging expenses except as noted above.

E. DEFINITIONS

[See Glossary](#)

F. POLICY HISTORY/REVISION INFORMATION

Date	Action/Description

Procedure Codes

Coding Disclaimer: Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.

Prior Authorization

For the MHI PA Matrix, if a code is NOT listed, it could EITHER be:

- Covered and No PA Required
- Not Covered

You cannot use the MHI PA Matrix to make coverage determinations.

[PA Lookup Tool](#)

Approval	Departments	Product	CIM	Clinical Management
	Date	12/21/2021	4/11/2022	11/30/2021
	Revised (for 1/1/2023)	12/13/2022		12/13/2022