

<b>Subject: Pre-Transplant Evaluation</b>		<b>Original Effective Date:</b> 9/13/2018
<b>Policy Number:</b> MCP-323	<b>Revision Date(s):</b> 4/23/20	
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### DISCLAIMER

*This Molina Clinical Policy (MCP) s intended to facilitate the Utilization Management process. It expresses Molina's determination as to whether certain services or supplies are medically necessary, experimental, investigational, or cosmetic for purposes of determining appropriateness of payment. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered (i.e., will be paid for by Molina) for a particular member. The member's benefit plan determines coverage. Each benefit plan defines which services are covered, which are excluded, and which are subject to dollar caps or other limits. Members and their providers will need to consult the member's benefit plan to determine if there are any exclusion(s) or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and a member's plan of benefits, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of a State, the Federal government or CMS for Medicare and Medicaid members. CMS's Coverage Database can be found on the CMS website. The coverage directive(s) and criteria from an existing National Coverage Determination (NCD) or Local Coverage Determination (LCD) will supersede the contents of this Molina Clinical Policy (MCP) document and provide the directive for all Medicare members.<sup>1</sup>*

### POSITION STATEMENT CRITERIA

**All pretransplant evaluations require prior authorization from the Corporate Transplant Department. Requests for solid organ transplant, bone marrow transplant, and CAR-T will be reviewed by the Corporate Medical Director or qualified clinical designee. If the MCP criteria are met in the context of the appropriate NCD and/or LCD guidelines, state regulations and/or MCP policies, the Corporate Medical Director's designee can approve the requested transplant.**

**Pre-Transplant Evaluation: Individual tests and services in all of the below evaluation criteria need to meet appropriate medical necessity criteria, [i.e. Delegated UM in scope clinical criteria guidelines (eviCore), Corporate guidance documents and policies, including Molina Clinical Policy (MCP), Molina Clinical Review (MCR), externally purchased decision making criteria: InterQual® Criteria, and MCG]**

## For Kidney Transplant Evaluations

Approval of a request for an Adult or Pediatric Pre-transplant Evaluation for **Kidney Transplant** include all of the following: [ALL]

- A comprehensive history and physical examination including: a current evaluation of the member's kidney disease (including GFR, dialysis history), past medical history, social history including drug/alcohol use and current smoking status, compliance with the prescribed plan of care, current BMI, current medications, any current lab or imaging results.
- Documentation of compliance with dialysis if the member is on dialysis. This should be provided from the dialysis center. Member description of dialysis compliance is not adequate to satisfy this criteria.
- Documentation of a hemoglobin A1c within target range for members with diabetes.
- For members with daily marijuana use: documentation of compliance with a physician prescribed and managed program of abstinence, and a reasonable expectation that the member will be abstinent from marijuana use during the transplant and immediate post-transplant time period. Daily marijuana use is an absolute contraindication for both transplant and pre-transplant evaluation unless there is a state mandate applicable for medical marijuana use and transplants, AND there is documentation of member compliance with a physician prescribed plan of care for prescribed marijuana use.
- For member's with a BMI > 35, documentation of compliance with a physician prescribed and managed program of weight loss and a reasonable expectation that the member can achieve a BMI ≤ 35 at the time of transplant.

For members who don't meet ALL of the above criteria, office visits with transplant providers (including transplant nephrologist, psychosocial providers, endocrinologist etc.) will be approved. This will facilitate generating the above, medically necessary documentation.

## For Liver Transplant Evaluations

Approval of a request for an Adult or Pediatric Pre-transplant Evaluation for **Liver Transplant** include all of the following: [ALL]

- A comprehensive history and physical examination including: a current evaluation of the member's liver disease (including MELD score and imaging evaluation of hepatocellular carcinoma), past medical history, social history including drug/alcohol use and current smoking status, compliance with the prescribed plan of care, current BMI, current medications, any current lab or imaging results.
- Documentation of at least 6 months of abstinence from alcohol use for members with alcoholic cirrhosis.
- Documentation of a hemoglobin A1c within target range for members with diabetes.

- For members with daily marijuana use: documentation of compliance with a physician prescribed and managed program of abstinence, and a reasonable expectation that the member will be abstinent from marijuana use during the transplant and immediate post-transplant time period. Daily marijuana use is an absolute contraindication for both transplant and pre-transplant evaluation, unless there is a state mandate applicable for medical marijuana use and transplants, AND there is documentation of member compliance with a physician prescribed plan of care for prescribed marijuana use.
- For member's with a BMI > 35, documentation of compliance with a physician prescribed and managed program of weight loss and a reasonable expectation that the member can achieve a BMI ≤ 35 at the time of transplant.

For members who don't meet ALL of the above criteria, office visits with transplant providers (including transplant hepatologist, psychosocial providers, endocrinologist etc.) will be approved. This will facilitate generating the above, medically necessary documentation.

### **For Heart Transplant Evaluations**

Approval of a request for an Adult or Pediatric Pre-transplant Evaluation for **Heart Transplant** include all of the following: [ALL]

- A comprehensive history and physical examination including: a current evaluation of the member's kidney disease, past medical history, social history including drug/alcohol use and current smoking status, compliance with the prescribed plan of care, current BMI, current medications, any current lab or imaging results.
- Documentation of adequate compliance with the plan of care.
- For adult members, documentation that the member's heart disease is NYHA Class III or greater.
- Documentation of a hemoglobin A1c within target range for members with diabetes.
- For members with daily marijuana use: documentation of compliance with a physician prescribed and managed program of abstinence, and a reasonable expectation that the member will be abstinent from marijuana use during the transplant and immediate post-transplant time period. Daily marijuana use is an absolute contraindication for both transplant and pre-transplant evaluation, unless there is a state mandate applicable for medical marijuana use and transplants, AND there is documentation of member compliance with a physician prescribed plan of care for prescribed marijuana use.
- For member's with a BMI > 35, documentation of compliance with a physician prescribed and managed program of weight loss and a reasonable expectation that the member can achieve a BMI ≤ 35 at the time of transplant.

For members who don't meet ALL of the above criteria, office visits with transplant providers (including transplant cardiologist or cardiac surgery, psychosocial providers, endocrinologist etc.) will be approved. This will facilitate generating the above, medically necessary documentation.

Approval of a request for an Adult or Pediatric Pre-transplant Evaluation for **All Other Transplants** include all of the following: [ALL]

- A comprehensive history and physical examination including: complete history of present illness, past medical history, social history including drug/alcohol use and current smoking status, compliance with the prescribed plan of care, current BMI, current medications, any current lab or imaging results.
- Documentation of compliance with the plan of care. \
- Documentation of a hemoglobin A1c within target range for members with diabetes.
- For members with daily marijuana use: documentation of compliance with a physician prescribed and managed program of abstinence, and a reasonable expectation that the member will be abstinent from marijuana use during the transplant and immediate post-transplant time period. Daily marijuana use is an absolute contraindication for both transplant and pre-transplant evaluation, unless there is a state mandate applicable for medical marijuana use and transplants, AND there is documentation of member compliance with a physician prescribed plan of care for prescribed marijuana use.
- For member's with a BMI > 35, documentation of compliance with a physician prescribed and managed program of weight loss and a reasonable expectation that the member can achieve a BMI<=35 at the time of transplant.

For members who don't meet ALL of the above criteria, office visits with transplant providers (including transplant nephrologist, psychosocial providers, endocrinologist etc.) will be approved. This will facilitate generating the above, medically necessary documentation.

**CODING INFORMATION** THE CODES LISTED IN THIS POLICY ARE FOR REFERENCE PURPOSES ONLY. LISTING OF A SERVICE OR DEVICE CODE IN THIS POLICY DOES NOT IMPLY THAT THE SERVICE DESCRIBED BY THIS CODE IS COVERED OR NON-COVERED. COVERAGE IS DETERMINED BY THE BENEFIT DOCUMENT. THIS LIST OF CODES MAY NOT BE ALL INCLUSIVE.

<b>CPT</b>	<b>Description</b>
	Any/All

<b>ICD-10</b>	<b>Description: [For dates of service on or after 10/01/2015]</b>
	Any/All

**RESOURCE REFERENCES**

**Government Agency**

1. Centers for Medicare & Medicaid Services. NCD for Stem Cell Transplantation & NCD for multiple NCD for solid organ transplant. Accessed at: <https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>

**Professional Society Guidelines**

2. National Marrow Donor Program® (NMDP) and the American Society for Blood and Marrow Transplantation (ASBMT) referral guidelines: Recommended Timing for Transplant Consultation. Accessed at: <https://bethematchclinical.org/Transplant-Indications-and-Outcomes/Referral-Timing-Guidelines/>
3. National Marrow Donor Program® (NMDP). Patient Eligibility for HCT. Accessed at: <https://bethematchclinical.org/Transplant-Indications-and-Outcomes/Eligibility/>
4. Organ Procurement Transplant Network OPTN and United Network for Organ Sharing (UNOS):
  - OPTN/UNOS Policies accessed at: <http://optn.transplant.hrsa.gov/>
  - UNOS Policy accessed at: [https://unos.org/policy/?gclid=EAIaIQobChMIj5yBk9vx2wIVBdRkCh2Whw3uEAAAYASAAEgILZfD\\_BwE](https://unos.org/policy/?gclid=EAIaIQobChMIj5yBk9vx2wIVBdRkCh2Whw3uEAAAYASAAEgILZfD_BwE)
5. Steinman TI, Becker BN, et al.; Clinical Practice Committee, American Society of Transplantation. Guidelines for the referral and management of patients eligible for solid organ transplantation.
6. AST Infectious Disease Community of Practice. Pre-Transplant Evaluation & Vaccinations in Solid Organ Transplant Recipients. Accessed at: <http://community.myast.org/idcop/idcopeducationalibrary/selectedtopicstid/pre-transplanevaluationvaccinations>

### Other Resources

7. McKesson InterQual Criteria for Procedures: InterQual Transplantation Criteria. [Multiple subsets]. 2019.
8. MCG Criteria for Transplantation. [Multiple subsets]. 2021.
9. UpToDate: [Website] Waltham, MA: Walters Kluwer Health; 2021
  - Holmberg L, Deeg H, Sandmaier B. Determining eligibility for autologous hematopoietic cell transplantation.
  - Deeg HJ, Sandmaier B. Determining eligibility for allogeneic hematopoietic cell transplantation
  - Fishman J. Evaluation for infection before solid organ transplantation.
  - Wingard J. Evaluation for infection before hematopoietic cell transplantation.
  - Rossi AP. Evaluation of the potential renal transplant recipient.
  - Dove LM, Brown RS. Liver transplantation in adults: Patient selection and pretransplantation evaluation.
  - Mancini D. Indications and contraindications for cardiac transplantation in adults.
  - Hachem RR. Lung transplantation: General guidelines for recipient selection.
  - Klein CL, Alhamad T. Patient selection for and immunologic issues relating to kidney-pancreas transplantation in diabetes mellitus.
10. IRO Peer Review: Advanced Medical Review (AMR): Policy reviewed by practicing MD board certified in Surgery General, Surgery Transplant. 6/28/18 & 1/16/20

### REVIEW/REVISION HISTORY:

9/13/2018: New Policy

9/18/2019: Policy reviewed, no changes.

4/23/20: Policy reviewed by transplant team and evaluation criteria was outlined based on each type of transplant. Added that daily marijuana use is an absolute contraindication for both transplant and pre-transplant evaluation, unless there is a state mandate applicable for medical marijuana use and transplants, AND there is documentation of member compliance with a physician prescribed plan of care for prescribed marijuana use.

4/5/21: Policy reviewed, no changes to criteria.

