NOTE: Certain contracts specifically exclude some transplant services.

This policy discusses the general scope of organ and tissue transplantation for the transplant donor and recipient. Details regarding individual organ and tissue transplantation will be found in the Medical Policies addressing that particular transplantation type.

**COVERAGE:**

**COVERED TIME SPAN** for Organ and Tissue Transplantation will be defined from the:

- Time of admission for or preparation for the transplant, including testing and evaluation, which may include tests or office visits prior to the actual transplant, **THROUGH THE**
- Time of discharge or at the end of the required follow-up, including the administration of immunosuppressive drugs on an outpatient basis.

**COVERAGE INFORMATION FOR LIVING TRANSPLANT DONOR:**

All services eligible for coverage for the Transplant Recipient are also eligible for coverage for the **TRANSPLANT DONOR**, unless they are specifically excluded in the member's contract.

**COVERAGE INFORMATION FOR TRANSPLANT RECIPIENT:**

The following services **may be eligible for coverage** for the **TRANSPLANT RECIPIENT**:

- hospitalization for a covered transplant;
- evaluation tests requiring hospitalization to determine the suitability of both potential and actual donors (tissue typing), when such tests cannot be safely and effectively performed on an outpatient basis;
- hospital services, such as room and board, nursing services, surgical rooms, supplies, use of equipment, special care units (coronary and intensive care or private rooms for isolation purposes), and ancillary services;
- physicians' services for surgery, technical assistance, administration of anesthetics, and medical care;
- acquisition, preparation, transportation (within the United States and Canada), and **storage**, including short term (as storage may be an exclusion under some member's contracts) of the organ or tissue;
- diagnostic services; and
- pharmaceuticals.

**NOTE:** Storage* implies temporary, short-term storage for use in a patient already approved for an imminent transplant.
However, the following elements that may be considered a part of an organ and tissue transplantation are not eligible for coverage as they would be considered a benefit exclusion of the member's contract. These elements are:

- those services listed above when cost is reimbursed or funded by a governmental, foundation, or charitable grant;
- organs sold rather than donated to the recipient;
- donor search costs, including potential donor typing costs;
- procedures, services, supplies, equipment and/or room use for the procurement or harvesting of organs or tissues from a cadaver donor*, if the donor was covered by another commercial health care carrier (not Blue Cross and Blue Shield of Texas) or the member's contract specifically excludes procurement coverage;
- an organ or tissue transplant from a species other than human, such as monkey bone marrow cells;
- an artificial organ or tissue, whether temporary or permanent;
- living and/or travel expenses of the living donor, recipient, and family members;
- physician and hospital expenses related to maintenance of life for purpose of organ donation (This includes the travel time and related expenses required by a provider.);
- any services provided to any individual who is not the recipient or actual donor; and,
- long term storage costs for future possible anticipated transplantation, not scheduled or of time certain.

NOTE: A cadaver donor* can never be covered by a contract as the contract ends at the time of death.

DESCRIPTION:

Transplantation is the transfer of living tissues or cells from a donor to a recipient, with the intent of maintaining the functional integrity of the transplanted tissue in the recipient. The success of organ transplantation has been attributed to:

- new, more selective immunosuppressants,
- improved histocompatibility typing and surgical technique,
- better patient selection,
- earlier operative intervention,
- earlier and more accurate detection of rejection episodes, and
- a better understanding of the immune rejection mechanism.

Transplants are categorized by site and genetic relationship between donor and recipient.

<table>
<thead>
<tr>
<th>If the Organ or Tissue Graft is...</th>
<th>Then the transfer is...</th>
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</thead>
<tbody>
<tr>
<td>Orthotopic,</td>
<td>To an anatomically normal recipient site, such as in a heart transplant.</td>
</tr>
<tr>
<td>Heterotopic,</td>
<td>To an anatomically abnormal site, such as the transplantation of a kidney into the iliac fossa (within the pelvic bony structure) of the recipient.</td>
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</tbody>
</table>
Autograft,  
Of one's own tissue from one location to another, such as a bone graft to stabilize a fracture.

Synegeneic Graft (isograft),  
A graft between identical twins.

Allograft (homograft),  
A graft between genetically dissimilar members of the same species, such as bone marrow cells from a human donor.

Xenograft (heterograft),  
A graft between members of different species, such as bone marrow cells from a monkey donor to a human recipient.

Tissue compatibility is the degree of similarity between the genetically determined tissue antigens (Ags) of the donor and the recipient. Histocompatibility studies or tissue typing are completed before the transplantation to identify human white blood cell Ags and to minimize the antigenic differences between the donor and the recipient.

Immunosuppressive drugs are used to control organ rejection caused by the remaining antigenic differences due to imperfect donor-recipient matching. They are primarily responsible for the present success of clinical transplantation. However, these drugs suppress ALL immunologic reactions, making overwhelming infection the leading cause of death in transplant recipients.

RATIONALE:

Coverage issues include contractual benefits, limitations and exclusions regarding donors and recipients. This includes whether donor and recipient have the same insurance carrier, or if one has coverage and one does not, or if one has a managed care/HMO coverage and the other has a commercial health care carrier, or if both have different managed care/HMO coverage.

DISCLAIMER:

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, takes precedence over Medical Policy and must be considered first in determining coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Any benefits are subject to the payment of premiums for the date on which services are rendered. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

HMO Blue Texas physicians who are contracted/affiliated with a capitated IPA/medical group must contact the IPA/medical group for information regarding HMO claims/reimbursement information and other general polices and procedures.

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