

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 PPOSM Medicare Plus Blue Group PPOSM Both

Human organ transplant

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.

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 organ transplants be performed in CMS–approved transplant centers and these transplants may have diagnosis restrictions. A complete listing of CMS–approved transplant centers can be found at www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/downloads/ApprovedTransplantPrograms.pdf*

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Blue Cross Blue Shield of Michigan

bcbsm.com/provider/ma

Medicare Plus Blue Group PPO

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

All Medicare Plus Blue PPO members have coverage for all transplant procedures that are covered by Original Medicare. Transplant procedures must be performed in facilities that are approved by Medicare for the relevant procedure.

Coverage for additional transplant services is provided to members under select Medicare Plus Blue Group PPO plans. Members aren't required to seek care only at Blue Distinction Centers for Transplant. Also, prior authorization for human organ transplants isn't required for covered transplant services.

These transplant procedures are included in the enhanced transplant benefit.

- Bone marrow and hematopoietic stem cell transplants when required for the following solid tumors.
 - Allogeneic (from a donor) transplants for:
 - o Osteopetrosis
 - o Renal cell CA
 - o Primary amyloidosis
 - Autologous (from the patient) transplants for:
 - o Renal cell CA
 - o Germ cell tumors of ovary, testis, mediastinum, retroperitoneum
 - o Neuroblastoma (stage III or IV)
 - o Primitive neuroectodermal tumors
 - o Ewing's sarcoma
 - o Medulloblastoma
 - o Wilms' tumor
 - o Primary amyloidosis
 - o Rhabdomyosarcoma
- A second bone marrow transplant for multiple myeloma after a failed first bone marrow transplant.

This list is periodically updated in consultation with BCBSM medical policy and will be published as they change.

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 non-covered transplants, the member's prescription drug plan is responsible for immunosuppressive drugs and other transplant-related prescription drugs.

Note: the BCBSM Human Organ Transplant Program is no longer involved in the administration of Medicare Plus Blue PPO transplant services effective June 1, 2013. Providers should contact BCBSM's Provider Inquiry at 1-866-309-1719.

Conditions for payment

The table below specifies payment conditions for specified organ transplants:

Conditions for payment	
Eligible provider	Does not 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/provider/ma 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 balance bill the member for the difference between the allowed amount and the charge.

Member cost-sharing

- Medicare Plus Blue Group PPO providers should collect the applicable cost-sharing from the member at the time of the service when possible. The member's cost sharing is determined by the group. Cost-sharing refers to a flat-dollar copayment, a percentage coinsurance or a deductible. You can only collect the appropriate Medicare Plus Blue Group PPO 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 the noncovered service.

For detailed information about a Medicare Plus Blue Group PPO member's benefits and cost-share, providers may verify member benefits via web-DENIS or call CAREN at 1-866-309-1719.

Billing instructions – providers

1. Bill services on the CMS 1500 (8/05) 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 BCBS plan.
6. Use electronic billing:
 - Michigan providers
 - A copy of the ANSI ASC X12N 837 and 835 Institutional Health Care Claim and Health Care Claim Payment/Advice (BCBSM Electronic Data Interchange (EDI) Institutional 837/835 Companion Document) is available at: bcbsm.com/pdf/837_835_institutional_companion.pdf
 - A copy of the BCBSM EDI Professional 837/835 Companion Document is available at: bcbsm.com/pdf/systems_resources_prof_837_835.pdf
 - Providers outside of Michigan should contact their local BCBS plan.

Billing instructions – members

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.

1. The member must submit a receipt with this information:
 - Member's name and contract number
 - Medication name
 - Date of service

- Dosage amount
- National drug code
- Cost of each drug

2. Send receipts to:

Blue Cross Blue Shield
Mail Code X510
600 E. Lafayette
Detroit, MI 48226-2998

Additional billing information

- Transplantation facilities are encouraged to refer Medicare Plus Blue Group PPO members to the BCBSM 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 information can be found in the member's *Evidence of Coverage and Summary of Benefits* booklets.