Human organ transplant services

Applies to:

☐ BCN Advantage Individual ☐ BCN Advantage Group ☒ Both

BCN Advantage HMO℠
BCN Advantage HMO-POS℠

Blue Care Network of Michigan

Medicare and more

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 lifesaving, while tissue transplants are categorized as life-enhancing. BCN Advantage members don'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
- Kidney
- Corneal transplant
- 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 www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/Transplant** under the Downloads section.

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 Myelodysplastic Syndrome conditions may only be available as part of an approved prospective Medicare clinical trial.

Medicare Part B covers corneal transplants under some conditions. Stem cell and corneal 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
- Infusion of stem cells

Under National Coverage Determination 110.23 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

Allogeneic stem cell transplants for:

- Multiple myeloma

Effective January 1, 2021, MA organizations are no longer responsible for organ acquisition costs for kidney transplants for MA beneficiaries, and such costs will be excluded from MA benchmarks and covered under the FFS program instead. CMS is implementing these payment provisions through the Advance Notice. Programs of All-Inclusive Care for the Elderly (PACE) organizations will continue to cover organ acquisition costs for kidney transplants, and CMS will continue to include the costs for kidney acquisitions in PACE payment rates, per the 2021 Medicare Advantage and Part D Advance Notice Part II Fact Sheet | CMS.**

BCN Advantage enhanced benefit

BCN Advantage is a Medicare Advantage plan that 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 BCN Advantage to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

All BCN Advantage members have coverage for all transplant procedures that are covered by Original Medicare. Original Medicare facility requirements apply to all organ transplant procedures.

**Blue Care Network doesn't own or control this website.

Conditions for payment

The table below specifies payment conditions for human organ transplant procedures.

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

Reimbursement

To find BCN Advantage plan's maximum payment amount for human organ transplant services, visit our provider portal, Availity Essentials. Within Secure Provider Resources, click on BCN Fee Schedules under the *Fee Schedules* tab and follow the instructions. The provider will be paid the lesser of this 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

- BCN Advantage 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 BCN Advantage cost sharing amounts from the member.
- If the member elects to receive a service that's not covered, 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 or 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 our provider portal or call 1-800-344-8525.

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 BCN Advantage 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. 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 in the provider online tools section at bcbsm.com/providers/help/edi/.
    b. **Providers outside of Michigan**: Members of BCN Advantage HMO-POS plans have a point-of-service benefit offered through the nationwide network of Blue Plan providers through the Blue Cross and Blue Shield Association. Providers outside Michigan who participate with Blue plans can provide preauthorized routine and follow-up care as necessary. Contact your local Blue plan for billing instructions.

Coverage outside Michigan for members of BCN Advantage HMO plans is limited to medical emergencies, urgently needed services and renal dialysis unless BCN Advantage has approved the out-of-network services, which members must request in advance.

Revision history

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