Transplants, Organ
MPM 20.6

Disclaimer
Refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in these criteria.

Description
For medical purposes, transplant generally refers to the transfer of an organ, tissue or cells from a donor to a recipient. A transplant center, as defined by the United Network of Organ Sharing (UNOS), is a hospital that performs transplants, and may have one or more transplant programs overseeing transplantation of one or more organ types. The transplant center evaluates candidates on a case-by-case basis. Criteria may differ from one facility to the next. PHP reviews and applies transplant specific criteria as it relates to the transplant.

This medical policy refers to organ transplants only.
- See MPM 20.3 for Transplants, Bone Marrow and Peripheral Stem Cell
- See MPM 3.2 for Autologous Chondrocyte Implantation (Carticel)
- See MPM 13.3 for Meniscal Allograft Transplant

Coverage Determination and Clinical Indications
Prior Authorization is required. Logon to Pres Online to submit a request: https://ds.phs.org/preslogin/index.jsp

All transplant requests must be reviewed by the Medical Director.

The Presbyterian Medical Policy for this procedure has been retired. Presbyterian now uses Optum Guidelines and Transplant program.

Approval Signatures:
Clinical Quality Committee: ___Norman White MD_____

Medical Director: ___Pedro Cardona MD_____

Date: September 28, 2016
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Publication History:
02-22-06: Original effective date, PHP ICR 20.3 “Transplants”
08-22-07: Annual Review and Revision
09-24-08: Transition to Medical Policy, “Transplants” divided into 2 separate policies. Annual review and revision.
10-28-09: Annual review and revision
12-01-10: Annual review and revision
01-29-14: Presbyterian Policy Retired
01-29-14: Presbyterian now uses MCG ) Criteria # S-535, S-1015,and S-795
03-25-15: Presbyterian change from using MCG criteria to Optum guidelines and transplant program.

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available on the Internet at:
http://www.phs.org/phs/healthplans/providers/healthservices/Medical/index.htm