

## IHCP revises policy regarding certain transplant procedures

Effective April 10, 2020, the Indiana Health Coverage Programs (IHCP) will be using guidelines from the United Network for Organ Sharing (UNOS) as the qualifying criteria for transplant procedures.

The IHCP covers the transplants listed in this bulletin when the appropriate medical documentation is submitted with the prior authorization (PA) request. For PA details, refer to nationally recognized care guidelines, including the [Organ Procurement and Transplantation Network Policies](#) published by the UNOS. In addition, specific policies for certain procedures are listed in this bulletin.

### Lung transplant

The IHCP covers three components of lung transplantation with PA:

- Harvesting of the lung – Includes cold preservation.
- Backbench work – Consists of preparation of cadaver donor lung or lungs prior to transplantation, including dissection of the lung from tissue around it and preparation of the pulmonary venous/atrial cuff, pulmonary artery, and bronchus bilaterally.
- Recipient transplantation – Includes transplanting a single lung or both lungs into the patient.



The medical documentation submitted with the PA request must include a diagnosis for the appropriate associated medical condition.

### Heart transplant

The IHCP covers the following three components of heart transplantation with PA:

- Cadaver donor cardiectomy – Consists of harvesting and cold preservation of the graft prior to transport.
- Backbench work – Consists of dissection of the donor heart from surrounding soft tissue prior to transplantation and preparation of aorta, superior vena cava, inferior vena cava, pulmonary artery, and left atrium for transplantation.
- Recipient transplantation – Includes transplanting the heart into the patient.

PA requires medical documentation of at least one of the medical conditions as determined appropriate by the UNOS policies. The medical documentation submitted with the PA request must include a diagnosis for the appropriate associated medical condition.

The following documentation must be maintained in the member's medical record:

- Complete blood count (CBC), urine analysis (UA), and comprehensive metabolic panel (CMP)
- Chest x-ray, posteroanterior view

- Urine drug screen within 90 days prior to submission of the request for members over 18 years of age or based on physician discretion
- Appropriate screening for colon cancer, if the member is over 40 years of age
- Human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV), syphilis, and cytomegalovirus (CMV) serologies
- Results of electrocardiogram (EKG), multiple gate acquisition (MUGA) scan, heart catheterization(s), or electrophysiology (EP) studies
- Results of arterial blood gases (ABGs) and pulmonary function tests if member was (or is) a smoker or has a history of lung disease (forced expiratory volume [FEV] less than 60% of normal and forced vital capacity [FVC] less than 50% of normal may be a contraindication to transplant.)
- Dental evaluation with treatment of any significant dental disease



### **Heart/lung transplant**

The IHCP covers the following three components of heart/lung transplantation with PA:

- Cadaver donor cardiectomy with pneumonectomy – Consists of harvesting and cold preservation of the graft prior to transport.
- Backbench work – Includes dissection of the tissue around the heart and lungs and preparation of aorta, superior vena cava, inferior vena cava, and trachea for transplantation.
- Recipient transplantation - Includes transplanting the heart/lungs into the patient.

The medical documentation submitted with the PA request must include a diagnosis for the appropriate associated medical condition.

The IHCP requires documentation for heart/lung transplantation to meet the same criteria required for both heart and lung transplantation.

### **Liver (hepatic) transplant**

The IHCP covers the following three components of liver transplantation with PA:

- Cadaver or living donor hepatectomy – Consists of harvesting and cold preservation of the graft prior to transplantation as well as care of the donor, in the case of living donor hepatectomy.
- Backbench work – Consists of preparation of donor liver prior to transplantation, including the following:
  - Preparation of whole liver graft, including dissection and removal of surrounding tissue and soft tissue
  - Preparation of the vena cava, portal vein, hepatic artery, and common bile duct
  - Preparation of the whole liver with splitting of the liver for partial grafts (Additional reconstruction of the liver graft including venous and arterial anastomoses may also be performed.)
- Recipient transplantation – Includes transplanting the liver into the patient and care of the recipient.

The medical documentation submitted with the PA request must include a diagnosis for the appropriate associated medical condition.

The following documentation must be maintained in the member's medical record:

- CBC, UA, and CMP
- EKG
- Chest x-ray, posteroanterior view
- Urine drug screen within 90 days prior to submission of the request for members over 18 years of age or based on physician discretion
- Appropriate screening for colon cancer if the member is over 50 years of age
- Thallium stress test results or suitable alternative per a cardiologist, if the member has a history of significant cardiac risk factors
- HIV, HBV, HCV, syphilis, and CMV serologies
- Results of ABGs and pulmonary function tests if member was (or is) a smoker or has a history of lung disease (FEV less than 60% of normal and FVC less than 50% of normal may be a contraindication to transplant.)
- Dental evaluation with treatment of any significant dental disease



### **Kidney (renal) transplant**

The IHCP covers the following three components of kidney (renal) transplantation with PA:

- Cadaver or living donor nephrectomy – Consists of harvesting and cold preservation of the graft prior to transplantation and care of the donor.
- Backbench work – Consists of preparation of the donor kidney prior to transplantation. This includes removal of perinephretic fat, diaphragmatic and retroperitoneal attachments, excision of adrenal gland; and preparation of ureters, renal veins, renal arteries, and ligating branches, as necessary. Other reconstruction procedures may involve venous, arterial, or ureteral anastomoses necessary for the transplant
- Recipient transplantation – Includes transplanting the kidney into the patient.

PA requires medical documentation of all medical conditions as determined appropriate by the UNOS policies. The medical documentation submitted with the PA request must include a diagnosis for the appropriate associated medical condition.

The following documentation must be maintained in the member's medical record:

- CBC, UA, and CMP
- EKG
- Chest x-ray, posteroanterior view
- Computerized tomography (CT) scans or nuclear scan results when appropriate for the workup
- Urine drug screen within 90 days prior to submission of the request for members over 18 years of age or based on physician discretion
- Appropriate screening for colon cancer, for members over 50 years of age

- Thallium stress test results, or suitable alternative per a cardiologist, for members with history of significant cardiac risk factors
- HIV, HBV, HCV, syphilis, and CMV serologies
- Dental evaluation with treatment of any significant dental disease
- Results of ABGs and pulmonary function tests if member was (or is) a smoker or has a history of lung disease (FEV less than 60% of normal and FVC less than 50% of normal may be a contraindication to transplant.)



### **Pancreatic transplant**

The IHCP covers the three different components of pancreatic transplants with PA:

- Cadaver pancreatectomy – Consists of harvesting and cold preservation of the graft prior to transplantation.
- Backbench work – Consists of preparation of the donor pancreas prior to transplantation. This includes preparation of the pancreas by dissecting the soft tissues surrounding the pancreas, splenectomy, duodenotomy, ligation of the bile duct, ligation of the mesenteric vessels, and Y-graft arterial anastomosis from the iliac artery to the superior mesenteric artery and to the splenic artery. Venous anastomosis(es) may also be included in reconstruction of the donor pancreas.
- Recipient transplantation – Includes transplanting the pancreas into the patient.

PA requires medical documentation of at least one of the medical conditions as determined appropriate by the UNOS policies. The medical documentation submitted with the PA request must include a diagnosis for the appropriate associated medical condition.

The following documentation must be maintained in the member's medical record:

- CBC, UA, and CMP
- EKG
- HIV, HBV, HCV, syphilis, and CMV serologies
- Chest x-ray, posteroanterior and lateral views
- CT scans or nuclear scan results when appropriate for the workup
- Urine drug screen within 90 days prior to submission of the request for members over 18 years of age or based on physician discretion
- Appropriate screening for colon cancer, results for members over 50 years of age
- Thallium stress test results, or suitable alternative per a cardiologist, for members with history of significant cardiac risk factors
- Results of ABGs and pulmonary function tests if member was (or is) a smoker or has a history of lung disease (FEV less than 60% of normal and FVC less than 50% of normal may be a contraindication to transplant.)
- Dental evaluation with treatment of existing caries

### Islet cell transplant

The IHCP covers islet cell transplantation with PA when medically necessary as an adjunct to a total or near total pancreatectomy in patients with chronic pancreatitis.

The following documentation must be maintained in the member's medical record:

- HIV, HBV, HCV, syphilis, and CMV serologies
- Urine drug screen within 90 days prior to submission of the request for members over 18 years of age or based on physician discretion



### Intestinal (or small bowel) transplant

The IHCP covers the following three components of intestinal (or small bowel) transplantation with PA:

- Cadaver or living donor enterectomy – Consists of harvesting and cold preservation of the graft prior to transplantation and care of the donor.
- Backbench work – Consists of preparation of donor intestine prior to transplantation, including:
  - Mobilizing and developing the superior mesenteric artery and vein
  - Any additional reconstruction of graft, including venous and arterial anastomoses, prior to transplantation
- Recipient transplantation – Includes transplanting the intestine into the patient.

The IHCP considers intestinal transplant medically necessary with PA for members with irreversible intestinal failure who can no longer be maintained on total parenteral nutrition (TPN). Clinical indications of TPN failure include those determined appropriate by the UNOS policies. The medical documentation submitted with the PA request must include a diagnosis for the appropriate associated medical condition.

The following documentation must be maintained in the member's medical record:

- Chemistries, including CBC, CMP, UA, and creatinine clearance (if creatinine is greater than 2.0)
- Lipid and hepatic function panels
- HIV, HBV, HCV, syphilis, and CMV serologies
- Urine drug screen within 90 days prior to submission of the request for members over 18 years of age or based on physician discretion
- Recent EKG and chest x-ray, posteroanterior view
- Psychosocial evaluation, performed at the transplant center
- Dental evaluation with treatment of any significant dental disease

**QUESTIONS?**

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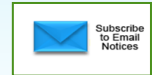
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