

02-50300-01

Original Effective Date: 01/01/01

Reviewed: 08/24/23

Revised: 09/15/23

## Subject: Kidney Transplant

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

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### DESCRIPTION:

Kidney transplant, a treatment option for end-stage renal disease, involves the surgical removal of a kidney from a cadaver, a living-related donor, or a living-unrelated donor and transplantation into the recipient.

### POSITION STATEMENT:

#### Certificate of Medical Necessity

Submit a completed Certificate of Medical Necessity (CMN) along with your request to expedite the medical review process.

1. Click the link Solid Organ Transplant under Certificates of Medical Necessity in the side navigation of this page to access the form.
2. Complete all fields on the form thoroughly.
3. Print and submit a copy of the form with your request.

Note: Florida Blue regularly updates CMNs. Ensure you are using the most current copy of a CMN before submitting to Florida Blue.

Kidney transplant with either a living or cadaver donor **meets the definition of medical necessity** for candidates with a physician-confirmed diagnosis of end-stage renal disease.

Kidney re-transplant after a failed primary kidney transplant **meets the definition of medical necessity** in individuals who meet criteria for kidney transplantation.

Kidney transplant is considered **experimental or investigational** in all other situations.

Potential contraindications to kidney transplant (subject to the judgment of the transplant center) include:

- Known current malignancy, including metastatic cancer
- Recent malignancy with high risk of recurrence
- History of cancer with a moderate risk of recurrence
- Systemic disease that could be exacerbated by immunosuppression
- Untreated systemic infection making immunosuppression unsafe, including chronic infection
- Other irreversible end-stage disease not attributed to kidney failure
- Psychosocial conditions or chemical dependency affecting ability to adhere to therapy

## BILLING/CODING INFORMATION:

### CPT Coding:

50300	Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral
50320	Donor nephrectomy (including cold preservation); open, from living donor
50323	Backbench standard preparation of cadaver donor renal allograft prior to transplantation, including dissection and removal of perinephric fat, diaphragmatic and retroperitoneal attachments, excision of adrenal gland, and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary
50325	Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary
50327	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous <u>anastomosis</u> , each
50328	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each
50329	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each
50340	Recipient nephrectomy (separate procedure)
50360	Renal allo-transplantation; implantation of graft; without recipient nephrectomy
50365	With recipient nephrectomy
50547	Donor nephrectomy (including cold preservation), from living donor

## REIMBURSEMENT INFORMATION:

None.

## PROGRAM EXCEPTIONS:

**Federal Employee Program (FEP):** Follow FEP guidelines.

**State Account Organization (SAO):** Follow SAO guidelines.

**Medicare Advantage products:** No National Coverage Determination (NCD) and/or Local Coverage Determination (LCD) were found at the time of the last guideline reviewed date.

If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if based on medical necessity. The process for requesting a protocol exemption can be found at [Coverage Protocol Exemption Request](#)

## DEFINITIONS:

**Anastomosis:** a connection between two vessels or organs.

**ESRD:** end stage renal disease.

## RELATED GUIDELINES:

[Allogeneic Pancreas Transplant, 02-40000-17](#)

[Liver Transplant and Combined Liver-Kidney Transplant, 02-40000-20](#)

## OTHER:

**Florida Statute 765.523 Discrimination in access to anatomical gifts and organ transplants prohibited. (excerpt)**

(3)(d) "Organ transplant" means the transplantation or transfusion of a part of a human body into the body of another individual for the purpose of treating or curing a medical condition.

**Florida Statute 627.64197 Coverage for organ transplants.**—A health insurance policy issued, delivered, or renewed on or after July 1, 2020, in this state by an insurer which provides coverage for organ transplants on an expense-incurred basis may not deny coverage for an organ transplant solely on the basis of an insured's disability. This section may not be construed to require such insurer to provide coverage for an organ transplant that is not medically necessary. For purposes of this section, the term "organ transplant" has the same meaning as in s. 765.523.

**Florida Statute 627.65736 Coverage for organ transplants.**—A group health insurance policy delivered, issued, or renewed on or after July 1, 2020, in this state by an insurer or nonprofit health care services plan which provides coverage for organ transplants on an expense-incurred basis may not deny coverage for an organ transplant solely on the basis of an insured's disability. This section may not be construed to require such insurer or nonprofit health care service plan to provide coverage for an organ transplant that is not medically necessary. For purposes of this section, the term "organ transplant" has the same meaning as in s. 765.523.

**Florida Statute 641.31075 Coverage for organ transplants.**—A health maintenance contract issued or renewed on or after July 1, 2020, in this state by a health maintenance organization which provides coverage for organ transplants may not deny coverage for an organ transplant solely on the basis of a subscriber's disability. This section may not be construed to require such health maintenance

organization to provide coverage for an organ transplant that is not medically necessary. For purposes of this section, the term "organ transplant" has the same meaning as in s. 765.523.

## REFERENCES:

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### COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 08/24/23.

### GUIDELINE UPDATE INFORMATION:

01/01/01	Medical Coverage Guideline reformatted.
12/15/02	Reviewed and revised; statement added regarding transplant facilities.
11/15/04	Scheduled review; added statement regarding transplants in HIV+ recipients.
01/01/05	HCPCS coding update: added new renal transplant codes; revised descriptors for 50300, 50320, and 50360.
06/15/05	Revision of guideline, consisting of removal of investigational statement regarding HIV-positive recipients.
06/15/06	Scheduled review; no change in coverage statement.
06/15/07	Scheduled review (consensus); no change in coverage statement; reformatted guideline; updated references.
07/15/08	Scheduled review; no change in position statement. Updated references.
07/15/09	Scheduled review; no change in position statement. Updated references.
10/15/10	Revision; related ICD-10 codes added.

04/01/12	Revision; updated ICD10 coding with new and revised codes.
05/11/14	Revision: Program Exceptions section updated.
08/15/14	Scheduled review. Revised description, position statement and program exceptions section. Updated references.
12/15/19	Scheduled review. Revised MCG title and description. Revised position statement (added creatinine levels; deleted criteria for candidates with HIV). Updated references.
02/15/20	Revision: Deleted (informational) statements regarding creatinine levels.
03/15/20	Revision: Added "physician-confirmed" for diagnosis of ESRD.
07/01/20	Revision: added Florida statute language regarding discrimination in access to anatomical gifts and coverage of organ transplants. Updated references.
09/15/21	Scheduled review. Maintained position statement and updated references.
05/25/23	Update to Program Exceptions section.
09/15/23	Scheduled review. Maintained position statement and updated references.