

## Transplant Services

### Benefit Coverage

Hospital and professional services are covered in connection with the following human organ, bone marrow/stem cell transplants when: 1) the recipient is a member; 2) the procedure is medically necessary and not experimental or investigational for specific diagnosis or condition; 3) is pre-authorized by Blue Shield Medical Care Solutions Transplant Team and; 4) is performed at a Blue Shield approved Major Organ/Bone Marrow Transplant Facility:

- Bone Marrow
- Stem Cell
- Cord Blood
- Kidney and Pancreas (for kidney only see below)
- Heart
- Heart/Lung
- Lung
- Liver
- Small Bowel
- Multi Organ Transplants

The IPA/medical group is responsible for medical necessity review of and authorization for the following transplants:

- Cornea
- Kidney
- Skin

No special centers are required as long as a Blue Shield of California contracted facility is used, and, for kidney transplants, the facility is Medicare-certified.

Services to obtaining the transplanted material from a living donor or an organ transplant bank will be covered.

## Transplant Services

### Copayment

See the member's *Evidence of Coverage (EOC)* and *Summary of Benefits and Coverage* for member copayments for:

*Physician-Outpatient*

*Physician-Inpatient*

*Inpatient Hospital Services*

*Outpatient Hospital Services*

### Benefit Exclusions

All transplants of organs other than the human organs listed above are excluded. All transplants that are not medically necessary or are considered experimental/investigational are excluded. Donor costs for a member when the recipient is a non-member are excluded.

### Benefit Limitations

Organ transplant services and organ procurement services are only covered when the recipient is a Blue Shield HMO Member.

Major organ/bone marrow transplant services must be performed at Blue Shield Major Organ/Bone Marrow Transplant Facility.

Hematopoietic Cell Transplantation, including Autologous Stem Cell Transplantation, Allogeneic Stem Cell Transplantation, or Cord Blood Transplantation used to support high-dose chemotherapy, are covered when such treatment is medically necessary and is not experimental or investigational.

### Exceptions

None

## Transplant Services

### Examples of Covered Services

Human organ transplant services for:

- Bone Marrow
- Stem Cell
- Cord Blood
- Kidney and Pancreas (for kidney only see below)
- Heart
- Heart/Lung
- Lung
- Small Bowel
- Liver
- Multi Organ Transplants
- Cornea
- Kidney
- Skin Organ Transplant

### Examples of Non-Covered Services

- Transplants determined not to be medically necessary or considered to be experimental/investigational for a specific diagnosis

## Transplant Services

### References

*Evidence of Coverage*

*IFP Evidence of Coverage and Health Service Agreement*

*Blue Shield Medical Policy*

*Blue Shield HMO IPA/Medical Group Procedures Manual*