

Effective: September 1, 2023

<p>Prior Authorization Required If <u>REQUIRED</u>, submit supporting clinical documentation pertinent to service request to the FAX numbers below.</p>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<p>Notification Required IF <u>REQUIRED</u>, concurrent review may apply</p>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Applies to:

Commercial Products

- Harvard Pilgrim Health Care Commercial products; 800-232-0816
- Tufts Health Plan Commercial products; 617-972-9409
CareLinkSM – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization

Public Plans Products

- Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); 888-415-9055
- Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; 888-415-9055
- Tufts Health RITogether – A Rhode Island Medicaid Plan; 857-304-6404
- Tufts Health Unify* – OneCare Plan (a dual-eligible product); 857-304-6304
*The MNG applies to Tufts Health Unify members unless a less restrictive LCD or NCD exists.

Senior Products

- Harvard Pilgrim Health Care Stride Medicare Advantage; 866-874-0857
- Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product); 617-673-0965
- Tufts Medicare Preferred HMO, (a Medicare Advantage product); 617-673-0965
- Tufts Medicare Preferred PPO, (a Medicare Advantage product); 617-673-0965

Note: While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained and/or Point32Health has received proper notification. If notification is required, providers may additionally be required to provide updated clinical information to qualify for continued service.

Overview

Liver transplantation or hepatic transplantation is the replacement of a diseased liver with a healthy liver or split organ from a living or cadaveric donor.

To initiate the prior authorization process, it is necessary to complete and submit the [Liver Transplant Request for Coverage Form](#).

Clinical Guideline Coverage Criteria

The Plan may authorize coverage of a liver transplantation for Members who have satisfactory psychosocial and support systems in place and **ONE** of the following:

1. Acute liver failure from any cause; **or**
2. Decompensated chronic liver disease leading to liver failure due to portal hypertension as manifested by **ONE** of the following:
 - a. Variceal hemorrhage; **or**
 - b. Recurrent ascites; **or**

- c. Recurrent encephalopathy; **or**
 - d. Hepatorenal syndrome; **or**
3. Hepatocellular carcinoma when no lesion > 5 cm OR no more than 3 lesions the largest < 3 cm or when exceeding these parameters, and the transplant center believes the benefit of transplant outweighs the risk of post- transplant recurrence

Note: Members with polycystic liver disease and massive hepatomegaly associated with obstruction or impaired function may be appropriate for liver transplant when alternative interventions have failed.

Limitations

The Plan will not authorize the coverage of a liver transplant for Members with **ONE** of the following:

1. Active or uncontrolled alcohol use disorder or substance use disorder (Evidence for alcohol abstinence may vary among liver transplant programs, but generally a minimum of 3 months is required)
2. Any unresolved psychosocial concerns or history of noncompliance with medical management
3. Extrahepatic malignancy within the past 5 years (excluding superficial skin cancers) or those not meeting oncologic criteria for cure
4. Hepatic malignancy not meeting indication criteria above
5. Hepatocellular carcinoma that has extended beyond the liver
6. Intrahepatic cholangiocarcinoma
7. Members with human immunodeficiency virus (HIV) disease unless **ALL** of the following are met:
 - a. Pre-transplant evaluation by an infectious disease specialist with expertise in HIV and transplantation as well as confirmation of plans for continued follow-up after transplantation with an infectious disease specialist of same expertise
 - b. CD4 count greater than 200 cells/mm³ during 3 months prior to transplantation
 - c. Undetectable HIV-1 ribonucleic acid (RNA)
 - d. Stable anti-retroviral therapy for > three months
 - e. Absence of serious complications associated with or secondary to HIV disease (e.g., opportunistic infection, including aspergillus, tuberculosis, coccidioidomycosis, resistant fungal infections, Kaposi's sarcoma, and/or other neoplasm)
8. Neuroendocrine tumors metastatic to the liver
9. Uncontrolled sepsis
10. Untreated/unstable cardiopulmonary disease

Note: Smoking has been strongly correlated to adverse health and surgical outcomes. There is evidence to show that smoking, both by donors and by recipients, has a major impact on outcomes after organ transplantation. Smoking cessation is strongly recommended for both donors and recipients prior to transplantation.

Codes

The following code(s) require prior authorization:

Table 1: CPT/HCPCS Codes

Code	Description
47135	Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age
47140	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)
47141	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)
47142	Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)
47143	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; without trisegment or lobe split
47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with trisegment split of whole liver graft into 2 partial liver grafts (i.e., left lateral segment [segments II and III] and right trisegment (segments I and IV through VIII))

Code	Description
47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with lobe split of whole liver graft into two partial liver grafts (i.e., left lobe (segments II, III, and IV) and right lobe (segments I and V through VIII))
47146	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each
47147	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each

References:

1. Liver transplantation in adults: Patient selection and pretransplantation evaluation: UpToDate.com/login [via subscription only]. Published Mar 26, 2021. Updated July 2021. Accessed August 19, 2021.
2. Martin P, DiMartini A, Feng S, Brown R Jr, Fallon M. Evaluation for liver transplantation in adults: 2013 practice guideline by the American Association for the Study of Liver Diseases and the American Society of Transplantation. *Hepatology*. 2014 Mar;59(3):1144-65. doi: 10.1002/hep.26972. PMID: 24716201.
3. European Association for the Study of the Liver. Electronic address: easloffice@easloffice.eu. EASL Clinical Practice Guidelines: Liver transplantation. *J Hepatol*. 2016;64(2):433-485. doi:10.1016/j.jhep.2015.10.006.
4. Blumberg EA, Rogers CC; American Society of Transplantation Infectious Diseases Community of Practice. Solid organ transplantation in the HIV-infected patient: Guidelines from the American Society of Transplantation Infectious Diseases Community of Practice. *Clin Transplant*. 2019;33(9):e13499. doi:10.1111/ctr.13499.

Approval And Revision History

October 21, 2020: Reviewed by IMPAC, renewed without changes

Subsequent endorsement date(s) and changes made:

- November 17, 2021: Reviewed by IMPAC for integration purposes between Harvard Pilgrim Health Care and Tufts Health Plan; under the “Limitations” section changed “CD4 count >200 cells/μL” to “CD4 count >200 cells/μL during 3 months prior to transplantation”; under “Limitations” added hepatocellular carcinoma that has extended beyond the liver, intrahepatic cholangiocarcinoma and neuroendocrine tumors metastatic to the liver
- February 1, 2022: Template updated
- September 12, 2022: Reference updated
- December 1, 2022: Reviewed by MPAC, renewed without changes
- March 15, 2023: Reviewed by MPAC, limitations updated to remove smoking cessation; revised language for drug or substance abuse “Active drug, substance or alcohol abuse or dependency within the past 6 months, or unlikely to remain sober post-transplant” to “Active or uncontrolled alcohol use disorder or substance use disorder (Evidence for alcohol abstinence may vary among liver transplant programs, but generally a minimum of 3 months is required)” Effective September 1, 2023

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member’s benefit document, and in coordination with the Member’s physician(s) on a case-by-case basis considering the individual Member’s health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member’s benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members

under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.