

## Transplant Facility Payment Policy

Applies to the following Tufts Health Plan products:

- Tufts Health Plan Commercial (including Tufts Health Freedom Plan)
- Tufts Medicare Preferred HMO
- Tufts Health Plan Senior Care Options (SCO) products

Applies to the following Tufts Health Public Plans products:

- Tufts Health Direct – Health Connector
- Tufts Health Together – A MassHealth MCO Plan and Accountable Care Partnership Plans
- Tufts Health Unify – OneCare Plan
- Tufts Health RITogether – A RI Medicaid Plan

---

The following payment policy applies to Tufts Health Plan contracting inpatient transplant facilities.

In addition to the specific information contained in this policy, providers must adhere to the information outlined in the [Professional Services and Facilities Payment Policy](#).

**Note:** Audit and disclaimer information is located at the end of this document.

### **POLICY**

Tufts Health Plan covers medically necessary organ and stem cells transplants, as described below.

### **GENERAL BENEFIT INFORMATION**

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider [website](#) or by contacting [Provider Services](#).

**Note:** There is no member responsibility for Tufts Health Plan SCO, Tufts Health Unify, Tufts Health Together or Tufts Health RITogether members.

When the recipient is a member, the following services related to the procurement of the organ or stem cells from the donor are covered, but only to the extent that such services are not covered by any other plan of health benefits or health care coverage:

- Evaluation and preparation of the donor
- Surgical intervention and recovery services when those services relate directly to donating the organ or stem cells to the member

### **Commercial and Tufts Health Public Plans**

Tufts Health Plan does not routinely provide coverage for donor services under the following circumstances:

- Members who donate organs or stem cells to nonmembers
- Potential donors who do not become the ultimate donor

### **Senior Products<sup>1</sup> and Tufts Health Unify**

Per Medicare requirements, all heart, heart-lung, liver, intestinal/multivisceral, kidney and pancreas transplants must be performed at a Medicare-approved facility. The transplant work-up evaluation must also be performed in a Medicare-approved transplant facility.

To determine if a facility is Medicare-approved to perform a particular service, refer to the following CMS information:

---

<sup>1</sup> Tufts Medicare Preferred HMO and Tufts Health Plan SCO products.

- [Lung volume reduction surgery \(LVRS\), bariatric surgery, carotid artery stenting \(CAS\) with embolic protection, and ventricular assist device \(VAD\) as destination therapy](#)
- [Heart, heart-lung, lung, liver, and intestinal transplants](#)
- [Kidney and pancreas transplants](#)

Not all in-network providers who perform these services are Medicare-approved. Tufts Health Plan does not routinely compensate for services rendered at a non-Medicare-approved facility and contracted providers cannot hold the member liable for these services. Refer to the approved facilities lists for [Tufts Medicare Preferred HMO](#) and [Tufts Health Plan SCO](#) for additional information.

## **REFERRAL/AUTHORIZATION/NOTIFICATION REQUIREMENTS**

Certain procedures, items and/or services may require referral and/or prior authorization (including requests for services performed by out of network providers) with the Tufts Health Plan Precertification Operations Department. Requirements for authorization include timely notification and submission of all required documentation. While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you must confirm that prior authorization has been obtained.

### **Commercial and Tufts Health Public Plans**

Prior authorization is required for transplants, including stem cells, by the Tufts Health Plan Inpatient Management Department (617.972.9409). Refer to the appropriate [medical necessity guidelines](#) for additional information.

**Note:** Prior authorization is not required for corneal transplants.

### **Senior Products**

Tufts Medicare Preferred HMO and Tufts Health Plan SCO members require a referral for transplants. The group-specific Tufts Medicare Preferred HMO care manager or delegated care manager may help facilitate the referral.

### **All Products**

Inpatient notification is required prior to services being rendered, except for urgent or emergency care. Elective admissions require notification to Tufts Health Plan both when the transplant has been scheduled and when the member is admitted for the procedure. Urgent admissions require inpatient notification at the time of admission.

Admitting practitioners and facilities are responsible for notifying Tufts Health Plan, following the procedures outlined in the [Commercial, Senior Products, and Tufts Health Public Plans Provider Manuals](#) and in accordance with the following time frames:

- Elective admissions must be reported no later than five business days prior to admission
- Urgent or emergency admissions must be reported by 5 p.m. the next business day following admission.

## **BILLING INSTRUCTIONS**

Unless otherwise stated, Tufts Health Plan follows AMA coding guidelines. Refer to current industry standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers and their usage. For more information, refer to the [Professional Services and Facilities Payment Policy](#).

Submit revenue code 0811 (organ acquisition, live donor) or 0812 (organ acquisition, cadaver donor) for all solid organ transplants.

For procedure codes related to stem cell transplants, refer to the appropriate [medical necessity guidelines](#).

## **COMPENSATION/REIMBURSEMENT INFORMATION**

Providers are compensated according to the applicable contracted rates, regardless of the address where the service is rendered. For additional information, refer to the [Professional Services and Facilities Payment Policy](#).

### **Commercial**

Refer to the [DRG Inpatient Facility Payment Policy](#) or the [Non-DRG Inpatient Facility Payment Policy](#) for additional information, including compensation, late charges and billing instructions.

### **Tufts Health Public Plans**

Refer to the [DRG Inpatient Facility Payment Policy](#) or the [Non-DRG Inpatient Facility Payment Policy](#) for additional information, including compensation, late charges and billing instructions.

### **Senior Products and Tufts Health Unify**

Tufts Health Plan currently uses the Medicare DRG as established by CMS to assign a DRG to an inpatient claim.

If a member terminates with Tufts Medicare Preferred HMO, Tufts Health Plan SCO or Tufts Health Unify while receiving inpatient services, Tufts Health Plan is responsible for the entire admission until the patient is discharged.

### **ADDITIONAL RESOURCES**

- [DRG Inpatient Facility Payment Policy](#) (Commercial products)
- [DRG Inpatient Facility Payment Policy](#) (Tufts Health Public Plans products)
- [Medical Necessity Guidelines for transplants](#) (Commercial products)
- [Medical Necessity Guidelines for transplants](#) (Tufts Health Public Plans products)
- [Non-DRG Inpatient Facility Payment Policy](#) (Commercial products)
- [Non-DRG Inpatient Facility Payment Policy](#) (Tufts Health Public Plans products)

### **DOCUMENT HISTORY**

- August 2019: Reviewed by committee; added Tufts Medicare Preferred HMO, Tufts Health Plan SCO, and Tufts Health Public Plans content
- June 2018: Template updates
- April 2017: Policy reviewed by committee; updated elective and urgent/emergency transplant notification process
- January 2017: Template updates
- September 2015: Template conversion, template updates
- December 2014: Policy reviewed, template updates
- April 2014: Added information regarding Tufts Health Plan SCO, template updates
- September 2013: Template conversion, template updates
- May 2013: Added information regarding the submission of late charges effective for claims adjudicated on or after July 1, 2013, template updates
- April 2012: Template updates.
- March 2012: Updated CareLink disclaimer language
- October 2011: Policy reviewed, added circumstances in which donor services are not covered and information regarding procurement, clarified authorization and DRG information, template updates
- January 2010: Removed references to the Tufts Medicare Preferred PPO product
- April 2009: Moved Tufts Medicare Preferred information to its own document
- February 2008: Revised general benefit information with self-service channels information

### **AUDIT AND DISCLAIMER INFORMATION**

Tufts Health Plan reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, Tufts Health Plan will expect your office/facility to refund all payments related to non-compliance. For more information about Tufts Health Plan's [audit policies](#), refer to our website.

This policy provides information on Tufts Health Plan claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the Tufts Health Plan products, as identified in the checkboxes on the first page, and to CareLink<sup>SM</sup> for providers in Massachusetts and Rhode Island service areas. Providers in the New Hampshire service area are subject to Cigna's provider agreements with respect to CareLink members. This policy does not apply to the Private Health Care Systems (PHCS) network (also known as Multiplan). Tufts Health Plan reserves the right to amend a payment policy at its discretion.