Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options
Transplant Facility Payment Policy

The following payment policy applies to Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options (SCO) contracted inpatient transplant facilities.

In addition to the specific information contained here, providers must adhere to the policy information outlined in the professional payment policies for Commercial and Tufts Medicare Preferred HMO/Tufts Health Plan SCO products, located in the Provider Resource Center or on the Payment Policies page.

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

POLICY
Tufts Medicare Preferred HMO and Tufts Health Plan SCO cover medically necessary organ and stem cells transplants according to the policies outlined 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 our secure Provider website or by contacting Provider Relations.

Note: There is no member responsibility for Tufts Health Plan SCO members.

When the transplant 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 of 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

There is a long-standing Medicare requirement that all heart, heart, lung, liver, intestinal, kidney, and pancreas transplants be performed at a Medicare-approved facility. Tufts Health Plan will not pay for services rendered at a non-Medicare-approved facility. Contracted providers cannot hold the member liable for these services. Refer to the Tufts Medicare Preferred HMO Medicare-Approved Facilities for additional information.

AUTHORIZATION REQUIREMENTS
Tufts Medicare Preferred HMO members require a PCP/group referral and approval. They do not require prior authorization from case management.

The prior authorization comes from the Tufts Medicare Preferred HMO Medical Group. Therefore the group-specific Tufts Medicare Preferred HMO Care Manager (CM) or the Delegated Care Manager (DCM) may help facilitate the referral, but they do not have the ability to authorize the procedure.

All inpatient admissions require notification prior to services being rendered. The admitting physician or facility should preregister the patient at the time of admission.

BILLING INSTRUCTIONS

<table>
<thead>
<tr>
<th>Revenue Code</th>
<th>Service Description</th>
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<tbody>
<tr>
<td>0811</td>
<td>Organ acquisition; live donor</td>
</tr>
<tr>
<td>0812</td>
<td>Organ acquisition; cadaver donor</td>
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COMPENSATION/REIMBURSEMENT INFORMATION

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 while receiving inpatient services, Tufts Health Plan is responsible for the entire admission until the patient is discharged.
DOmument History

- January 2017: Template updates
- September 2015: Template conversion
- April 2014: Added information regarding Tufts Health Plan Senior Care Options, template updates
- May 2013: Template updates
- October 2011: Policy reviewed; information added regarding procurement; clarified authorization requirements and DRG information
- January 2010: Removed references to the Tufts Medicare Preferred PPO product
- April 2009: Moved Tufts Medicare Preferred information to its own document

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 Medicare Preferred HMO and Tufts Health Plan Senior Care Options claims adjudication processing guidelines. As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction 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 guidelines when applicable, adherence to plan policies and procedures and claims editing logic.