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1.0 Description of the Procedure, Product, or Service

Kidney (renal) transplantation is a surgical procedure to implant a healthy kidney into a beneficiary with kidney disease or kidney failure. Sources for donated kidneys include living donors (may be a blood relative or an unrelated donor) or from a donor that has recently died, but has not suffered kidney injury (cadaver donor). However, a kidney from a living donor is preferable to a cadaver organ because the waiting period is dramatically shorter and because the organ can be tested before transplant, usually function immediately after transplant, and last longer. Blood-group matched (ABO compatible) living-donor kidney transplantation is the gold standard.

A kidney (renal) transplant is usually placed on one side or the other in the lower abdomen through an incision that is about eight or nine inches in length. The kidney's artery is connected to one of the beneficiary's pelvic arteries. The kidney's vein is connected to one of the veins in the beneficiary's pelvis. The ureter, the tube that drains urine from the kidney, is connected to the bladder or to one of the beneficiary's own ureters.

1.1 Definitions

None Apply.

2.0 Eligibility Requirements

2.1 Provisions

2.1.1 General

(The term "General" found throughout this policy applies to all Medicaid and NCHC policies)

- a. An eligible beneficiary shall be enrolled in either:
 1. the NC Medicaid Program (*Medicaid is NC Medicaid program, unless context clearly indicates otherwise*); or
 2. the NC Health Choice (*NCHC is NC Health Choice program, unless context clearly indicates otherwise*) Program on the date of service and shall meet the criteria in **Section 3.0 of this policy**.
- b. Provider(s) shall verify each Medicaid or NCHC beneficiary's eligibility each time a service is rendered.
- c. The Medicaid beneficiary may have service restrictions due to their eligibility category that would make them ineligible for this service.
- d. Following is only one of the eligibility and other requirements for participation in the NCHC Program under GS 108A-70.21(a): Children must be between the ages of 6 through 18.

2.1.2 Specific

(The term “Specific” found throughout this policy only applies to this policy)

- a. **Medicaid**
None Apply.
- b. **NCHC**
None Apply.

2.2 Special Provisions

2.2.1 EPSDT Special Provision: Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age

a. 42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act]

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid beneficiary under 21 years of age **if** the service is **medically necessary health care** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination (includes any evaluation by a physician or other licensed practitioner).

This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his or her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the beneficiary’s physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the beneficiary’s right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product or procedure:

1. that is unsafe, ineffective, or experimental or investigational.
2. that is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, location of service, and other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider’s documentation shows that the requested service is medically necessary “to correct or ameliorate a defect, physical or mental illness, or a condition” [health problem]; that is, provider documentation shows how the service, product, or procedure meets all EPSDT criteria, including to correct or improve or maintain the beneficiary’s health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

b. EPSDT and Prior Approval Requirements

1. If the service, product, or procedure requires prior approval, the fact that the beneficiary is under 21 years of age does **NOT** eliminate the requirement for prior approval.
2. **IMPORTANT ADDITIONAL INFORMATION** about EPSDT and prior approval is found in the *NCTracks Provider Claims and Billing Assistance Guide*, and on the EPSDT provider page. The Web addresses are specified below.

NCTracks Provider Claims and Billing Assistance Guide:

<https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html>

EPSDT provider page: <http://www.ncdhhs.gov/dma/epsdt/>

2.2.2 EPSDT does not apply to NCHC beneficiaries

2.2.3 Health Choice Special Provision for a Health Choice Beneficiary age 6 through 18 years of age

The Division of Medical Assistance (DMA) shall deny the claim for coverage for an NCHC beneficiary who does not meet the criteria within **Section 3.0** of this policy. Only services included under the NCHC State Plan and the DMA clinical coverage policies, service definitions, or billing codes are covered for an NCHC beneficiary.

3.0 When the Procedure, Product, or Service Is Covered

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.

3.1 General Criteria Covered

Medicaid and NCHC shall cover the procedure, product, or service related to this policy when medically necessary, and:

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the beneficiary's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide; and
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the beneficiary, the beneficiary's caretaker, or the provider.

3.2 Specific Criteria Covered

3.2.1 Specific criteria covered by both Medicaid and NCHC

- a. Medicaid and NCHC shall cover kidney transplantation for a beneficiary when medically necessary and all of the following criteria are met:
 1. The beneficiary has any of the following conditions which cause end stage renal disease (inadequate kidney function to support life):
 - A. Obstructive uropathy;
 - B. Systemic lupus erythematosus;
 - C. Polyarteritis;

- D. Wegener's granulomatosis;
- E. Cortical necrosis;
- F. Henoch-Schonlein purpura;
- G. Hemolytic uremic syndrome;
- H. Acute tubular necrosis;
- I. Hypertensive nephrosclerosis;
- J. Renal artery or vein occlusion;
- K. Chronic pyelonephritis;
- L. IGA nephropathy;
- M. Anti-glomerular base-membrane disease;
- N. Focal glomerulosclerosis;
- O. Analgesic nephropathy;
- P. Heavy metal poisoning;
- Q. Glomerulonephritis;
- R. Polycystic kidney disease;
- S. Medullary cystic disease;
- T. Nephritis;
- U. Nephrocalcinosis;
- V. Gout nephritis;
- W. Amyloid disease;
- X. Fabry's disease;
- Y. Cystinosis;
- Z. Oxalosis;
- AA. Diabetes mellitus;
- BB. Horseshoe kidney;
- CC. Renal aplasia or hypoplasia;
- DD. Wilm's tumor;
- EE. Renal-cell carcinoma;
- FF. Myeloma;
- GG. Tuberosus sclerosis;
- HH. Trauma requiring nephrectomy;
 - II. Scleroderma;
 - JJ. Sickle Cell disease;
- KK. Cholesterol emboli syndrome;
- LL. Urolithiasis;
- MM. Asymptomatic human immunodeficiency virus (HIV)-positive beneficiaries who meet the following criteria:
 - i. Cluster Differentiation 4 (CD4) count greater than 200 cells/mm-3 for more than 6 months;
 - ii. HIV-1 Ribonucleic acid (RNA) undetectable;
 - iii. On stable anti-retroviral therapy more than 3 months;
 - iv. No other complications from AIDS (e.g., opportunistic infection, including aspergillus, tuberculosis, coccidioides mycosis, resistant fungal infections, Kaposi's sarcoma, or other neoplasm); and
 - v. Meets all the other criteria for transplantation.
- b. The beneficiary meets the eligibility criteria for the transplant center performing the procedure; and
- c. The beneficiary and caregiver are willing and capable of following the post transplant treatment plan.

NOTE: A beneficiary who is prior approved for living donor, may also be considered eligible for cadaveric donor if donor availability changes.

3.2.2 Medicaid Additional Criteria Covered

None Apply.

3.2.3 NCHC Additional Criteria Covered

None Apply.

4.0 When the Procedure, Product, or Service Is Not Covered

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.

4.1 General Criteria Not Covered

Medicaid and NCHC shall not cover the procedure, product, or service related to this policy when:

- a. the beneficiary does not meet the eligibility requirements listed in **Section 2.0**;
- b. the beneficiary does not meet the criteria listed in **Section 3.0**;
- c. the procedure, product, or service duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental, investigational, or part of a clinical trial.

4.2 Specific Criteria Not Covered

4.2.1 Specific Criteria Not Covered by both Medicaid and NCHC

Medicaid and NCHC do not cover kidney transplantation for a beneficiary who has any one of the contraindications listed below:

- a. Clinical indications other than listed in **Subsection 3.2**;
- b. Active drug or alcohol use;
- c. Active tobacco use;
- d. Active, potentially life-threatening, malignancy;
- e. Active infection;
- f. Active vasculitis;
- g. Untreated or irreversible end-stage illnesses;
- h. Inability to comply with post-transplant regimen;
- i. Organs sold rather than donated to a beneficiary; or
- j. Artificial organs or human organ transplant service for which the cost is covered or funded by governmental, foundation, or charitable grants.

4.2.2 Medicaid Additional Criteria Not Covered

None Apply.

4.2.3 NCHC Additional Criteria Not Covered

- a. NCGS § 108A-70.21(b) "Except as otherwise provided for eligibility, fees, deductibles, copayments, and other cost sharing charges, health benefits coverage provided to children eligible under the Program shall be equivalent to coverage provided for dependents under North Carolina Medicaid Program except for the following:

1. No services for long-term care.
2. No nonemergency medical transportation.
3. No EPSDT.
4. Dental services shall be provided on a restricted basis in accordance with criteria adopted by the Department to implement this subsection.”

5.0 Requirements for and Limitations on Coverage

Note: Refer to Subsection 2.2.2 regarding EPSDT Exception to Policy Limitations for Medicaid Beneficiaries under 21 Years of Age.

5.1 Prior Approval

Prior approval is not required for cadaveric kidney transplantation per 10A NCAC 220.0101.

Prior approval is required for living donor kidney transplantation.

Only those Medicaid and NCHC beneficiaries accepted for transplantation by a transplantation center and eligible for transplant listing shall be considered for review. Guidelines must be followed for transplant network or consortiums, if available.

5.2 Prior Approval Requirements

5.2.1 General

The provider(s) shall submit to the Department of Health and Human Services (DHHS) Utilization Review Contractor the following:

- a. the prior approval request; and
- b. all health records and any other records that support the beneficiary has met the specific criteria in **Subsection 3.2** of this policy.

5.2.2 Specific

None Apply.

5.3 Additional Limitations or Requirements

None Apply.

6.0 Provider(s) Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for the procedure, product, or service related to this policy, the provider(s) shall:

- a. meet Medicaid or NCHC qualifications for participation;
- b. have a current and signed Department of Health and Human Services (DHHS) Provider Administrative Participation Agreement; and
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

6.1 Provider Qualifications and Occupational Licensing Entity Regulations

None Apply.

6.2 Provider Certifications

None Apply.

7.0 Additional Requirements

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.

7.1 Compliance

Provider(s) shall comply with the following in effect at the time the service is rendered:

- a. All applicable agreements, federal, state and local laws and regulations including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements; and
- b. All DMA's clinical (medical) coverage policies, guidelines, policies, provider manuals, implementation updates, and bulletins published by the Centers for Medicare and Medicaid Services (CMS), DHHS, DHHS division(s) or fiscal contractor(s).

FDA approved procedures, products, and devices for implantation must be utilized for kidney (renal) transplantation.

Implants, products, and devices must be used in accordance with all FDA requirements current at the time of surgery.

A statement signed by the surgeon certifying all FDA requirements for the implants, products, and devices must be retained in the beneficiary's medical record and made available for review upon request.

8.0 Policy Implementation/Revision Information

Original Effective Date: July 1, 1987

Revision Information:

Date	Section Revised	Change
07/01/2005	Entire Policy	Policy was updated to include coverage criteria effective with approved date of State Plan amendment 4/1/05.
09/01/2005	Section 2.2	The special provision related to EPSDT was revised.
12/01/2005	Section 2.2	The web address for DMA's EDPST policy instructions was added to this section.
12/01/2006	Sections 2.2	The special provision related to EPSDT was revised.
12/01/2006	Sections 3.0	A note regarding EPSDT was added to this section.
12/01/2006	Section 3.1	The coverage criterion was revised to indicate that the creatinine clearance rate of 30ml/min is applicable to patients with cadaveric/deceased donor requests and a creatinine rate of 20ml/min is applicable to patients with living donor requests. The creatinine clearance calculation method was revised to indicate that the Cockcroft-Gault formula is used for adults and the Schwartz and Counahan-Barratt Methods GFR method is used for children and adolescents up to 18 years of age. Items 34, 35, and 36 were added as criteria for coverage.
12/01/2006	Section 3.2	The stipulation that living donor donations are only covered when the donor is a Medicaid beneficiary was deleted.
12/01/2006	Section 3.2.1	This section was reformatted to address cadaveric/deceased organ donations
12/01/2006	Section 3.2.2	This section was added to address living organ donations.
12/01/2006	Sections 4.0	A note regarding EPSDT was added to this section.
12/01/2006	Section 4.3	This section was added to address contraindications for living organ donations.
12/01/2006	Attachment A	Billing instructions for living organ donations and cadaveric/deceased organ donations were added.
05/01/2007	Sections 2 through 4	EPSDT information was revised to clarify exceptions to policy limitations for beneficiaries under 21 years of age.
05/01/2007	Attachment A	Added the UB-04 as an accepted claims form.
07/01/2010	Throughout	Session Law 2009-451, Section 10.31(a) Transition of NC Health Choice Program administrative oversight from the State Health Plan to the Division of Medical Assistance (DMA) in the NC Department of Health and Human Services.
12/01/2011	Throughout	NCHC policy developed comparable to DMA Clinical Coverage Policy 11B-4
12/01/2011	Throughout	Policy was updated to include coverage criteria and requirements to meet current community standards of

Date	Section Revised	Change
		practice.
12/01/2011	Section 5.1	Policy updated to reflect compliance with 10A NCAC 220.0101 exempting kidney transplant from prior approval requirement
12/01/2011	Attachment A, Section I	Policy updated to reflect compliance with 10A NCAC 220.0101 exempting kidney transplant from prior approval requirement
03/01/2012	Throughout	Technical changes to merge Medicaid and NCHC current coverage into one policy.
10/01/2015	All Sections and Attachments	Updated policy template language and added ICD-10 codes to comply with federally mandated 10/1/2015 implementation where applicable.

Attachment A: Claims-Related Information

Provider(s) shall comply with the, NCTracks Provider Claims and Billing Assistance Guide, Medicaid bulletins, fee schedules, DMA's clinical coverage policies and any other relevant documents for specific coverage and reimbursement for Medicaid and NCHC:

A. Claim Type

Professional (CMS-1500/837P transaction)

B. International Classification of Diseases, Tenth Revisions, Clinical Modification (ICD-10-CM) and Procedural Coding System (PCS)

Provider(s) shall report the ICD-10-CM and Procedural Coding System (PCS) to the highest level of specificity that supports medical necessity. Provider(s) shall use the current ICD-10 edition and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for code description, as it is no longer documented in the policy.

C. Code(s)

Provider(s) shall report the most specific billing code that accurately and completely describes the procedure, product or service provided. Provider(s) shall use the Current Procedural Terminology (CPT), Health Care Procedure Coding System (HCPCS), and UB-04 Data Specifications Manual (for a complete listing of valid revenue codes) and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for the code description, as it is no longer documented in the policy.

If no such specific CPT or HCPCS code exists, then the provider(s) shall report the procedure, product or service using the appropriate unlisted procedure or service code.

CPT Code(s)
50300
50320
50340
50360
50365
50370
50380
50547

Unlisted Procedure or Service

CPT: The provider(s) shall refer to and comply with the Instructions for Use of the CPT Codebook, Unlisted Procedure or Service, and Special Report as documented in the current CPT in effect at the time of service.

HCPCS: The provider(s) shall refer to and comply with the Instructions For Use of HCPCS National Level II codes, Unlisted Procedure or Service and Special Report as documented in the current HCPCS edition in effect at the time of service.

D. Modifiers

Provider(s) shall follow applicable modifier guidelines.

E. Billing Units

Provider(s) shall report the appropriate code(s) used which determines the billing unit(s).

F. Place of Service

Acute inpatient hospital.

G. Co-payments

For Medicaid refer to Medicaid State Plan, Attachment 4.18-A, page 1, located at <http://www.ncdhhs.gov/dma/plan/sp.pdf>.

For NCHC refer to G.S. 108A-70.21(d), located at http://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter_108A/GS_108A-70.21.html

H. Reimbursement

Providers shall bill their usual and customary charges.

For a schedule of rates, see: <http://www.ncdhhs.gov/dma/fee/>

I. Billing for Donor Expenses

1. Billing for Donor Expenses for Medicaid Beneficiaries

Donor transplant-related medical expenses are billed on the Medicaid beneficiary's transplant claim using the beneficiary's Medicaid identification number.

Medicaid reimburses only for the actual donor's transplant-related medical expenses. Medicaid does not reimburse for unsuccessful donor searches.

2. Billing for Donor Expenses for NCHC Beneficiaries

Donor transplant-related medical expenses donors are billed on the NCHC beneficiary's transplant claim.

NCHC reimburses only for the actual donor's transplant-related medical expenses. NCHC does not reimburse for unsuccessful donor searches.

3. Cadaveric/Deceased Organ Donations

Donor expenses (procuring, harvesting, and associated surgical and laboratory costs) for cadaveric/deceased organ donations are covered for a kidney transplant.

4. Living Organ Donations

Donor expenses (procuring, harvesting, and associated surgical and laboratory costs) for living organ donations are covered for a kidney transplant. Medicaid and NCHC cover reimbursement only for the approved donor.