

# Medical Policy

Healthcare Services Department

<p>Policy Name</p> <p>Kidney Transplant</p>	<p>Policy Number</p> <p>MP-KT-FP-09-23</p>	<p>Scope</p> <p><input type="checkbox"/> MMM MA    <input type="checkbox"/> MMM Multihealth</p>										
<p>Service Category</p> <table border="0"> <tr> <td><input type="checkbox"/> Anesthesia</td> <td><input type="checkbox"/> Medicine Services and Procedures</td> </tr> <tr> <td><input type="checkbox"/> Surgery</td> <td><input type="checkbox"/> Evaluation and Management Services</td> </tr> <tr> <td><input type="checkbox"/> Radiology Procedures</td> <td><input type="checkbox"/> DME/Prosthetics or Supplies</td> </tr> <tr> <td><input type="checkbox"/> Pathology and Laboratory Procedures</td> <td><input checked="" type="checkbox"/> <u>Other Transplant</u></td> </tr> <tr> <td></td> <td><u>Kidney Transplant</u></td> </tr> </table>			<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Medicine Services and Procedures	<input type="checkbox"/> Surgery	<input type="checkbox"/> Evaluation and Management Services	<input type="checkbox"/> Radiology Procedures	<input type="checkbox"/> DME/Prosthetics or Supplies	<input type="checkbox"/> Pathology and Laboratory Procedures	<input checked="" type="checkbox"/> <u>Other Transplant</u>		<u>Kidney Transplant</u>
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## Service Description

This document addresses kidney transplantation, involving the removal of the kidney from a *deceased or living donor* with the implantation into a single recipient.

Approximately 37 million Americans were reported to have chronic kidney disease (CKD) and most are undiagnosed, 40% of people with severely reduced kidney function (not on dialysis) are not aware of having CKD. Every 24 hours, 360 people begin dialysis treatment for kidney failure. Kidney diseases are a leading cause of death in the United States. In the United States, diabetes and high blood pressure are the leading causes of kidney failure, accounting for **3 out of 4 new cases** (CDC, 2022).

A kidney may be transplanted from a deceased or a living donor. In deceased donor transplantation, most commonly one kidney is transplanted. In some cases, depending on the donor's size or level of kidney function, both kidneys may be transplanted.

Potential kidney donors are carefully screened to make sure they're a match. This helps prevent complications. In a living donor transplant, one kidney is transplanted from an individual who:

- Is in good overall health
- Has been rigorously tested to ensure he or she can function with the other kidney
- Has given consent after being informed of the possible risks of living donation

In general, candidates should have:

- End-stage renal failure and be on dialysis.
- Late-stage chronic kidney disease, approaching the need for dialysis.
- A life expectancy of at least five years.
- A full understanding of postoperative instructions and care.

See enclosed specific criteria for transplantation.

Please note that all services described in this policy require prior authorization.

- Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.
- Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.
- Providers must submit all required and requested documentation for case evaluation and determination.
- The plan may request additional documentation and information not received and or provided initially related to condition and diagnosis for case evaluation and determination.
- Any additional documentation submitted specifying medical necessity criteria and considered important for case evaluation and determination will be reviewed by Clinical Team utilizing guidelines and regulation criteria.
- **MCG Guidelines utilized for criteria review and reference.**

- **Guideline utilized for case determination will be furnished upon request.**

## Medical Necessity Guidelines

Members must meet the clinical indications as well as the general individual selection criteria for the transplantation to be considered medically necessary.

### Not Medically Necessary:

Kidney transplantation for conditions other than end stage renal disease is considered **not medically necessary**.

### Medically Necessary:

Kidney transplantation from a deceased or a living donor is considered **medically necessary** for selected individuals with **end stage renal disease\***. The clinical indications leading to end stage renal disease include, but are not limited to, **one** of the conditions listed below.

Kidney diagnosis categories	Kidney diagnoses
Glomerular Diseases	Anti-GBM  Chronic Glomerulonephritis: Unspecified Chronic Glomerulosclerosis: Unspecified Focal Glomerularsclerosis Idio/Post-Inf Crescentic Glomerulonephritis IGA Nephropathy Hemolytic Uremic Syndrome Membranous Glomerulonephritis Mesangiocapillary 1 Glomerulonephritis Mesangiocapillary 2 Glomerulonephritis Systemic Lupus Erythematosus Alport's Syndrome Amyloidosis Membranous Nephropathy Goodpasture's Syndrome Henoch-Schoenlein Purpura Sickle Cell Anemia Wegener's Granulomatosis
Diabetes	Diabetes: Type I Insulin Dependent/Juvenile Onset Diabetes: Type II Insulin Dependent/Adult Onset Diabetes: Type I Non-insulin Dependent/Juvenile Onset Diabetes: Type II Non-insulin Dependent/Adult Onset
Polycystic Kidneys	Polycystic Kidneys
Hypertensive Nephrosclerosis	Hypertensive Nephrosclerosis
	Chronic Nephrosclerosis: Unspecified

Renovascular and Other Vascular Diseases	<p>Malignant Hypertension</p> <p>Polyarteritis</p> <p>Progressive Systemic Sclerosis</p> <p>Renal Artery Thrombosis</p> <p>Scleroderma</p>
Congenital, Rare Familial, and Metabolic Disorders	<p>Congenital Obstructive Uropathy</p> <p>Cystinosis</p> <p>Fabry's Disease</p> <p>Hypoplasia/Dysplasia/Dysgenesis/Agenesis</p> <p>Medullary Cystic Disease</p> <p>Nephrophthisis</p> <p>Prune Belly Syndrome</p>
Tubular and Interstitial Diseases	<p>Acquired Obstructive Nephropathy</p> <p>Analgesic Nephropathy</p> <p>Antibiotic-induced Nephritis</p> <p>Cancer Chemotherapy-Induced Nephritis</p> <p>Chronic Pyelonephritis/Reflex Nephropathy</p> <p>Gout</p> <p>Nephritis</p> <p>Nephrolithiasis</p> <p>Oxalate Nephropathy</p> <p>Radiation Nephritis</p> <p>Acute Tubular Necrosis</p> <p>Cortical Necrosis</p> <p>Cyclosporin Nephrotoxicity</p> <p>Heroin Nephrotoxicity</p> <p>Sarcoidosis</p> <p>Urolithiasis</p>
Neoplasms	<p>Incidental Carcinoma</p> <p>Lymphoma</p> <p>Myeloma</p> <p>Renal Cell Carcinoma</p> <p>Wilms' Tumor</p>
Retransplant/Graft Failure	Retransplant/Graft Failure
Other	<p>Other Rheumatoid Arthritis</p> <p>Other Familial Nephropathy</p>

**General Individual Selection Criteria**

In addition to having one of the clinical indications above, the member must not have a contraindication as defined by the American Society of Transplantation in Guidelines for the Referral and Management of Patients Eligible for Solid Organ Transplantation (2001) listed below.\*

**Absolute Contraindications- for Transplant *Recipients*** include, but are not limited to, the following:

- A. Metastatic cancer
- B. Ongoing or recurring infections that are not effectively treated
- C. Serious cardiac or other ongoing insufficiencies that create an inability to tolerate transplant surgery
- D. Serious conditions that are unlikely to be improved by transplantation as life expectancy can be finitely measured
- E. Demonstrated patient noncompliance, which places the organ at risk by not adhering to medical recommendations
- F. Potential complications from immunosuppressive medications are unacceptable to the patient
- G. Acquired immune deficiency syndrome (AIDS) (diagnosis based on Centers for Disease Control and Prevention [CDC] definition of CD4 count, 200cells/mm<sup>3</sup>) unless the following are noted:
  1. CD4 count greater than 200cells/mm<sup>3</sup> for greater than 6 months
  2. HIV-1 RNA undetectable
  3. On stable anti-retroviral therapy greater than 3 months
  4. No other complications from AIDS (for example, opportunistic infection, including aspergillus, tuberculosis, coccidioidomycosis, resistant fungal infections, Kaposi's sarcoma or other neoplasm)
  5. Meeting all other criteria for kidney transplantation

## Limits or Restrictions

### Not Medically Necessary:

Kidney transplantation for conditions other than end stage renal disease is considered **not medically necessary**.

Medicare cover different items and services related to kidney transplants. Medicare covers these services if they're done by the Medicare-certified hospital.

## Reference Information

Center for Disease Control and Prevention

Chronic Kidney Disease Basics

Link: <https://www.cdc.gov/kidneydisease/basics.html>

Centers for Medicare & Medicaid Services (CMS)

Medicare Benefit Policy Manual Chapter 11 ESRD

Link: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS012673>

Guidelines for the referral and management of patients eligible for solid organ transplantation

Link:

[https://journals.lww.com/transplantjournal/fulltext/2001/05150/guidelines\\_for\\_the\\_referral\\_and\\_management\\_of.1.aspx](https://journals.lww.com/transplantjournal/fulltext/2001/05150/guidelines_for_the_referral_and_management_of.1.aspx)

Medicare Coverage Database (MCD)

Link: <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx>

MCG 27<sup>th</sup> Edition Renal Transplant

Organ Procurement & Transplantation Network (OPTN)

Link: <https://optn.transplant.hrsa.gov/>

Steinman T, Becker BN, Frost AE, et al. Guidelines for the referral and management of patients eligible for solid organ transplantation. *Transplantation*. 2001; 71(9):1189-1204.

## Policy History

Date	Version	Comments
12/07/2023	Draft	New Medical Policy
12/15/2023	Final	Approved by Medical Policy Committee