

MEDICAL REVIEW GUIDELINE

Transplant Guideline and Review Process



Adopted by Medical Care Management Committee on June 15, 2021
MCMC Approval Date: October 16, 2025

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This Medical Review Guideline (Guideline) is provided for informational purposes only and does not constitute medical advice. It is intended solely for the use of Community Health Choice, Inc. (Community) clinical staff as a guideline for use in determining medical necessity of requested procedures and therapy. This Guideline does not specifically address eligibility or benefit coverage. Other Policies and Coverage Determination Guidelines may apply. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements and the plan benefit coverage prior to use of this Medical Review Guideline. If there is a discrepancy between this Guideline and a member's benefit plan, summary plan description or contract, the benefit plan, summary plan description or contract will govern. Community reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

APPLIES TO

- STAR
- Health Insurance Marketplace
- STAR+PLUS
- CHIP/CHIP-P
- Medicare Advantage (i.e. D-SNP)

PURPOSE

The purpose of this Guideline is to provide criteria for prior authorization review of transplant evaluations and organ transplant requests for treatment of irreparable end organ failure.

This Guideline is intended to facilitate the utilization management process by providing an overview of how Community appropriately determines medical necessity. The goal of Community in adopting this guideline is not to disrupt the physician-patient relationship nor to diminish physician autonomy. Instead, it is to promote patient safety and improved clinical outcomes through the adherence to evidence-based practices. Community has developed this Guideline via an ongoing process that includes a review of the most current evidence-based literature and input from clinical and program staff, and often from external clinical experts. Deeming a particular service or supply medically necessary does not guarantee that the service or supply is covered and will be paid by Community for a particular member.

GUIDELINE

All transplant requests other than corneal transplants require prior authorization. All solid organ and nonsolid organ transplant requests will be reviewed by the Medical Director or qualified clinical designee. If criteria are met after review of benefits and appropriate federal/state regulations, NCD and/or LCD guidelines if DSNP member, the appropriate evidence-based guidelines, and the health plan guidelines below, the request will be approved.

Members must meet the Organ Procurement & Transplantation Network (OPTN)/United Network Organ Sharing (UNOS) guidelines for pre-transplantation evaluation and listing criteria and the diagnosis must be made by an appropriate specialist and/or transplant surgeon.

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Requests for transplant or transplant-related services must have all required clinical criteria documentation submitted prior to approval. **This is required even if the member was previously approved with another MCO prior to becoming eligible with Community Health Choice or if the request is for an urgent transplant.**

PROCESS FOR REVIEW

Transplant evaluation

Transplant evaluation tests and related services (except doctor's office visit) will not be authorized unless the member has been evaluated by transplant doctors and determined to be a suitable candidate for additional testing.

The member must have medical necessity to start the transplant evaluation process:

1. For liver transplantation – for adult member with Model for End-Stage Liver Disease (MELD) ≥ 15 or MELD exception score.
2. For kidney transplantation – for adult member with pertinent labs or imaging studies that demonstrate organ dysfunction (ESRD or CKD with $GFR < 30$).
3. For heart transplant – for adult member with NYHA Class III or greater or on mechanical circulatory support for bridging to transplant.
4. For other transplantation evaluation (including pediatric) – records must demonstrate medical necessity, including a comprehensive history of presentation illness and performance status.

Tests or services that are not standard of care for transplant evaluations should be requested separately. These tests and services must meet specific medical necessity criteria (InterQual, or other established guideline criteria) to be approved.

Components of transplantation evaluation include

1. Medical evaluation (comprehensive medical history and physical examination, including risk-appropriate cardiopulmonary evaluation, social history) within one year.
2. Surgical evaluation (identify technical challenges, discuss donor options), for solid organ transplantation
3. Cardiac clearance (for cardiac risk factors are present (hyperlipidemia, hypertension, diabetes, heart disease, chronic smoker, etc.))
4. Dental assessment or oral exam showing good dentition or plan for treatment within the last 12 months
5. A Performance Status (Karnofsky or Eastern Cooperative Oncology Group)
6. Appropriate laboratory testing (ABO Rh blood typing, complete blood count with differential, liver biochemical and function tests, creatinine clearance, serum electrolytes, coagulation tests, HbA1C, urinalysis, serum or urine drug screen)
7. Appropriate imaging studies (EKG, chest x-ray, echocardiogram, cardiac stress test (for members age more than 40 years old or those younger than 40 years with risk factor for coronary artery disease), pulmonary function test, CT/MRI/PET)
8. Infection disease (HAV, HBV, HCV, EBV, VZV, HIV, CMV, MMR, RPR, Toxoplasma gondii IgG, TB screening, and additional screening in selected candidates)
9. Age and gender appropriate cancer screening (i.e. routine health screening exams as per standards of care such as mammogram, Pap smear, PSA, colonoscopy)

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10. Current body mass index (for member with body mass index > 35, documentation of participation in and compliance with an institutional weight loss program is required)
11. Psychiatric or psychological consultation and clearance (for history of substance abuse, psychiatric illness, behavior or adherence problem), if applicable.
12. Psychosocial evaluation and clearance within 12 months.

Note: Approved requests for transplant listings are effective for 12 months. After 12 months have passed, a new authorization with updated clinical documentation is required.

Transplantation

- The member has completed all the appropriate tests and services of transplant evaluation.
- The member meets institutional criteria (e.g., approval by medical review board).
- The member meets medical necessity for organ-specific transplantation criteria (InterQual, or other established guideline criteria).

Note: Approved requests for transplant listings are effective for 12 months. After 12 months have passed, a new authorization with updated clinical documentation is required

Post-transplantation Care

- The member meets medical necessity transplantation criteria.
- The member meets medical necessity for services requested after transplant (InterQual, or other established guideline criteria).

Contraindications to all transplant requests

Community considers transplantation of any solid or non-solid organ not medically necessary for members with any of the following absolute contraindications to transplantation when a member has:

- Active uncontrolled acute systemic infection
- Acquired immunodeficiency syndrome (AIDS) or HIV infection with a detectable viral load (>20 copies/mL)
- Active untreated or untreatable malignancy (excluding non-melanoma skin cancers)
- Uncorrectable life-limiting medical conditions
- Irreversible severe brain damage/limited cognitive ability
- Severe end stage organ damage that would have a significant impact on the member's survival
- Persistent noncompliance
- Lack of adequate social support system
- Lack of sufficient financial means to purchase post-transplant medications

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- Active alcohol dependency or substance abuse
Active alcohol dependency and/or substance abuse requires participation in a structured alcohol/substance abuse program with the regular meeting attendance and negative random drug testing. Active alcohol and substance abuse are defined as the consumption of alcohol in someone with a prior history of active alcohol dependency or the use of any illicit substance at any time in the six months prior to the request for transplant. Any exceptions must have a clearly documented reason why or be discussed via peer to peer with the requesting physician.
- Significant or daily cannabis/marijuana use
Members with significant or daily cannabis/marijuana use must participate in a structured substance use/abuse as defined by the transplant institutional policy.

EXCEPTIONS FOR LIVER TRANSPLANTS:

–Patient meets criteria for severe acute alcoholic hepatitis with documented failure of treatment and/or catastrophic decompensation where 6-months of abstinence is not realistic AND transplant center has an institutional protocol that requires, at a minimum:

–Appropriate patient and psychosocial support profile. Transplant center must have an institutional protocol to conduct psychosocial evaluation and proactively implement interventions to promote post-transplant success.

- Presence of close supportive social network
- Absence of severe coexisting diseases or severe psychiatric disorders
- Agreement by patient (with support of his/her social network) to post-transplant rehabilitation and monitoring, and to lifelong alcohol/cigarette abstinence

–Evaluation by addiction specialist indicating high likelihood of success of post-transplant rehabilitation and abstinence

–Approval by a medical review board that includes, in addition to the regular members, a psychiatrist, addiction specialist and an ethicist

–No special consideration for acute decompensation with illicit drug addiction and/or abuse – Inactive alcohol and/or substance abuse (alcohol, crystal meth, heroin, cocaine, methadone, and/or narcotics, etc.)

–Recreational or medicinal use of marijuana is not a contraindication.

EXCEPTIONS FOR OTHER SOLID ORGAN TRANSPLANTS:

–Catastrophic decompensation where 6-months of abstinence is not realistic AND transplant center has an institutional protocol that requires, at a minimum:

–Appropriate patient and psychosocial support profile. Transplant center must have an institutional protocol to conduct psychosocial evaluation and proactively implement interventions to promote post-transplant success.

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This Guideline is reviewed annually and is approved by the Medical Care Management Committee.

POLICY HISTORY (reviews and revisions)	Date	Approval Date
Policy developed	1/2021	1/2021
Archived policies: annually reviewed but policy history not recorded	--	--
Reviewed with no revision	09/2023	9/2023
Added line of business policy applies to; added transplant evaluation, transplantation, and transplant aftercare sections; update contraindication and references	09/2024	09/21/2024
Annual Review. Placed policy on MRG template. Added lack of financial resources to contraindications.	10/2025	10/16/2025