

Transplant Services

Benefit Coverage

Hospital and professional services are covered in connection with the following human organ, bone marrow/stem cell transplants when: 1) the recipient is a member; 2) the procedure is medically necessary and not experimental or investigational for specific diagnosis or condition; 3) is pre-authorized by Blue Shield Medical Care Solutions Transplant Team and; 4) is performed at a Blue Shield Major Organ/Bone Marrow Transplant Facility:

- Bone Marrow
- Stem Cell
- Cord Blood
- Kidney and Pancreas (for kidney only see below)
- Heart
- Heart/Lung
- Lung
- Liver
- Small Bowel with Liver
- Multi Organ Transplants

The IPA/medical group is responsible for medical necessity review of and authorization for these transplants: (no special centers are required as long as a Blue Shield of California contracted facility is used):

- Cornea
- Kidney
- Skin

Services incident to obtaining the transplanted material from a living donor or an organ transplant bank will be covered.

Transplant Services

Copayment

See the *Benefit Summary Member Copayment Matrix* for:

Physician-Outpatient

Physician-Inpatient

Inpatient Hospital Services

Outpatient Hospital Services

Benefit Exclusions

All transplants of organs other than the human organs listed above are excluded. All transplants that are not medically necessary or are considered experimental/investigational are excluded. Donor costs for a member when the recipient is a non-member are excluded.

Benefit Limitations

Organ transplant services and organ harvesting services are only covered when the recipient is a Blue Shield HMO Member.

Major organ/bone marrow transplant services must be performed at Blue Shield Major Organ/Bone Marrow Transplant Facility.

Human bone marrow transplants, including autologous bone marrow transplants (ABMT) or autologous peripheral stem cell transplantation used to support high-dose chemotherapy, are covered when such treatment is medically necessary and is not experimental or investigational.

Exceptions

None

Transplant Services

Examples of Covered Services

Human organ transplant services for:

- Bone Marrow
- Stem Cell
- Cord Blood
- Kidney and Pancreas (for kidney only see below)
- Heart
- Heart/Lung
- Small Bowel with Liver
- Multi Organ Transplants
- Cornea
- Kidney
- Skin Organ Transplant

Examples of Non-Covered Services

- Transplants determined not to be medically necessary or considered to be experimental/investigational for a specific diagnosis

Transplant Services

References

Evidence of Coverage

IFP Evidence of Coverage and Health Service Agreement

Medical Policy Guidelines

Blue Shield HMO IPA/Medical Group Procedures Manual