Medical Policy
Kidney Transplant

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Policy Number: 196
BCBSA Reference Number: 7.03.01
NCD/LCD: NA

Related Policies
- Allogeneic Pancreas Transplant, #615
- Intravenous Immunoglobulin, #310
- Plasma Exchange, #466

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity
Medicare HMO BlueSM and Medicare PPO BlueSM Members

Renal (kidney) transplantation may be MEDICALLY NECESSARY for patients with end-stage renal disease AND for those patients with no contraindications who are diagnosed with any of the following conditions, including but not limited to:
Diabetes mellitus
- Hypertensive nephrosclerosis
- Acute tubular necrosis Glomerulonephritis
- Lupus (SLE) Goodpasture's (Anti-glomerular base-membrane disease) Polyarteritis Wegener's granulomatosis Henoch-Schönlein purpura Hemolytic uremic syndrome
- IGA nephropathy
- Nephritis
- Focal glomerulosclerosis
- Cortical necrosis Analgesic nephropathy with medullary necrosis
- Heavy metal poisoning Medullary cystic disease
- Nephrocalcinosis
- Gout nephritis
- Amyloid disease
- Fabry's disease
- Cystinosis or Oxalosis
- Renal artery or vein occlusion
• Chronic pyelonephritis
• Obstructive uropathy Tuberous sclerosis
• Polycystic kidney disease
• Horseshoe kidney or Renal aplasia or hypoplasia
• Myeloma (no remission or in remission)
• Wilms’ tumor or Renal-cell carcinoma, or
• Trauma requiring nephrectomy injury to kidney.

Kidney retransplant after a failed primary kidney transplant may be **MEDICALLY NECESSARY**.

In addition to the above information, we do not cover kidney transplantation when any of the following conditions are present:

• Known current malignancy, including metastatic cancer
• Recent malignancy with high risk of recurrence
  o Note: the assessment of risk of recurrence for a previously treated malignancy is made by the
    transplant team; providers must submit a statement with an explanation of why the patient with a
    recently treated malignancy is an appropriate candidate for a transplant.
• History of cancer with a moderate risk of recurrence
• Systemic disease that could be exacerbated by immunosuppression
• Untreated systemic infection making immunosuppression unsafe, including chronic infection
• Other irreversible end-stage disease not attributed to kidney disease
• Psychosocial conditions or chemical dependency affecting ability to adhere to therapy.

HIV (human immunodeficiency virus) -positive patients, who meet the following criteria, as stated in the
2001 guidelines of the American Society of Transplantation, could be considered candidates for kidney
transplantation:

• CD4 count >200 cells per cubic millimeter for >6 months
• HIV-1 RNA undetectable
• On stable antiretroviral therapy >3 months
• No other complications from AIDS (acquired immune deficiency syndrome) (e.g., opportunistic
  infection, including aspergillus, tuberculosis, coccidiosis mycosis, resistant fungal infections, Kaposi’s
  sarcoma, or other neoplasm), AND
• Meeting all other criteria for transplantation.

Indications for renal transplant include a creatinine level of greater than 8 mg/dL, or greater than 6 mg/dL
in symptomatic diabetic patients. However, consideration for listing for renal transplant may start well
before the creatinine level reaches this point, based on the anticipated time that a patient may spend on
the waiting list.

Kidney transplant is **INVESTIGATIONAL** in all other situations.

**Prior Authorization Information**
Pre-service approval is required for all inpatient services for all products.
See below for situations where prior authorization may be required or may not be required for outpatient
services.
Yes indicates that prior authorization is required.
No indicates that prior authorization is not required.
N/A indicates that this service is primarily performed in an inpatient setting.

<table>
<thead>
<tr>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Managed Care (HMO and POS)</td>
</tr>
<tr>
<td>Commercial PPO and Indemnity</td>
</tr>
<tr>
<td>Medicare HMO BlueSM</td>
</tr>
<tr>
<td>Medicare PPO BlueSM</td>
</tr>
</tbody>
</table>
CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage 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.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The above medical necessity criteria MUST be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

### CPT Codes

<table>
<thead>
<tr>
<th>CPT codes:</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>50360</td>
<td>Renal allotransplantation, implantation of graft; without recipient nephrectomy</td>
</tr>
<tr>
<td>50365</td>
<td>Renal allotransplantation, implantation of graft; with recipient nephrectomy</td>
</tr>
</tbody>
</table>

### ICD-9 Procedure Codes

<table>
<thead>
<tr>
<th>ICD-9-CM procedure codes:</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00.91</td>
<td>Transplant from live related donor</td>
</tr>
<tr>
<td>00.92</td>
<td>Transplant from live non-related donor</td>
</tr>
<tr>
<td>00.93</td>
<td>Transplant from cadaver</td>
</tr>
<tr>
<td>55.51</td>
<td>Nephroureterectomy</td>
</tr>
<tr>
<td>55.54</td>
<td>Bilateral nephrectomy</td>
</tr>
<tr>
<td>55.69</td>
<td>Other kidney transplantation</td>
</tr>
</tbody>
</table>

### ICD-10 Procedure Codes

<table>
<thead>
<tr>
<th>ICD-10-PCS procedure codes:</th>
<th>Code Description</th>
</tr>
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<tbody>
<tr>
<td>0TT00ZZ</td>
<td>Resection of Right Kidney, Open Approach</td>
</tr>
<tr>
<td>0TT04ZZ</td>
<td>Resection of Right Kidney, Percutaneous Endoscopic Approach</td>
</tr>
<tr>
<td>0TT10ZZ</td>
<td>Resection of Left Kidney, Open Approach</td>
</tr>
<tr>
<td>0TT14ZZ</td>
<td>Resection of Left Kidney, Percutaneous Endoscopic Approach</td>
</tr>
<tr>
<td>0TT20ZZ</td>
<td>Resection of Bilateral Kidneys, Open Approach</td>
</tr>
<tr>
<td>0TT24ZZ</td>
<td>Resection of Bilateral Kidneys, Percutaneous Endoscopic Approach</td>
</tr>
<tr>
<td>0TT60ZZ</td>
<td>Resection of Right Ureter, Open Approach</td>
</tr>
<tr>
<td>0TT64ZZ</td>
<td>Resection of Right Ureter, Percutaneous Endoscopic Approach</td>
</tr>
<tr>
<td>0TT67ZZ</td>
<td>Resection of Right Ureter, Via Natural or Artificial Opening</td>
</tr>
<tr>
<td>0TT68ZZ</td>
<td>Resection of Right Ureter, Via Natural or Artificial Opening Endoscopic</td>
</tr>
<tr>
<td>0TT70ZZ</td>
<td>Resection of Left Ureter, Open Approach</td>
</tr>
<tr>
<td>0TT74ZZ</td>
<td>Resection of Left Ureter, Percutaneous Endoscopic Approach</td>
</tr>
<tr>
<td>0TT77ZZ</td>
<td>Resection of Left Ureter, Via Natural or Artificial Opening</td>
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<tr>
<td>0TT78ZZ</td>
<td>Resection of Left Ureter, Via Natural or Artificial Opening Endoscopic</td>
</tr>
<tr>
<td>0TY00Z0</td>
<td>Transplantation of Right Kidney, Allogeneic, Open Approach</td>
</tr>
<tr>
<td>0TY00Z1</td>
<td>Transplantation of Right Kidney, Syngeneic, Open Approach</td>
</tr>
<tr>
<td>0TY00Z2</td>
<td>Transplantation of Right Kidney, Zooplastic, Open Approach</td>
</tr>
</tbody>
</table>
**Description**
A kidney transplant involves the surgical removal of a kidney from a cadaver, living-related, or living-unrelated donor and transplantation into the recipient.

Based on data from the Organ Procurement and Transplantation Network, in 2013 about 40% of kidney transplants in the U.S. (5734/13,280) were performed using organs from living donors.(1) As of April 2014, the 5-year survival rate for kidney transplants performed between 1997 and 2000 was 66.6% for organs from deceased donors and 79.8% for organs from living donors.

**Summary**
Kidney transplant is an accepted treatment of end-stage renal disease (ESRD) in appropriately selected patients and thus may be considered medically necessary. Registry and national survey data suggest that live donors of kidneys for transplantation do not have an increased risk of mortality or ESRD.

Kidney retransplantation after a failed primary transplant may be considered medically necessary, as national data suggest similar survival rates after initial and repeat transplants.

Kidney transplantation is not medically necessary in patients in whom the procedure is expected to be futile due to comorbid disease or in whom posttransplantation care is expected to significantly worsen comorbid conditions. Case series and case-control data indicate that HIV infection is not an absolute contraindication to kidney transplant; for patients who meet selection criteria, these studies have demonstrated patient and graft survival rates are similar to those in the general population of kidney transplant recipients.

**Policy History**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>10/2017</td>
<td>New references added from BCBSA National medical policy.</td>
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<tr>
<td>1/2017</td>
<td>New references added from BCBSA National medical policy.</td>
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<tr>
<td>11/2015</td>
<td>Added coding language.</td>
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<tr>
<td>8/2015</td>
<td>New references added from BCBSA National medical policy.</td>
</tr>
<tr>
<td>6/2014</td>
<td>Updated Coding section with ICD10 procedure and diagnosis codes, effective 10/2015.</td>
</tr>
<tr>
<td>12/2013</td>
<td>Removed ICD-9 diagnosis codes as the policy requires prior authorization.</td>
</tr>
<tr>
<td>6/2010</td>
<td>Reviewed following local input. Revised policy statement.</td>
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Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

- Medical Policy Terms of Use
- Managed Care Guidelines
- Indemnity/PPO Guidelines
- Clinical Exception Process
- Medical Technology Assessment Guidelines

References


19. Farrington K, Covic A, Aucella F, et al. Clinical Practice Guideline on management of older patients with chronic kidney disease stage 3b or higher (eGFR <45 mL/min/1.73 m2). *Nephrol Dial Transplant.* Nov 2016;31(suppl 2):ii1-ii66. PMID 27807144


