



MASSACHUSETTS

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## 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 Blue<sup>SM</sup> and Medicare PPO Blue<sup>SM</sup> 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 Tuberos scleriosis
- 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
  - 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.

	<b>Outpatient</b>
<b>Commercial Managed Care (HMO and POS)</b>	N/A
<b>Commercial PPO and Indemnity</b>	N/A
<b>Medicare HMO Blue<sup>SM</sup></b>	N/A
<b>Medicare PPO Blue<sup>SM</sup></b>	N/A

## 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

CPT codes:	Code Description
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy

### ICD-10 Procedure Codes

ICD-10-PCS procedure codes:	Code Description
0TT00ZZ	Resection of Right Kidney, Open Approach
0TT04ZZ	Resection of Right Kidney, Percutaneous Endoscopic Approach
0TT10ZZ	Resection of Left Kidney, Open Approach
0TT14ZZ	Resection of Left Kidney, Percutaneous Endoscopic Approach
0TT20ZZ	Resection of Bilateral Kidneys, Open Approach
0TT24ZZ	Resection of Bilateral Kidneys, Percutaneous Endoscopic Approach
0TT60ZZ	Resection of Right Ureter, Open Approach
0TT64ZZ	Resection of Right Ureter, Percutaneous Endoscopic Approach
0TT67ZZ	Resection of Right Ureter, Via Natural or Artificial Opening
0TT68ZZ	Resection of Right Ureter, Via Natural or Artificial Opening Endoscopic
0TT70ZZ	Resection of Left Ureter, Open Approach
0TT74ZZ	Resection of Left Ureter, Percutaneous Endoscopic Approach
0TT77ZZ	Resection of Left Ureter, Via Natural or Artificial Opening
0TT78ZZ	Resection of Left Ureter, Via Natural or Artificial Opening Endoscopic
0TY00Z0	Transplantation of Right Kidney, Allogeneic, Open Approach
0TY00Z1	Transplantation of Right Kidney, Syngeneic, Open Approach
0TY00Z2	Transplantation of Right Kidney, Zooplastic, Open Approach
0TY10Z0	Transplantation of Left Kidney, Allogeneic, Open Approach
0TY10Z1	Transplantation of Left Kidney, Syngeneic, Open Approach
0TY10Z2	Transplantation of Left Kidney, Zooplastic, Open Approach

### Description

#### END-STAGE RENAL DISEASE

End-stage renal disease (ESRD) refers to the inability of the kidneys to perform their functions (ie, filtering wastes and excess fluids from the blood). ESRD, which is life-threatening, is also known as stage 5 chronic renal failure and is defined as a glomerular filtration rate less than 15 mL/min/1.73 m

## Treatment

Dialysis is an artificial replacement for some kidney functions. Dialysis is used as a supportive measure in patients who do not want kidney transplants or who are not transplant candidates; it can also be used as a temporary measure in patients awaiting a kidney transplant.

Kidney transplant, using kidneys from deceased or living donors, is an accepted treatment of ESRD. Based on data from the Organ Procurement and Transplantation Network, in 2017, over 10,300 kidney transplants were performed in the United States. Since 1988, the cumulative number of kidney transplants is over 435,500. Of the cumulative total, 66% of the kidneys came from deceased donors and 34% from living donors.

Combined kidney and pancreas transplants and management of acute rejection of kidney transplant using either intravenous immunoglobulin or plasmapheresis are discussed in separate evidence reviews.

## Summary

For individuals who have end-stage renal disease without contraindications to kidney transplant who receive a kidney transplant from a living donor or deceased (cadaveric) donor, the evidence includes registry data and case series. Relevant outcomes are overall survival, morbid events, and treatment-related mortality and morbidity. Data from large registries have demonstrated reasonably high survival rates after kidney transplant for appropriately selected patients and significantly higher survival rates for patients undergoing kidney transplant compared with those who remained on a waiting list. Kidney transplantation is contraindicated for 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. The evidence is sufficient to determine that the technology results in a meaningful improvement in the net health outcome.

For individuals who have a failed kidney transplant without contraindications to kidney transplant who receive a kidney retransplant from a living donor or deceased (cadaveric) donor, the evidence includes registry data and case series. Relevant outcomes are overall survival, morbid events, and treatment-related mortality and morbidity. Data have demonstrated reasonably high survival rates after kidney retransplant (eg, 5-year survival rates ranging from 87% to 96%) for appropriately selected patients. Kidney retransplantation is contraindicated for patients for whom the procedure is expected to be futile due to comorbid disease or for whom posttransplantation care is expected to significantly worsen comorbid conditions. The evidence is sufficient to determine that the technology results in a meaningful improvement in the net health outcome.

## Policy History

Date	Action
10/2018	BCBSA National medical policy review. No changes to policy statements. New references added. Background and summary clarified.
10/2017	New references added from BCBSA National medical policy.
1/2017	New references added from BCBSA National medical policy.
11/2015	Added coding language.
8/2015	New references added from BCBSA National medical policy.
10/2014	Medical policy remediation: New indications for non-coverage. Coding information clarified. Effective 10/1/2014.
6/2014	Updated Coding section with ICD10 procedure and diagnosis codes, effective 10/2015.
12/2013	Removed ICD-9 diagnosis codes as the policy requires prior authorization.
11/2013	BCBSA National medical policy review. New medically necessary indications described. Effective 11/1/2013.
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
10/2011	Reviewed - Medical Policy Group - Gastroenterology, Nutrition and Organ Transplants. No changes to policy statements.

11/2010	Reviewed - Medical Policy Group - Gastroenterology, Nutrition and Organ Transplants. No changes to policy statements.
6/2010	Reviewed following local input. Revised policy statement .
11/2009	Reviewed - Medical Policy Group - Gastroenterology, Nutrition and Organ Transplants. No changes to policy statements.
11/2008	Reviewed - Medical Policy Group - Gastroenterology, Nutrition and Organ Transplants. No changes to policy statements.
11/2007	Reviewed - Medical Policy Group - Gastroenterology, Nutrition and Organ Transplants. No changes to policy statements.

## 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

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