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, coccidioidomycosis, 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**

**Inpatient**
• For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

**Outpatient**
• For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

<table>
<thead>
<tr>
<th>Commercial Managed Care (HMO and POS)</th>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial PPO and Indemnity</td>
<td>This procedure is performed in the inpatient setting.</td>
</tr>
<tr>
<td>Medicare HMO Blue℠</td>
<td>This procedure is performed in the inpatient setting.</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:

<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-10 Procedure Codes

<table>
<thead>
<tr>
<th>ICD-10-PCS procedure codes:</th>
<th>Code Description</th>
</tr>
</thead>
<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>
<tr>
<td>0TY10Z0</td>
<td>Transplantation of Left Kidney, Allogeneic, Open Approach</td>
</tr>
<tr>
<td>0TY10Z1</td>
<td>Transplantation of Left Kidney, Syngeneic, Open Approach</td>
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<tr>
<td>0TY10Z2</td>
<td>Transplantation of Left Kidney, Zooplastic, Open Approach</td>
</tr>
</tbody>
</table>

Description

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 m².1.
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 10300 kidney transplants were performed in the U. S. Since 1988, the cumulative number of kidney transplants is over 435500. 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
Kidney transplant, a treatment option for end-stage renal disease, involves the surgical removal of a kidney from a cadaver, living-related donor, or living-unrelated donor and transplantation into the recipient.

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. The 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. The 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

<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>
</tr>
<tr>
<td>11/2015</td>
<td>Added coding language.</td>
</tr>
<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>
</tbody>
</table>
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