



MASSACHUSETTS

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Medical Policy

Kidney Transplant

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Policy Number: 196

BCBSA Reference Number: 7.03.01

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
 - 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, coccidioides 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.

	Outpatient
Commercial Managed Care (HMO and POS)	N/A
Commercial PPO and Indemnity	N/A
Medicare HMO BlueSM	N/A
Medicare PPO BlueSM	N/A

CPT Codes / HCPCS Codes / ICD-9 Codes

The following codes are included below for informational purposes. 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. A draft of future ICD-10 Coding related to this document, as it might look today, is included below for your reference.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

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-9 Procedure Codes

ICD-9-CM procedure codes:	Code Description
00.91	Transplant from live related donor
00.92	Transplant from live non-related donor
00.93	Transplant from cadaver
55.51	Nephroureterectomy
55.54	Bilateral nephrectomy
55.69	Other kidney transplantation

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, Zooplasic, Open Approach
0TY10Z0	Transplantation of Left Kidney, Allogeneic, Open Approach
0TY10Z1	Transplantation of Left Kidney, Syngeneic, Open Approach
0TY10Z2	Transplantation of Left Kidney, Zooplasic, Open Approach

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

Date	Action
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

1. U.S. Department of Health and Human Services Organ Procurement and Transplantation Network. Available online at: <http://optn.transplant.hrsa.gov/latestData/step2.asp>. Last accessed March, 2014.
2. Schold JD, Segev DL. Increasing the pool of deceased donor organs for kidney transplantation. *Nat Rev Nephrol* 2012; 8(6):325-31.
3. Segev DL, Muzaale AD, Caffo BS et al. Perioperative mortality and long-term survival following live kidney donation. *JAMA* 2010; 303(10):959-66.
4. Mjoen G, Hallan S, Hartmann A et al. Long-term risks for kidney donors. *Kidney Int* 2013.
5. Steinman TI, Becker BN, Frost AE et al. Guidelines for the referral and management of patients eligible for solid organ transplantation. *Transplantation* 2001; 71(9):1189-204.
6. Trullas JC, Cofan F, Tuset M et al. Renal transplantation in HIV-infected patients: 2010 update. *Kidney Int* 2011; 79(8):825-42.
7. Stock PG, Barin B, Murphy B et al. Outcomes of kidney transplantation in HIV-infected recipients. *N Engl J Med* 2010; 363(21):2004-14.
8. Mazuecos A, Fernandez A, Andres A et al. HIV infection and renal transplantation. *Nephrol Dial Transplant* 2011; 26(4):1401-7.
9. Fabrizi F, Martin P, Dixit V et al. Meta-analysis of observational studies: hepatitis C and survival after renal transplant. *J Viral Hepat* 2014; 21(5):314-24.
10. Pieloch D, Dombrovskiy V, Osband AJ et al. Morbid obesity is not an independent predictor of graft failure or patient mortality after kidney transplantation. *J Ren Nutr* 2014; 24(1):50-7.
11. Gill JS, Lan J, Dong J et al. The survival benefit of kidney transplantation in obese patients. *Am J Transplant* 2013; 13(8):2083-90.
12. Organ Procurement and Transplantation Network. Data reports. Available online at: <http://optn.transplant.hrsa.gov/latestData/step2.asp?> Last accessed March, 2014.
13. Barocci S, Valente U, Fontana I et al. Long-term outcome on kidney retransplantation: a review of 100 cases from a single center. *Transplant Proc* 2009; 41(4):1156-8.
14. Johnston O, Rose CL, Gill JS et al. Risks and benefits of preemptive second kidney transplantation. *Transplantation* 2013; 95(5):705-10.
15. American Society of Transplant Surgeons (ASTS), The American Society of Transplantation, The Association of Organ Procurement Organizations (AOPO) and the United Network for Organ Sharing (UNOS),. Position Statement on Transplantation of Organs from HIV-infected deceased donors. 2011. Available online at <http://asts.org/docs/default-source/position-statements/transplantation-of-organs-from-hiv-infected-deceased-donors-july-22-2011.pdf?sfvrsn=4>. Last accessed June, 2014.
16. Bhagani S, Sweny P, Brook G. British H. I. V. Association Guidelines for kidney transplantation in patients with H. I. V. disease. *HIV Med* 2006; 7(3):133-9.
17. Medicare Benefit Policy Manual. Chapter 11- End Stage Renal Disease (ESRD). Available online at: <http://www.cms.gov/manuals/Downloads/bp102c11.pdf>. Last accessed March, 2014.