

Pediatric Liver Transplantation (NCD 260.2)

Policy Number	260.2	Approved By	UnitedHealthcare Medicare Reimbursement Policy Committee	Current Approval Date	07/23/2014
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IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided.

UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general resource regarding UnitedHealthcare's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation.

Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee's benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

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The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Current Dental Terminology (CDT), including procedure codes, nomenclature, descriptors, and other data contained therein, is copyright by the American Dental Association, 2002, 2004. All rights reserved. CDT is a registered trademark of the American Dental Association. Applicable FARS/DFARS apply.

Summary

Overview

Liver transplantation is covered for children (under age 18) with extrahepatic biliary atresia or any other form of end stage liver disease, except that coverage is not provided for children with a malignancy extending beyond the margins of the liver or those with persistent viremia.

Reimbursement Guidelines

Liver transplantation is covered for Medicare beneficiaries when performed in a pediatric hospital that performs pediatric liver transplants if the hospital submits an application which CMS approves documenting that:

- The hospital's pediatric liver transplant program is operated jointly by the hospital and another facility that has been found by CMS to meet the institutional coverage criteria in the "Federal Register" notice of April 12, 1991;
- The unified program shares the same transplant surgeons and quality assurance program (including oversight committee, patient protocol, and patient selection criteria); and
- The hospital is able to provide the specialized facilities, services, and personnel that are required by pediatric liver transplant patients.

CPT/HCPCS Codes

Code	Description
47133	Donor hepatectomy (including cold preservation), from cadaver donor
47135	Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age
47136	Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age
47140	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)
47141	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)
47142	Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)
47143	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; without trisegment or lobe split
47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with trisegment split of whole liver graft into 2 partial liver grafts (ie, left lateral segment [segments II and III] and right trisegment [segments I and IV through VIII])

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47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with lobe split of whole liver graft into 2 partial liver grafts (ie, left lobe [segments II, III, and IV] and right lobe [segments I and V through VIII])
47146	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each
47147	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each

Modifiers

Code	Description
Q3	Live kidney donor surgery and related services

ICP/PCS Codes

ICP Code	Description	PCS Code	Description
50.51	Auxiliary liver transplant (Auxiliary hepatic transplantation leaving patient's own liver in situ)	OFY00Z0	Transplantation of Liver, Allogeneic, Open Approach
		OFY00Z1	Transplantation of Liver, Syngeneic, Open Approach
		OFY00Z2	Transplantation of Liver, Zooplastic, Open Approach
50.59	Other transplant of liver	OFY00Z0	Transplantation of Liver, Allogeneic, Open Approach
		OFY00Z1	Transplantation of Liver, Syngeneic, Open Approach
		OFY00Z2	Transplantation of Liver, Zooplastic, Open Approach

Donor Codes

Code	Description	PCS Code	Description
00.91	Transplant from live related donor	OFY00Z0	Transplantation of Liver, Allogeneic, Open Approach
		OFY00Z1	Transplantation of Liver, Syngeneic, Open Approach
00.92	Transplant from live non-related donor	OFY00Z0	Transplantation of Liver, Allogeneic, Open Approach
		OFY00Z2	Transplantation of Liver, Zooplastic, Open Approach
00.93	Transplant from cadaver	OFY00Z0	Transplantation of Liver, Allogeneic, Open Approach
		OFY00Z1	Transplantation of Liver, Syngeneic, Open Approach
		OFY00Z2	Transplantation of Liver, Zooplastic, Open Approach

Questions and Answers

	Q:	Is Prior Notification required?
1	A:	Yes, Prior Notification is required for CPT codes 47133, 47140, 47141, 47142, 47144, 47145 and 47146

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2	Q:	Does this procedure require to be done at a CMS approved facility for liver transplants?
	A:	Yes, CMS approved facility locations for liver transplants are on the CMS website

References Included (but not limited to):

CMS NCD(s)

NCD 260.2 Pediatric Liver Transplantation

Reference NCD: NCD 260.1 Adult Liver Transplantation

CMS Claims Processing Manual

Chapter 3; § 90.4 Liver Transplants

UnitedHealthcare Medicare Advantage Coverage Summaries

Transplants-Organ and Tissue Transplants

Others

Medicare Approved Transplant Programs

History

Date	Revisions
07/23/2014	<ul style="list-style-type: none"> • Annual review • Administrative updates
09/12/2013	Administrative updates
07/10/2013	Re-review presented to MRPC for approval
06/21/2012	Administrative updates
02/09/2011	Re-review presented to MRPC for approval