



**BlueCross BlueShield
of Illinois**

Blue Cross and Blue Shield of Illinois Provider Manual

HMO Scope of Benefits Section

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation,
a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Organ and Tissue Transplantation

Benefit

Organ and tissue transplants as listed below are in benefit when ordered by the Primary Care Physician (PCP) and when performed at a Blue Cross and Blue Shield of Illinois approved transplant center.

The following organs and tissues are in benefit for transplant:

- Bone marrow/stem cells
- Cornea
- Heart
- Liver
- Lung
- Kidney
- Isolated pancreas and simultaneous pancreas/kidney
- Small intestine

Note: this is not an exhaustive list. Submit a Benefit Determination Request Form if there is a question regarding coverage for an organ or tissue transplant not on the list. The form can be found on the BCBSIL IPA Access Portal in the Provider Network Management/HMO Forms folder. If you do not have access to the website complete and submit the form located here:

https://www.bcbsil.com/pdf/standards/hmo/hmo_user_access_request_form.pdf. In addition, if there is any other question related to organ and tissue transplantation benefit, the IPA should contact their Provider Network Consultant (PNC) to discuss the issue.

Notification and Authorization Process

1. The process begins when the PCP sends a referral to the contracting transplant facility to initiate evaluation of the member. If the PCP determined medical appropriateness, a member may be referred to multiple transplant centers. At this time, the IPA should begin to collect the necessary documents as listed below.
2. The IPA, in coordination with the transplant facility, will send to the Health Coordinator the following information via email at ILTransplantCoordinator@bcbsil.com or fax at 312-233-6018. All required documents should be fully completed and submitted as outlined below:

Document	Description	Timing
Global Referral	The global referral to the transplant facility must include: <ul style="list-style-type: none"> • Member's name, • Group and Identification numbers, • start and expiration/end date, • Referring physician/PCP, • Transplant facility's name, • Transplant type (including laterality (right/left) of organ and deceased/living donor as applicable) 	Send global referral at time of referral or at time of transplant approval
Medical History (Clinicals)	The medical history (clinicals) for the Member must include the diagnosis and medical progress notes demonstrating end-stage disease necessitating transplant.	Send medical history at time of referral or at time of transplant approval
PCP Approval	A PCP approval letter indicating approval of the need for transplant. The letter must be dated within the last year and signed from the PCP on letterhead. In cases of submission at the time of referral, the letter may be	Send PCP Approval at time of referral or at time of transplant approval

	contingent on evaluation and appropriate formal listing for the transplant. The letter must also include the following: <ul style="list-style-type: none"> • Member's name, • Group and Identification numbers, • Transplant type (including laterality of organ and deceased/living donor as applicable). 	
Document	Description	Timing
Transplant Facility Approval	<p>A transplant facility approval letter that confirms the member's transplant candidate status (listing for transplant). The letter must be dated within the last year and signed from the transplant facility on letterhead. The letter must also include the following:</p> <ul style="list-style-type: none"> • Member's name, • Group and Identification numbers; • Diagnosis; • Transplant type (including laterality of organ and deceased/living donor as applicable). The letter must be dated within the last year. • Medical record consultation of the transplant surgeon approving the transplant. Additional clinicals of the transplant evaluation may be submitted but are not required. <p><i>Note: Cornea Transplant: A facility letter may not be available for cornea transplant. In such cases, a letter from the specialist/surgeon will suffice. The letter must be on the specialist/surgeon's letterhead and include the name of the facility where transplant is being performed, and all the information listed above.</i></p>	<p>Send Transplant Facility Approval at time of transplant approval (listing for transplant)</p> <p><i>Note: May be sent by facility directly but IPA retains final responsibility for sending.</i></p>

3. The IPA is responsible for managing the entire transplant evaluation process. The IPA should be aware of when the initial transplant evaluation is scheduled, should follow-up with the transplant facility after the initial evaluation to obtain information regarding any required follow-up diagnostic and/or additional evaluation consultation appointments, and should continue to follow-up with the transplant facility until a final determination on the member's transplant status is obtained. Even if the IPA presents notice to the HMO at the time of referral, the **HMO will not seek** additional information and **will not process** the request for authorization **until all elements above are submitted**, including the Transplant Facility Approval. While the Transplant Facility Approval Letter may be received directly from the transplant facility, the IPA retains the final responsibility for submitting all elements of the transplant evaluation, including the Transplant Facility Approval.

IPAs are strongly encouraged to enroll the member in Complex Care Managements services to manage the evaluation process from referral to listing to authorization to manage the process above, as well as to coordinate care effectively to transplant and post-transplant for these members.

The Health Coordinator can be reached by email at ILTransplantCoordinator@bcbsil.com or by calling 312-653-6600, if needed.

Note: If a member changes IPAs during the transplant workup or follow up care period, the new IPA will need to generate a new referral to the existing transplant facility. This referral should be faxed to the Health Coordinator. A new authorization request does not need to be initiated unless the transplant facility will be changing. The member may only have one active transplant authorization at a time.

Note: If a member needs a second transplant, a new authorization request will need to be done.

4. The Health Coordinator will generate a letter to the IPA notifying them of the determination with copies to the HMO PNC and SC (Service Center) via email or fax. The SC will make the appropriate notations in the BCBSIL system. The usual turn-around time frame for all transplant approval letters is 2-4 business days provided all necessary documentation has been received.

The IPA is responsible for notifying the member within 5 calendar days of the transplant approval from the HMO as per the IPA's normal member notification process. If the member is not already in a case/care management program, the member should be offered these services. The IPA is also responsible for notifying the transplant facility of the approval.

Interpretation

Organ transplantation is a non-capitated service; if prior authorization is obtained.

The IPA is expected to continue to perform Utilization/Referral and Case Management for both organ transplant related care and routine/unrelated medical needs. The IPA also remains responsible for care and payment (according to the terms of the Medical Service Agreement) of underlying medical conditions that led to the need for the transplant. Examples include, but are not limited to, dialysis for kidney transplant candidate and an LVAD (left ventricular assist device) for a heart transplant candidate. If the member is not accepted as a transplant candidate, the evaluation services are the financial responsibility of the IPA.

Once the HMO has approved the transplant, these services are the financial responsibility of the HMO:

- Diagnostic workup performed by the designated transplant facility, whether or not the transplant ever takes place.
- The evaluation, preparation, removal and delivery of the donor organ, tissue, or marrow.
- (Lung) Lobar transplantation from a living related donor or a deceased matched donor is in benefit to treat a child or adolescent who has been approved for a lung transplant, but a complete lung has not become available.
- All inpatient and outpatient covered services related to the transplant surgery
- Mental Health evaluations performed and ordered by the approved organ transplant center as it relates to the transplant.
- All follow up care directly related to the transplant within 365 days of the transplant.
- Transportation of the donor organ to the location of the transplant Surgery, limited to transportation in the United States or Canada.
- Donor screening and identification costs under approved matched unrelated donor programs.
- Benefits will be provided for both the recipient of the organ or tissue and the donor subject to the following rules:
 - If both the donor and recipient have coverage with the Plan, each will have his/her benefits paid by his or her own program.
 - If the member is the recipient and the donor does not have coverage from any other source, the member and donor's care are in benefit.
 - If the member is the donor and coverage is not available from any other source, the member's care is in benefit. However, benefits will not be provided for the recipient.
- Whenever a heart, lung, heart/lung, liver, pancreas or pancreas/kidney transplant has been approved, and the member is the recipient of the transplant, benefits will be provided for transportation, lodging for the member and a companion. If the recipient of the transplant is a dependent child, benefits for transportation and lodging will be provided for the transplant recipient and two companions.

For benefits to be available, the member's place of residency must be more than 50 miles from the Hospital where the transplant will be performed. Lodging is limited to \$50.00 for each night, per person. Transportation costs are covered and must be primarily for and essential to medical care. Benefits for transportation and lodging are limited to a maximum of \$10,000 per transplant.

These services are not in benefit:

- Drugs which are Investigational
- Storage fees
- Services provided to any individual who is not the recipient or actual donor, unless otherwise specified in this provision.
- Cardiac rehabilitation services when not provided to the transplant recipient immediately following discharge from a hospital for heart transplant surgery.
- Travel time or related expenses incurred by a Provider

Paid by	Professional Charges: HMO (when prior authorization from the HMO has been obtained)
	Professional Charges: IPA (when prior authorization from the HMO has not been obtained)
	Inpatient and/or Outpatient Surgical Facility Charges: HMO (if prior authorization from the HMO has been obtained – no UM fund units will be charged)
	Inpatient and/or Outpatient Surgical Facility Charges: HMO (if prior authorization from the HMO has not been obtained – UM fund units will be charged)
	Professional Charges including pre-transplant diagnostic work-up: IPA (if member is not accepted as a transplant candidate)

Note: BlueCare DirectSM: The physician signing the referral and submitting the approval letter may be the Primary Care Physician (PCP), a treating provider or a physician advisor.

Claim Submission Notes

- The HMO will reimburse the IPA the lesser of the amount paid by IPA or the BCBSIL PPO Schedule of Maximum Allowance. The IPA also has the option to request the HMO pay the provider directly. This will be done at the lesser of billed charges or the BCBSIL PPO Schedule of Maximum Allowance.
- Pre-transplant Evaluation related claims should be stamped group approved and "Pre-transplant Evaluation" should be indicated directly on the claims. These claims cannot be submitted prior to the HMO approving the transplant.
- Donor claims should be stamped group approved and "Transplant Donor Claim with the HMO recipient's name and identification number" should be indicated directly on the claim.

Note: For Bone Marrow/Stem cells, Kidney or Cornea transplants: The member may be referred to any contracted facility in the state of Illinois, or in a neighboring state, as listed on the HMO Contracted Provider List (Appendix D). The most current list is located on the [BCBSIL IPA Access Portal](https://www.bcbsil.com/pdf/standards/hmo/hmo_user_access_request_form.pdf). If you do not have access to the website complete and submit the form located here: https://www.bcbsil.com/pdf/standards/hmo/hmo_user_access_request_form.pdf.

The following facility can be used (as indicated)

Hospital Name	Location	Transplant Type
University of Wisconsin	Madison, WI	Kidney

The following is a list of Blue Distinction Centers for Transplants® that must be used for the following transplant types (as indicated)

Heart		
Hospital Name	Location	Transplant Type
Aurora St. Luke's Medical Center	Milwaukee, WI	Adult Heart
Barnes Jewish Hospital	St. Louis, Mo	Adult Heart
Froedert Memorial Lutheran Hospital	Milwaukee, WI	Adult Heart
Henry Ford Health System	Detroit, MI	Adult Heart
Indiana University Health, Inc (Riley Hospital For Children) IN	Indianapolis, IN	Pediatric Heart
Loyola University Medical Center	Maywood, IL	Adult Heart
Spectrum Health Hospitals (Fred and Lena Meijer Health Center)	Grand Rapids, Michigan	Adult Heart
SSM Cardinal Glennon Children's Hospital	St. Louis, MO	Pediatric Heart
The Ann & Robert H. Lurie Children's Hospital of Chicago	Chicago, IL	Pediatric Heart
UK Healthcare	Lexington, KY	Adult Heart
University of Chicago Medical Center	Chicago, IL	Adult Heart
University of Michigan Medical Center	Ann Arbor, MI	Adult & Pediatric Heart

Heart/Lung Combination		
Hospital Name	Location	Transplant Type
Barnes Jewish Hospital	St. Louis, Mo	Adult Combination Heart - Lung (Single or Bilateral)
Henry Ford Hospital	Detroit, MI	Adult Combination Heart - Lung (Single or Bilateral)
Loyola University Medical Center	Maywood, IL	Adult Combination Heart-Lung (Single or Bilateral)
University of Michigan Medical Center	Ann Arbor, MI	Adult Combination Heart-Lung (Single or Bilateral)

Liver		
Hospital Name	Location	Transplant Type
Aurora St. Luke's Medical Center	Milwaukee, WI	Adult Liver Deceased Donor ONLY
Barnes Jewish Hospital	St. Louis, Mo	Adult Liver
Froedert Memorial Lutheran Hospital	Milwaukee, WI	Adult Liver Deceased Donor ONLY
Henry Ford Health System	Detroit, MI	Adult Liver Deceased and Living Donor
Indiana University Health Inc. (Riley Hospital for Children)	Indianapolis, IN	Pediatric Liver Deceased and Living Donor
Indiana University Health, Inc. (University Hospital)	Indianapolis, IN	Adult Liver Deceased Donor ONLY
Jewish Hospital	Louisville, KY	Adult Liver
Loyola University Medical Center	Maywood, IL	Adult Liver
Rush University Medical Center	Chicago, IL	Adult Liver Deceased Donor ONLY
St. Louis University Hospital	St. Louis, MO	Adult Liver
UK Healthcare	Lexington, KY	Adult Liver Deceased Donor ONLY
University of Chicago Medical Center (Comer Children's Hospital)	Chicago, IL	Pediatric Liver Deceased and Living Donor
University of Chicago Medical Center	Chicago, IL	Adult Liver Deceased and Living Donor
University of Iowa Hospitals and Clinics	Iowa City, IA	Adult Liver
University of Michigan Medical Center	Ann Arbor, MI	Adult Liver Deceased and Living Donor
University of Michigan Medical Center (C.S. Mott Children's Hospital)	Ann Arbor, MI	Pediatric Liver Deceased and Living Donor
University of Wisconsin Hospital and Clinics	Madison, WI	Adult Liver Deceased Donor ONLY

Liver/Kidney Combination		
Hospital Name	Location	Transplant Type
Aurora St. Luke's Medical Center	Milwaukee, WI	Adult Liver/kidney
Barnes Jewish Hospital	St. Louis, Mo	Adult Liver/kidney
Froedert Memorial Lutheran Hospital	Milwaukee, WI	Adult Liver/kidney
Henry Ford Hospital	Detroit, MI	Adult Liver/kidney
Indiana University Health, Inc. (University Hospital)	Indianapolis, IN	Adult Liver (deceased)/kidney
Jewish Hospital	Louisville, KY	Adult Liver/kidney
Loyola University Medical Center	Maywood, IL	Adult Liver/kidney
Rush University Medical Center	Chicago, IL	Adult Liver (deceased)/kidney
St. Louis University Hospital	St. Louis, MO	Adult Liver/kidney
UK Healthcare	Lexington, KY	Adult Liver/kidney
University of Chicago Medical Center	Chicago, IL	Adult Liver/kidney
University of Iowa Hospitals and Clinics	Iowa City, IA	Adult Liver (deceased)/kidney
University of Michigan Medical Center	Ann Arbor, MI	Adult Liver (deceased)/kidney
University of Wisconsin Hospitals and Clinics	Madison, WI	Adult Liver

Lung		
Hospital Name	Location	Transplant Type
Barnes Jewish Hospital	St. Louis, Mo	Adult Single or Bilateral Lung
Henry Ford Health System	Detroit, MI	Adult Single or Bilateral Lung
Loyola University Medical Center	Maywood, IL	Adult Single or Bilateral Lung
Northwestern Memorial Hospital	Chicago, IL	Adult Single or Bilateral Lung
Spectrum Health Hospitals (Fred and Lena Meijer Health Center)	Grand Rapids, MI	Adult Single or Bilateral Lung
University of Iowa Hospitals and Clinics	Iowa City, IA	Adult Single or Bilateral Lung
University of Michigan Medical Center	Ann Arbor, MI	Adult Single or Bilateral Lung
University of Wisconsin Hospital and Clinics	Madison, WI	Adult Single or Bilateral Lung
UofL Health-Jewish Hospital	Louisville, KY	Adult Single or Bilateral Lung

Pancreas		
Hospital Name	Location	Transplant Type
Barnes Jewish Hospital	St. Louis, Mo	Adult Pancreas (PAK and PTA) Adult Simultaneous Pancreas-Kidney (SPK)
Indiana University Health Inc (University Hospital)	Indianapolis, IN	Adult Pancreas (PAK and PTA) Adult Simultaneous Pancreas-Kidney (SPK)
Northwestern Memorial Hospital	Chicago, IL	Adult Pancreas (PAK and PTA) Adult Simultaneous Pancreas-Kidney (SPK)
Rush University Medical Center	Chicago, IL	Adult Pancreas (PAK and PTA) Adult Simultaneous Pancreas-Kidney (SPK)
University of Chicago Medical Center	Chicago, IL	Adult Pancreas (PAK and PTA) Adult Simultaneous Pancreas-Kidney (SPK)
University of Illinois Medical Center	Chicago, IL	Adult Pancreas (PAK and PTA) Adult Simultaneous Pancreas - Kidney (SPK)
University of Iowa Hospitals and Clinics	Iowa City, IA	Adult Pancreas (PAK and PTA) Adult Simultaneous Pancreas - Kidney (SPK)
University of Michigan Medical Center	Ann Arbor, MI	Adult Pancreas (PAK and PTA) Adult Simultaneous Pancreas - Kidney (SPK)
University of Wisconsin Hospital and Clinics	Madison, WI	Adult Pancreas (PAK and PTA), Adult Simultaneous Pancreas - Kidney (SPK)

Key:

SPK - Simultaneous Pancreas Kidney

PTA - Pancreas Transplant Alone

PAK - Pancreas after Kidney

Note: Designation as Blue Distinction Centers means these facilities' overall experience and aggregate data met objective criteria established in collaboration with expert clinicians' and leading professional organizations' recommendations.

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