**Medicare Advantage Policy Manual** **Policy ID:** M-TRA05

# *Liver Transplants*

**Published**: 06/01/2023

**Next Review:** 04/2024

**Last Review:** 04/2023 ***Medicare Link(s) Revised:*** *06/01/2023*

***IMPORTANT REMINDER***

*The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured's benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member, including care that may be both medically reasonable and necessary.*

*The Medicare Advantage medical policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and Centers of Medicare and Medicaid Services (CMS) policies and manuals, along with general CMS rules and regulations. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of a specific CMS coverage determination for a requested service, item or procedure, the health plan may apply CMS regulations, as well as their Medical Policy Manual or other applicable utilization management vendor criteria developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.*

*Some services or items may appear to be medically indicated for an individual, but may be a direct exclusion of Medicare or the member's benefit plan. Medicare and member EOCs exclude from coverage, among other things, services or procedures considered to be investigational (experimental) or cosmetic, as well as services or items considered not medically reasonable and necessary under Title XVIII of the Social Security Act, §1862(a)(1)(A). In some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services. Members, their appointed representative, or a treating provider can request coverage of a service or item by submitting a pre-service organization determination prior to services being rendered.*

## DESCRIPTION

Liver transplantation is in situ replacement of a patient's liver using a cadaver or living donor.

## MEDICARE ADVANTAGE POLICY CRITERIA

| | | |
|---|---|---|
| **CMS Coverage Manuals*** | None | |
| **National Coverage Determinations (NCDs)*** | ***Pediatric Liver Transplantation*** (patients under age 18) | NCD 260.2 |
| | ***Adult Liver Transplantation:*** Conditions apply for end-stage liver | NCD 260.1 |

| | | |
|---|---|---|
| | disease and hepatocellular carcinoma.<br>Coverage for adult liver transplantation with the following conditions is at local contractor discretion:<br>1) extrahepatic unresectable cholangiocarcinoma (CCA),<br>2) liver metastases due to a neuroendocrine tumor (NET), or<br>3) hemangioendothelioma (HAE). | |
| | For carcinomas or malignancies **not otherwise specified** in this Medicare Advantage medical policy | NCD 260.1 (section C) |

As of February 11, 2019, the List of CMS-Approved Organ Transplant Programs is now available on the Quality, Certification and Oversight Reports (QCOR) web site. The List may be downloaded in Microsoft Excel format. A link to the list is under "Resources", which can be found at the top of the main QCOR page and is a downloadable Excel spreadsheet.

| | |
|---|---|
| **Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCDs) and Articles (LCAs)*** | None<br><br>Noridian does not have an LCD or LCA regarding liver transplants for the indications of extrahepatic unresectable cholangiocarcinoma (CCA), liver metastases due to a neuroendocrine tumor (NET), or hemangioendothelioma (HAE). |
| **Medical Policy Manual** | *Medicare coverage guidance is not available for extrahepatic unresectable cholangiocarcinoma (CCA), liver metastases due to a neuroendocrine tumor (NET), or hemangioendothelioma (HAE). Therefore, the health plan's medical policy is applicable.*<br><br>For liver transplantation for ***extrahepatic unresectable cholangiocarcinoma (CCA), liver metastases due to a neuroendocrine tumor (NET), or hemangioendothelioma (HAE)***: |

✓ Liver Transplant, Transplant, Policy No. 05 *(see "NOTE" below)*

**NOTE:** If a procedure or device lacks scientific evidence regarding safety and efficacy because it is investigational or experimental, the service is noncovered as not reasonable and necessary to treat illness or injury. (*Medicare IOM Pub. No. 100-04, Ch. 23, §30 A*). According to Title XVIII of the Social Security Act, §1862(a)(1)(A), only medically reasonable and necessary services are covered by Medicare. In the absence of a NCD, LCD, or other coverage guideline, CMS guidelines allow a Medicare Advantage Organization (MAO) to make coverage determinations, applying an ***objective, evidence-based process, based on authoritative evidence***. (*Medicare IOM Pub. No. 100-16, Ch. 4, §90.5*). The Medicare Advantage Medical Policy - Medicine Policy No. M-149 - provides further details regarding the plan's evidence-assessment process (see Cross References).

## POLICY GUIDELINES

### REQUIRED DOCUMENTATION

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome:

- Condition being treated (i.e., end-stage liver disease, hepatocellular carcinoma, extrahepatic unresectable cholangiocarcinoma [CCA], liver metastases due to a neuroendocrine tumor [NET], hemangioendothelioma [HAE], other malignancy, etc.);
- The facility where the transplant will take place (this is because liver transplants must be performed in a facility approved by Medicare as meeting institutional coverage criteria).

## CROSS REFERENCES

Investigational (Experimental) Services, New and Emerging Medical Technologies and Procedures, and Other Non-Covered Services, Medicine, Policy No. M-149

## REFERENCES


1. Centers for Medicare and Medicaid Services (CMS) Transplant Program Requirements web page
2. Medicare Learning Network (MLN) Matters Article MM7908 for Liver Transplantation for Patients with Malignancies
3. CMS Transplant - Laws and Regulations web page
4. Medicare Managed Care Manual, Chapter 4 - Benefits and Beneficiary Protections, §10.11 – Transplant Services


## CODING

| Codes | Number | Description |
|---|---|---|
| **CPT** | 47133 | Donor hepatectomy (including cold preservation) from cadaver donor |

| Codes | Number | Description |
|---|---|---|
| | 47135 | Liver allotransplantation; orthotopic; 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 two partial liver grafts (i.e., left lateral segment (segments II and III) and right trisegment (segments I and IV through VIII)) |
| | 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 two partial liver grafts (i.e., left lobe (segment 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 |
| | 47399 | Unlisted procedure, liver |
| **HCPCS** | None | |

***IMPORTANT NOTE:** Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan's web control as these sites are not maintained by the health plan.*