

CERTIFICATION OF ORGAN TRANSPLANT CENTERS

Issue Date: June 20, 1988

Authority: [32 CFR 199.6\(b\)\(4\)\(ii\)](#) and [\(b\)\(4\)\(iii\)](#)

I. ISSUE

Certification of organ transplant centers.

II. POLICY

A. Certifying Authority. Each contractor is the certifying authority for applications for status as a TRICARE-authorized institutional provider for liver, heart, and combination liver-kidney transplantation centers located within their geographical jurisdiction. The TRICARE contractor is the certifying authority for lung, heart-lung, small intestine (SI), and combined small intestine-liver (SI/L) transplant centers within its region. Medicare is the certifying authority for kidney transplant centers.

B. General Certification Requirements. To obtain TRICARE certification as an organ transplant center, the center must have:

1. An active solid organ transplantation program.
2. Participation in a donor organ procurement program and network.
3. An interdisciplinary body to determine the suitability of candidates for transplantation on an equitable basis.
4. An anesthesia team that is available at all time.
5. A nursing service team trained in the hemodynamic support of the patient and in managing immunosuppressed patients.
6. Pathology and immunology resources that are available for studying and reporting the pathological responses to transplantation.
7. Evidence that the center safeguards the rights and privacy of patients.
8. Continual compliance with state transplantation laws and regulations, if any.
9. Legal counsel familiar with transplantation laws and regulations.

C. Administrative Requirements. A TRICARE certified organ transplant center must provide a written statement to the certifying authority agreeing to the following administrative requirements.

1. Bill for all services and supplies related to the organ transplant performed by its staff and bill for services rendered by the donor hospital after all existing legal requirements for excision of the donor organ are met.

2. Submit all charges on the basis of fully itemized bills. This means that each service and supply and the charge for each is individually identified.

D. Reporting Requirements. The transplant center must report to the TRICARE certifying authority any decrease in actuarial survival rates below the actuarial survival rate established by TRICARE for initial facility certification.

E. Liver Transplantation Centers. TRICARE shall provide coverage for liver transplantation procedures performed only by experienced transplant surgeons at centers complying with the provisions outlined above in [paragraph II.B](#). The transplant center must:

1. Have staff board eligible or board certified physicians and other experts in the fields of hepatology, pediatrics, infectious disease, nephrology with dialysis capability, pulmonary medicine with respiratory therapy support, pathology, immunology, and anesthesiology to complement a qualified transplantation team.

2. Have a transplant surgeon who is specifically trained for liver grafting and who can assemble and train a team to function successfully whenever a donor liver is available.

3. have at least a 50 percent one year actuarial survival rate for 10 cases as calculated using the Kaplan-Meier product limit method. A 50 percent one-year actuarial survival rate for all subsequent liver transplantations must be maintained for continued TRICARE approval.

F. Heart Transplantation Centers. TRICARE shall provide coverage for heart transplantation procedures performed only by experienced transplant surgeons at centers complying with provisions outlined above in [paragraph II.B](#).

1. The transplant center must:

a. Have experts in the fields of cardiology, cardiovascular surgery, anesthesiology, immunology, infectious disease, nursing, social services, and organ procurement to complement the transplant team.

b. Have an active cardiovascular medical and surgical program as evidenced by a minimum of 500 cardiac catheterizations and coronary arteriograms and 250 open heart procedures per year.

c. Have an established heart transplantation program with documented evidence of 12 or more heart transplants in each of the three consecutive preceding 12-month periods prior to the date of application (a total of 36 or more heart transplantation procedures).

d. Demonstrate actuarial survival rates of 73 percent for one year and 65 percent for two years for patients who have had heart transplants since January 1, 1982 at that facility. The Kaplan-Meier product limit method shall be used to calculate actuarial survival.

2. TRICARE approval will lapse if either the number of heart transplants falls below 8 in 12 months or if the one-year actuarial survival rate falls below 60 percent for a consecutive 24-month period.

G. Lung Transplantation. This policy applies only to those centers seeking TRICARE certification for lung transplantation only. Centers seeking TRICARE certification as heart-lung transplant centers must meet additional requirements outlined in [paragraph II.H](#).

1. TRICARE shall provide coverage for lung transplantation procedures performed only by experienced transplant surgeons at centers complying with the provisions outlined above in [paragraph II.B](#). and meeting the following criteria:

2. The center must have:

a. Experts in the fields of cardiology, cardiovascular surgery, pulmonary disease, anesthesiology, immunology, infectious disease, nursing, social services, and organ procurement to complement the transplant team.

b. Performed lung (single and/or double) transplantation in at least 10 patients within the 12 months prior to application and in at least an additional 10 patients prior thereto.

c. Demonstrated Kaplan-Meier actuarial survival rates of no less than 65 percent at one-year post-transplantation for patients who have undergone lung transplantation at the center since January 1, 1987.

H. Heart-Lung and Lung Transplantation. TRICARE shall provide coverage for heart-lung transplantation procedures performed only by experienced transplant surgeons at centers complying with the provisions outlined above in [paragraph II.B](#). and meeting the following criteria:

1. The institutional and team experience shall be based upon all lung and heart-lung transplantations performed since January 1, 1987, both for transplant experience and actuarial survival rates.

2. To be accepted for lung transplantation (single and/or double), an institution and team must have:

a. Performed lung and/or heart-lung transplantation in at least 10 patients within the 12 months prior to application and in at least an additional 10 patients prior thereto, and

b. Achieved a documented Kaplan-Meier actuarial survival rate of no less than 65 percent at one-year.

c. Fulfilled existing criteria for heart transplantation (either Medicare or TRICARE); or fulfilled the TRICARE criteria for facilities applying only for lung transplantation as outlined in [paragraph II.G.](#)

3. To be accepted for heart-lung transplantation, an institution and team must fulfill the TRICARE criteria for lung transplantation and the existing criteria (either Medicare or TRICARE for heart transplantation).

l. Small Intestine (SI) and Combined Small Intestine-Liver (SI/L) Transplantation. TRICARE shall provide coverage for SI and combined SI/L transplantation procedures performed only by experienced transplant surgeons at center complying with the provisions outlined above in [paragraph II.B.](#) and meeting the following criteria:

1. Must be certified as a liver transplant facility as outlined above in [paragraph II.E.](#)
2. Perform 10 SI transplants with a documented Kaplan-Meier actuarial survival rate of no less than 70 percent at one-year.
3. Performed 10 combined SI/L transplants with a documented Kaplan-Meier actuarial survival rate of no less than 60 percent at one-year.

J. Simultaneous Pancreas-Kidney Transplantation. TRICARE shall provide coverage for simultaneous pancreas-kidney transplantation procedures performed only by experienced transplant surgeons at centers complying with the provisions outlined above in [paragraph II.B.](#) through [paragraph II.D.](#) and meeting the following criteria:

1. Performed SPK transplantation in at least 20 patients within 12 months prior to application.
2. Achieve a documented Kaplan-Meier actuarial patient survival rate of no less than 91 percent at one-year.

K. Calculation of Survival Rates for Transplantation. Each facility seeking TRICARE certification as a transplantation center must calculate survival rates using the Kaplan-Meier (product-limit) technique utilizing the definitions and rules below. Each applicant facility must identify its Kaplan-Meier actuarial survival percentage at one year. Each applicant facility must also submit calculations to support the reported survival percentage.

1. Each applicant facility will report all transplantation experience from its inception at the facility.
2. TRICARE recognizes the team experience gained in retransplantation. Therefore, retransplantation experience must be reported and calculated in the same manner as first transplantation experience.
3. All experience and survival rates must be reported as of a point in time that is no more than 90 days prior to the submission of the application for TRICARE certification. That date is referred to as the fiducial date.

4. Calculations assume survival only to (and censoring on) the date of last ascertained survival.
5. patients who are not thought to be dead are considered “lost to follow-up” if they were:
 - a. Operated more than 120 days before the fiducial date, but have no ascertained survival within 60 days of the fiducial date; or
 - b. Operated from 61 to 120 days before the fiducial date, but ascertained survival is less than 60 days from date of transplant; or
 - c. Operated within 60 days of the fiducial date, but not ascertained to have survived as of the fiducial date.
6. Survival must be calculated with the assumption that each patient in the “lost to follow-up” category died on or one day after the date of last ascertained survival.
7. Clearly defined and well justified secondary or alternate treatment of “lost to follow-up” may also be submitted, but primary attention will be given to the results using definitions and procedures specified above.
8. These specified definitions and procedures use a simpler format but are identical to those published by HCFA (Federal Register, Volume 52, Number 85; April 6, 1987; pages 10947-8).
9. Facilities seeking certification for lung and/or heart-lung transplantation must report all lung and heart-lung transplantation experience. When facility experience is reported and the actuarial survival is calculated, lung and heart-lung transplantation experience must be combined to arrive at a single one-year survival percentage.
 - L. Combined Liver-Kidney Transplantation. If the facility is certified as a TRICARE (or Medicare) certified liver transplant center as outlined in [paragraph II.B.](#) and [paragraph II.E.](#) above, the facility may be considered to be a certified center to perform combined liver-kidney transplants.
 - M. Kidney Transplantation. Kidney transplants must be performed at a Medicare approved transplant center.
 - N. Revocation of Provider Status. In the event a transplant center’s certified provider status is revoked, the certifying authority shall provide a copy of the initial determination terminating the provider to:
 1. The transplant center affected.
 2. The commanding Officer of the Uniformed Service Medical Treatment Facility (USMTF) catchment area within which the center is located, if in a FI region.
 3. The Lead Agent of the TRICARE region.

4. The Director, Beneficiary and Provider Services.

III. POLICY CONSIDERATIONS

A. TRICARE will not recognize any exceptions to the above criteria for transplantation center certification.

1. A transplantation center applicant must fully comply with the above criteria and applicable requirements set forth in [32 CFR 199.6](#), to be considered for certification as a TRICARE-approved provider.

2. The continued compliance of a certified transplantation center must be verified by the contractor no less than every 24 months.

B. Medicare-certified heart and liver transplantation centers. Status as a TRICARE certified heart or liver transplantation center may be granted based upon Medicare certification as a heart or liver transplant center.

C. Combined liver-kidney transplants must be performed at a TRICARE or Medicare certified liver transplantation center.

D. Simultaneous pancreas-kidney transplants must be performed at a Medicare approved kidney transplantation center.

E. In addition to the transplant being performed at a TRICARE-certified transplant center, the patient must also meet the patient selection criteria for the applicable transplant as outlined in each individual transplant policy in Chapter 3, before benefits can be allowed.

F. Kidney transplants must be performed at a Medicare approved transplant center.

IV. EXCLUSIONS

Facility certification is not required for transplants other than those listed in [paragraph II.A.](#) under Policy.

V. EFFECTIVE DATE

For those centers meeting the certification requirements, approval is effective on the date the application is signed by the applicant.

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