CHAPTER 4
SECTION 24.3

COMBINED HEART-KIDNEY TRANSPLANTATION (CHKT)

ISSUE DATE: May 7, 1999
AUTHORITY: 32 CFR 199.4(e)(5)

I. POLICY

A. Heart-kidney transplantation is a TRICARE benefit that requires preauthorization.

1. A TRICARE Prime enrollee must have a referral from his/her Primary Care Manager (PCM) and an authorization from the contractor before obtaining transplant-related services. If network providers furnish transplant-related services without prior PCM referral and contractor authorization, penalties will be administered according to TRICARE network provider agreements. If Prime enrollees receive transplant-related services from non-network civilian providers without the required PCM referral and contractor authorization, Managed Care Support (MCS) contractors shall reimburse charges for the services on a Point of Service basis. Special cost-sharing requirements apply to Point of Service claims.

2. For non-enrolled TRICARE beneficiaries residing in a Managed Care Support (MCS) region, preauthorization authority is the responsibility of the MCS Medical Director or other designated utilization staff.

B. The designated preauthorizing authority shall only use the criteria contained in this policy when preauthorizing simultaneous heart-kidney transplantation.

C. Combined Heart-Kidney Transplantation is covered when the transplantation is performed at a center certified by TRICARE or Medicare for heart transplantation or TRICARE-certified pediatric consortium heart transplantation center and Medicare-approved for renal transplantation, for patients who:

1. Are suffering from end stage heart disease and irreversible or end stage renal disease; and

2. Have exhausted more conservative medical and surgical treatments.

3. Have a realistic understanding of the range of clinical outcomes that may be encountered.

4. Plans for long-term adherence to a disciplined medical regimen are feasible and realistic.

D. Services and supplies related to combined heart-kidney transplantation is covered for:

1. Evaluation of a potential candidate's suitability for transplantation whether or not the patient is ultimately accepted as a candidate for transplantation.

2. Pre- and post-transplantation inpatient hospital and outpatient services.

3. Surgical services and related pre- and postoperative services of the transplantation team.

4. The donor acquisition team, including the costs of transportation to the location of the donor organ and transportation of the team and the donated organ to the location of the transplantation center.

5. The maintenance of the viability of the donor organ after all existing legal requirements for excision of the donor organ have been met.

6. Donor costs.

7. Blood and blood products.

8. FDA approved immunosuppression drugs to include off-label uses when determined to be medically necessary and generally accepted practice within the general medical community (i.e., proven).

9. Complications of the transplantation procedure, including inpatient care, management of infection and rejection episodes.

10. Periodic evaluation and assessment of the successfully transplanted patient.

11. Hepatitis B and pneumococcal vaccines for patients undergoing transplantation are covered under TRICARE.

12. DNA-HLA tissue typing in determining histocompatibility are covered under TRICARE.

13. Transportation of the patient by air ambulance and the services of a certified life support attendant.

II. POLICY CONSIDERATIONS

A. For beneficiaries who fail to obtain preauthorization for combined heart-kidney transplantation, TRICARE benefits may be extended if the services or supplies otherwise would qualify for coverage but for the failure to obtain preauthorization. If preauthorization is not received, the appropriate preauthorizing authority as outlined in paragraph I.A., is responsible for reviewing the claims to determine whether the beneficiary's condition meets the clinical criteria for the combined heart-kidney transplantation benefit. Charges for transplant and transplant-related services provided to TRICARE Prime enrollees who failed

to obtain PCM referral and contractor authorization will be reimbursed only under Point of Service rules.

B. Benefits will only be allowed for transplants performed at a center that is TRICARE or Medicare-certified for heart transplantation and Medicare-approved for renal transplantation. Benefits are also allowed for transplants performed at a pediatric facility that is TRICARE-certified as a heart transplantation center on the basis that the center belongs to a pediatric consortium program whose combined experience and survival data meet the TRICARE criteria for certification. The contractor is the certifying authority for transplant centers within its region. Refer to Chapter 11, Section 7.1 for organ transplant center certification requirements.

C. Claims for institutional services and supplies related to the transplantation will be reimbursed based on billed charges until such time as a DRG is established. Effective August 1, 2003, CHKTs shall be paid under the assigned DRG based on the patient's diagnosis.

D. Claims for transportation of the donor organ and transplantation team shall be adjudicated on the basis of billed charges, but not to exceed the transport service's published schedule of charges, and cost-shared on an inpatient basis. Scheduled or chartered transportation may be cost-shared.

E. Charges made by the donor hospital will be cost-shared on an inpatient basis and must be fully itemized and billed by the transplantation center in the name of the TRICARE patient.

F. Acquisition and donor costs are not considered to be components of the services covered under the DRG and will be reimbursed based on billed charges. These costs must be billed separately on a standard CMS 1450 UB-04 claim form in the name of the TRICARE patient.

G. When a properly preauthorized candidate is discharged less than 24 hours after admission because of extenuating circumstances, such as the available organ is found not suitable or other circumstances which prohibit the transplant from being timely performed, all otherwise authorized services associated with the admission shall be cost-shared on an inpatient basis, since the expectation at admission was that the patient would remain more than 24 hours.

H. Combined heart-kidney transplants performed on an emergency basis in an unauthorized renal and heart transplant facility may be cost-shared by TRICARE only when the following conditions have been met:

1. The unauthorized center must consult with the nearest center that is TRICARE or Medicare-certified for heart transplantation and Medicare-approved for renal transplantation regarding the transplantation case; and

2. It must be determined and documented by the transplant team physician(s) at the center that is TRICARE or Medicare certified for heart transplantation and Medicare-approved for renal transplantation that transfer of the patient (to a center that is TRICARE or Medicare-certified for heart transplantation and Medicare-approved for renal

transplantation) is not medically reasonable, even though transplantation is feasible and appropriate.

III. EXCLUSIONS

Combined heart-kidney transplantation is excluded:

A. When any of the following contraindications exist:

1. Severe pulmonary hypertension (pulmonary vascular resistance above 5 Wood units or pulmonary artery systolic pressure over 65 mm Hg) not reversible with intravenous agents.

2. Active infection.

3. HIV positivity.

4. Active alcohol or other substance abuse including current use of tobacco (verified abstinence for six months is mandatory).

5. Active malignant disease.

6. Hepatic dysfunction not explained by the underlying heart failure and not deemed reversible.

7. Symptomatic or asymptomatic cerebrovascular disease.

8. Systemic hypertension, either at transplantation or prior to development of end stage cardiac disease, that is not controlled, even with multi-drug therapy.

9. History of noncompliance or psychiatric illness of such magnitude as to jeopardize postoperative compliance.

10. Recent and unresolved pulmonary infarction or undiagnosed pulmonary nodules.

11. Any chronic systemic illness that will limit or preclude survival and rehabilitation after transplantation.

12. Current or recent history of diverticulitis or current peptic ulcer disease require evaluation by a gastroenterology specialist prior to determining candidacy.

B. For:

1. Expenses waived by the transplantation center (e.g., beneficiary/sponsor not financially liable).

2. Services and supplies not provided in accordance with applicable program criteria (i.e., part of a grant or research program; unproven procedure).

3. Administration of an unproven immunosuppressant drug that is not FDA approved or has not received TRICARE approval as an appropriate "off-label" drug indication.

4. Pre- or post-transplantation nonmedical expenses (e.g., out-of-hospital living expenses, to include hotel, meals, privately owned vehicle for the beneficiary or family members).

5. Transportation of an organ donor.

IV. EFFECTIVE DATE

March 27, 1997.

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