Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:
Transplants

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products
☒ Tufts Health Plan Commercial products

Public Plans Products

☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☒ Tufts Health Together – MassHealth Accountable Care Partnership Plans
☒ Tufts Health RITogether – A Rhode Island Medicaid Plan
☒ Tufts Health One Care – A dual-eligible product

Senior Products

☒ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☒ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

Point32Health reimburses for medically necessary transplant services when performed in a contracted facility.

Prerequisites

Applicable Point32Health referral, notification, and authorization policies may apply. Refer to the appropriate sections within the Provider Manuals for more information.

General Benefit Information

Services are pursuant to the member's benefit plan documents and are subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible). Member eligibility and benefit specifics should be verified prior to initiating services.

Use of non-contracted labs may have the unintended consequence of subjecting the member to unnecessary services not ordered by the treating provider or other unreasonable financial exposure. In such circumstances, Point32Health may hold the ordering provider accountable for any inappropriate behavior on the part of the nonparticipating lab that has been selected.

Senior Products and Tufts Health One Care

If a member terminates with the plan while receiving inpatient services, Point32Health is responsible for the entire admission until the patient is discharged.

Point32Health Reimburses

Point32Health reimburses transplant surgery, including postoperative outpatient services, at single, all-inclusive, negotiated rates as determined by specific hospital contract.

- Reimbursable transplants include bone marrow (allogenic and autologous), cornea, heart; heart/lung, intestinal and multivisceral, kidney, liver, lung/double lung, pancreas transplant post–kidney transplant, simultaneous pancreas/kidney, and stem cell
- Outpatient immunosuppressive therapy drugs are not considered part of the all-inclusive case rate and are separately reimbursed when the member's benefits include prescription drugs
- Donor costs for organ procurement are separately reimbursed and include hospital and surgical expenses directly related to the removal and transport of a living organ; prescription drugs related to the removal of the organ; and post-operative inpatient services for medical complications caused as a direct result of the donation

- When a Point32Health member is the donor, but the recipient is not a Point32Health member, donor-related procurement expenses are covered only to the extent that the recipient's health coverage does not cover them
- When a Point32Health member is the recipient, but the donor is not a Point32Health member, Point32Health will cover the donor-related procurement services to the extent that such services are covered benefits and not covered by the donor's own health coverage
- Evaluation of potential organ donor tissue (histologic) compatibility is separately reimbursed
- Costs for the removal of an organ from a non-living organ donor (cadaver donor) are separately reimbursed
- Transportation of an organ from a non-living organ donor to the location of the recipient surgery is separately reimbursed
- Testing of A, B, and DR antigens for human leukocyte antigen screening necessary to determine a plan member's bone marrow transplant donor suitability

Point32Health Does *Not* Reimburse

The following is a guideline and may not be all-inclusive.

- Autologous stem cell acquisition charges are not separately reimbursed (The acquisition charges are part of the all-inclusive single rate.)
- Charges for transplant services that are provided at no cost to the organ recipient
- Cost of organs that are sold rather than donated to recipients
- Costs associated with recruitment of potential donors
- Costs for a recipient who is not a Point32Health member
- Costs for experimental or unproven procedures
- Donor expenses except as listed under reimbursed transplant costs
- Donor registration with the National Bone Marrow Registry
- HLA DQ typing
- Embryonic stem cell transplants
- Transfer of potential cadaver donor
- Travel and non-medical room and board for a live donor or recipient or for family members of the donor or recipient
- Travel time and related travel expenses for physicians

Tufts Health Public Plans

Tufts Health plan does not provide coverage for donor services under the following circumstances:

- Members who donate organs or stem cells to recipients who are not members
- Potential donors who do not become the ultimate donor

Provider Billing Guidelines and Documentation

Providers are reimbursed according to the applicable contracted rates and fee schedules.

Coding

Code	Description
0811	Organ acquisition; live donor
0812	Organ acquisition; cadaver donor
0819	Organ acquisition; other

Senior Products and Tufts Health One Care

Per Medicare requirements, all heart, heart-lung, liver, intestinal/multivisceral, kidney and pancreas transplants must be performed at a Medicare-approved facility. The transplant work-up evaluation must also be performed in a Medicare-approved transplant facility. To determine if a facility is Medicare-approved to perform a particular service, refer to the CMS Organ Transplant Program.

Not all in-network providers who perform these services are Medicare-approved. Tufts Health Plan does not routinely compensate for services rendered at a non-Medicare–approved facility and contracting providers cannot hold the member liable for these services. Refer to the approved facilities lists for Tufts Medicare Preferred HMO, Tufts Health Plan SCO, and Tufts Health One Care for additional information.

Other Information

- Use specific bone marrow transplant ICD-10-PCS, in form Locator 74, 74A, 74B of the paper UB-04 or loop 2300, with BR qualifier in HI01-1 segment and appropriate code in HI01-2 segment of the electronic 837I, with the appropriate dates.
- The excising hospital bills applicable services to the transplant (implant) hospital. The excising hospital does not submit charges to Point32Health.
- The transplant hospital keeps an itemized statement that identifies the services rendered, the charges, and the person receiving the services (donor or recipient); the charges are reflected in the transplant hospital's kidney or heart acquisition cost center and are used in determining the hospital's standard charge for acquiring live or cadaver donor bone marrow, heart, kidney or liver.
- The standard charge does not represent the acquisition cost of a specific organ. It reflects the average cost associated with each type of organ acquisition.
- Acquisition services are inclusive of all services necessary in the acquisition of an organ (i.e., tissue typing, post-operative evaluation, etc.), which is included in the case rate, DRG, or per diem payment methodology.
- The standard acquisition charge appears on the billing form for the period during which the transplant took place when interim bills are submitted.
- When a Point32Health member is the recipient of an organ from a non-plan donor, bill reimbursable donor costs using the Point32Health recipient's name, date of birth, gender and member identification number.
- To help identify non-plan donor claims billed under the Point32Health member's recipient information, the donor claim may include the following:
  - Diagnosis that indicates donor
  - Attachment the patient is a donor

Related Policies and Resources

Payment Policies

- Inpatient Hospital Admissions
- Surgery

Clinical Policies

- Fecal Microbial Transplant (FMT) for Clostridium Difficile Infection
- Hematopoietic Stem-Cell Transplantation (HSCT)
- Noncovered Investigational Services
- Solid Organ Transplants (Heart, Heart/Lung, Intestinal, Kidney, Liver, Lung, Pancreas, Pancreas/Kidney)
- Temporary Total Artificial Heart System Bridge-to-Transplant

Publication History

10/01/2026: Annual policy review; administrative updates
10/01/2025: Policy moved to new template; includes all lines of business

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.