

KIDNEY TRANSPLANTATION

Issue Date: February 27, 1996

Authority: [32 CFR 199.4\(e\)\(5\)](#)

I. PROCEDURE CODE RANGE

50300, 50320, 50340, 50360, 50365, 50370, 50380 (ICD-9-CM - 55.61, 55.69)

II. POLICY

A. For admissions on or after June 1, 1999, the Walter Reed Army Medical Center (WRAMC) is designated as the national Specialized Treatment Service Facility (STSF) for kidney transplantation.

1. Beneficiaries who reside in the continental United States (i.e., 48 contiguous states and the District of Columbia) and are in need of a kidney transplantation, must be evaluated by WRAMC before receiving a kidney transplantation. See [OPM Part Two, Chapter 24, Section IV.C.3](#).

2. If the kidney transplantation cannot be performed at WRAMC, an STSF NAS will be issued by WRAMC, reference [OPM Part Two, Chapter 24](#).

B. Affirmative patient selection criteria:

1. Benefits may be allowed for medically necessary services and supplies related to cadaver and living donor kidney transplantation when the transplant is performed at a Medicare approved kidney transplant center, for beneficiaries who:

a. Are suffering from concomitant, irreversible renal failure; and

b. Have exhausted more conservative medical and surgical treatment; and,

c. Have plans for long-term adherence to a disciplined medical regimen that are feasible and realistic.

2. Benefits may be allowed for medically necessary services and supplies during the Medicare waiting period for those TRICARE beneficiaries who qualify for Medicare coverage as a result of end stage renal disease.

3. Benefits may be allowed for DNA-HLA tissue typing determining histocompatibility.

III. EXCLUSIONS

Kidney transplantation is excluded as a benefit if any of the following contraindications exist:

1. Malignancies metastasized to or extending beyond the margins of the kidney.
2. Significant systemic or multisystemic disease (because the presence of multi-organ involvement limits the possibility of full recovery and may compromise the function of the newly transplanted organs).

IV. POLICY CONSIDERATIONS

A. If a TRICARE beneficiary becomes eligible for Medicare benefits because of end stage renal disease, TRICARE is always the secondary payer. Refer to [Chapter 9, Section 2.2](#) for guidelines regarding TRICARE/CHAMPUS and Medicare eligibility and end stage renal disease.

B. When a TRICARE beneficiary does not qualify for the Medicare end stage renal disease program because they do not have enough work quarters, TRICARE is primary payer. Before benefits can be allowed, a statement from Medicare is required indicating the patient is not eligible for Medicare benefits.

C. Kidney transplants are paid under the DRG.

D. Benefits will only be allowed for transplants performed at a Medicare approved kidney transplant center. Refer to [Chapter 11, Section 11.5](#) for organ transplant certification center requirements.

E. Acquisition and donor costs are not considered to be components of the services covered under the DRG. These costs must be billed separately on a standard UB-92 claim form in the name of the TRICARE patient.

F. The appropriate hospital standard kidney acquisition costs (live donor or cadaver) required for Medicare in every instance must be used as the acquisition cost for purposes of providing TRICARE benefits.

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