



Medica Central Utilization Management Policy

Title: Kidney Transplantation MP9675 (III-TRA.03)

Effective Date: July 01, 2025

This policy was developed with input from specialists in endocrinology, nephrology and transplant surgery, and endorsed by the Medical Policy Committee.

IMPORTANT INFORMATION – PLEASE READ BEFORE USING THIS POLICY

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

PURPOSE

To promote consistency between utilization management reviewers by providing the criteria that determines the medical necessity.

BACKGROUND

I. Definitions

- A. ABO incompatible kidney transplant** is a procedure which allows kidneys to be transplanted across blood type barriers.
- B. Deceased donor kidney transplant** is a procedure in which a kidney of a deceased individual is removed and transplanted into a different individual. There are currently three different categories of deceased donors: deceased brain death (DBD) donors, deceased cardiac death (DCD) donors, and expanded criteria donors (ECD). The decision for the use of these organs is left to the transplant institution and the organ recipient.
- C. Expanded criteria donor kidneys** are those that are over 85% on the Kidney Donor Profile Index (KDPI), which takes into account ten criteria from the Kidney Donor Risk Index (KDRI) that include age, height, weight, ethnicity, history of hypertension, history of

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diabetes, cause of death, serum creatinine, hepatitis C virus status, and donation after circulatory death (DCD) status.

- D. **Living donor kidney transplant** is a procedure in which a kidney of a healthy individual is removed and transplanted into a related (or unrelated) recipient.
 - E. A **paired donor exchange**, also known as donor swap, allows individuals who have willing but incompatible donors to "exchange" kidneys with other donors, making two compatible living donor transplants possible.
 - F. **Positive crossmatch** is a situation in which the potential recipient has antibodies against the donor's antigens, making them incompatible. Positive crossmatch kidney transplant is similar to the process used for ABO-incompatible living-donor kidney transplants, in which individuals receive kidneys from living donors with blood types incompatible with their own. Positive crossmatch live donor kidney transplants are usually only performed if no other live donors (with a negative crossmatch) exist.
 - G. **Transplant or graft** is a portion of the body or a complete organ removed from its natural site and transferred to a separate site in the same or different individual. Kidney transplantation is performed to correct uremia in individuals with end-stage renal disease by restoring kidney function with an adequately functioning kidney. It is used as an alternative to kidney dialysis.
 - H. Transplant **evaluation** is a physical and psychosocial exam to determine if an individual is an acceptable candidate for transplantation. The specific exams and tests depend on the individual's diagnosis and health history and vary from hospital to hospital. Tests may include the following: cardiac evaluation; lung function tests; lab tests, including blood typing, chemistry panels, and serology testing for hepatitis, HIV and other common viruses; appropriate cancer surveillance, as indicated (e.g., colonoscopy, pap smear, mammogram, prostate cancer screening); dental evaluation with treatment of existing problems; psychosocial evaluation. Additional testing or clearance may be required to address other significant coexisting medical conditions.
- II. Comments
- Bilateral nephrectomy may be indicated when the individuals own diseased kidneys are the cause of severe uncontrolled hypertension or when they are the source of persistent urinary tract infections. This procedure may also be indicated in some cases of polycystic kidney disease when the size of the kidneys cause symptoms or when the kidneys occupy the area of the pelvis needed for the renal transplant, although unilateral nephrectomy may be sufficient.

BENEFIT CONSIDERATIONS

1. Prior authorization **is required** for:
 - Kidney Transplant **Evaluation**
 - Kidney **Transplantation**
 - Please see the prior authorization list for product specific prior authorization requirements.
2. Refer to The Health Plan's Coverage Policy, Donor-Derived Cell-Free Testing to Detect Rejection in Kidney Transplantation.
3. Coverage may vary according to the terms of the member's plan document.
4. The Health Plan has entered into separate contracts with designated facilities to provide transplant-related health services, as described in the member's plan document.
5. Request for incompatible ABO, positive crossmatch, or other crossmatch abnormalities require medical director review.



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6. Complex cases require medical director or external review and, as necessary, discussion with the individual's physician.
7. Underlying co-morbidity that significantly alters risk/benefit of transplant may preclude transplant eligibility.
8. If the Medical Necessity Criteria and Benefit Considerations are met, The Health Plan will authorize benefits within the limits in the member's plan document.
9. If it appears that the Medical Necessity Criteria and Benefit Considerations are not met, the individual's case will be reviewed by the medical director or an external reviewer. Practitioners are advised of the appeal process in their Provider Administrative Manual.

MEDICAL NECESSITY CRITERIA

I. Indications for Kidney Transplant **Evaluation**

(NOTE: For multiorgan transplant, the individual must meet criteria for each organ. Please refer to applicable Health Plan UM policy.)

Documentation in the medical records indicates that the individual has one **of the following** diagnoses:

- A. End-Stage Renal Disease (ESRD) as defined by **one of the following**:
 1. Chronic kidney disease (CKD) with a glomerular filtration rate (GFR) less than or equal to 20 ml/min/m²
 2. Advanced chronic renal failure on dialysis
 3. Symptomatic uremia.
- B. Anticipated ESRD as defined above within the next 12 months.

II. Indications for Kidney **Transplantation**

Documentation in the medical records indicates that **all of the following** criteria are met:

- A. Individual meets the institution's recipient suitability criteria for transplant
- B. The individual meets all of the criteria in section I above.

III. Indications for Kidney **Retransplantation**

Documentation in the medical records indicates that **all of the following** criteria are met:

- A. Failed kidney transplant
- B. The above criteria in section II for initial transplantation must be met
- C. Documentation of compliance with post-transplant treatment regimen during the 18 months preceding the request.

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

- For Medicare members, refer to the following, as applicable at:
<https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>



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References:

Pre 06/2016 MPC:

1. Abecassis M, Adams M, Adams P, et al. Consensus statement on the live organ donor. *JAMA*. December 2000;284(22):2919-2926.
2. Abecassis M, Bridges ND, Clancy CJ, et al. Solid-organ transplantation in older adults. *Am J Transplant*. October 2012;12(10):2608-2622.
3. Dall A, Hariharan S. BK virus nephritis after renal transplantation. *Clin J Am Soc Nephrol*. 2008;3:S68-S75.
4. ECRI Institute. Emerging Technology Evidence Reports: Liver and Kidney Transplantation in Human Immunodeficiency Virus (HIV)+ Patients. March 2008. Last updated November 2008. [Archived]. Plymouth Meeting, PA.
5. ECRI Institute. Target Report: ABO-incompatible Living-Donor Kidney Transplantation for End-stage Kidney Disease. June 2003. Last updated February 2008. [Archived]. Plymouth Meeting, PA.
6. Gloor JM, DeGoey DR, Pineda AA, et al. Overcoming a positive crossmatch in living-donor kidney transplantation. *Am J Transplant*. August 2003;3(8):1017-1024.
7. Ibrahim HN, Foley R, Tan L, et al. Long-term consequences of kidney donation. *N Engl J Med*. January 2009;360(5):459-469.
8. Jordan S, Cunningham-Rundles C, McEwan R. Utility of intravenous immune globulin in kidney transplantation: efficacy, safety, and cost implications. *Am J Transplant*. June 2003;3(6):653-667.
9. Kaihara S, Okamoto M, Akioka K, et al. Improved graft survival in ABO-incompatible living donor kidney transplantation. *Transplant Proc*. May 2005;37(4):1804-1805.
10. Montgomery RA, Zachary AA, Ratner LE, et al. Clinical results from transplanting incompatible live kidney donor/recipient pairs using kidney paired donation. *JAMA*. October 2005;294(13):1655-1663.
11. Montgomery RA, Zachary AA, Racusen LC, et al. Plasmapheresis and intravenous immune globulin provides effective rescue therapy for refractory humoral rejection and allows kidneys to be successfully transplanted into cross-match-positive recipients. *Transplantation*. 2002;70(6):887-895.
12. Nankival BJ, Alexander SI. Rejection of the kidney allograft. *N Engl J Med*. October 2010;363(15):1451-1462.
13. National Kidney Foundation. K/DOQI clinical practice guidelines for chronic kidney disease: evaluation, classification and stratification. *Am J Kidney Dis*. 2002;39(suppl 1):S1-S266.
14. Penkower L. Psychological distress and adherence to the medical regimen among adolescent renal transplant recipients. *Am J Transplant*. November 2003;3(11):1418-1430.
15. Roland ME. Perspective: solid-organ transplantation in HIV-infected patients in the potent antiretroviral therapy era. *Top HIV Med*. July/August 2004;12(3):73-76.
16. Sawada T, Fuchinoue S, Teraoka S. Successful A1 to O incompatible kidney transplantation after a preconditioning regimen consisting of anti-CD20 monoclonal antibody infusions, splenectomy, and double-filtration plasmapheresis. *Transplantation*. November 2002;74(9):1207-1210.
17. Segev DL, Muzaale AD, Caffo BS, et al. Perioperative mortality and long-term survival following live kidney donation. *JAMA*. March 2010;303(10):959-966.
18. Selik RM, Mokotoff ED, Branson B, Owen SM, Whitmore S, Hall HI. Revised surveillance case definition for HIV infection – United States, 2014. *MMWR*. April 11, 2014;63(RR03):1-10.
19. Stock PG, Barin B, Murphy B, et al. Outcomes of kidney transplantation in HIV-infected recipients. *N Engl J Med*. November 2010;363(21):2004-2014.
20. Trullas JC, Cofan F, Tuset M, et al. Renal transplantation in HIV-infected patients: 2010 update. *Kidney Int*. April 2011;79(8):825-842.
21. Truog RD. The ethics of organ donation by living donors. *N Engl J Med*. August 2005;353(5):444-446.

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22. United Network for Organ Sharing (UNOS). *Organ Procurement and Transplantation Network Policies*.
http://optn.transplant.hrsa.gov/ContentDocuments/OPTN_Policies.pdf#nameddest=Policy_09.
Updated March 31, 2015. Accessed April 6, 2015.
23. Weikert BC, Blumberg EA. Viral infection after renal transplantation: surveillance and management. *Clin J Am Soc Nephrol*. 2008;3:S76-S86.
24. Zaydfudim V, Feurer ID, Moore D, Moore DE, Pinson CW, Shaffer D. Pre-transplant overweight and obesity do not affect physical quality of life after kidney transplantation. *J Am Coll Surg*. March 2010;210(3):336-344.

06/2016 MPC:

25. Orandi BJ, Luo X, Massie AB, et al. Survival benefit with kidney transplants from HLA-incompatible live donors. *N Engl J Med*. March 2016;374(10):940-950.
26. Organ Procurement and Transplantation Network (OPTN). *Policy 8: Allocation of Kidneys*.
https://optn.transplant.hrsa.gov/media/1200/optn_policies.pdf. Updated April 14, 2016.
Accessed June 1, 2016.

02/2017 MPC:

27. Centers for Medicare & Medicaid Services (CMS). End Stage Renal Disease (ESRD). In: *Medicare Benefit Policy Manual (#100.2)*. Rev. 224, 06-03-16. CMS; Baltimore, MD.
28. ECRI Institute. Health Technology Trends: “Desensitizing” Live Donor Kidney Recipients Lengthens Survival Compared to Alternatives. June 2016. Plymouth Meeting, PA.
29. Organ Procurement and Transplantation Network (OPTN). *Policy 8: Allocation of Kidneys*.
https://optn.transplant.hrsa.gov/media/1200/optn_policies.pdf. Updated January 1, 2017.
Accessed February 9, 2017.

02/2018 MPC:

30. ECRI Institute. Hotline Response: Criteria for Kidney Transplantation Patients. March 2017. Plymouth Meeting, PA.
31. Organ Procurement and Transplantation Network (OPTN). *Policy 8: Allocation of Kidneys*.
https://optn.transplant.hrsa.gov/media/1200/optn_policies.pdf. Updated December 12, 2017.
Accessed December 26, 2017.

02/2019 MPC:

32. United Network for Organ Sharing (UNOS). Organ Procurement and Transplantation Network Policies (OPTN). *Policy 8: Allocation of Kidneys*.
<https://optn.transplant.hrsa.gov/governance/policies/>. Updated December 5, 2018. Accessed January 1, 2019.

02/2020 MPC:

33. Organ Procurement and Transplantation Network (OPTN). *Policy 8: Allocation of Kidneys*.
https://optn.transplant.hrsa.gov/media/1200/optn_policies.pdf. Updated December 4, 2019.
Accessed January 2, 2020.
34. United Network for Organ Sharing (UNOS). Organ Procurement and Transplantation Network Policies. <https://optn.transplant.hrsa.gov/governance/policies/>. Updated January 4, 2019.
Accessed January 2, 2020.

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02/2021 MPC:

35. Organ Procurement and Transplantation Network (OPTN). *Policy 8: Allocation of Kidneys*. https://optn.transplant.hrsa.gov/media/1200/optn_policies.pdf. Updated December 4, 2019. Accessed January 2, 2020.
36. United Network for Organ Sharing (UNOS). *Organ Procurement and Transplantation Network Policies*. <https://optn.transplant.hrsa.gov/governance/policies/>. Updated December 6, 2020. Accessed December 29, 2020.

02/2022 MPC:

37. Organ Procurement and Transplantation Network (OPTN). *Policy 8: Allocation of Kidneys*. https://optn.transplant.hrsa.gov/media/1200/optn_policies.pdf. Updated January 11, 2022. Accessed January 24, 2022.
38. United Network for Organ Sharing (UNOS). *Organ Procurement and Transplantation Network Policies*. <https://optn.transplant.hrsa.gov/governance/policies/>. Updated January 11, 2022. Accessed January 24, 2022.

02/2023 MPC:

39. Organ Procurement and Transplantation Network (OPTN). *Policy 8: Allocation of Kidneys*. https://optn.transplant.hrsa.gov/media/1200/optn_policies.pdf. Updated February 5, 2023. Accessed February 6, 2023.
40. United Network for Organ Sharing (UNOS). *Organ Procurement and Transplantation Network Policies*. <https://optn.transplant.hrsa.gov/governance/policies/>. Updated February 5, 2023. Accessed February 6, 2023.

02/2024 MPC:

42. Organ Procurement and Transplantation Network (OPTN). *Policy 8: Allocation of Kidneys*. https://optn.transplant.hrsa.gov/media/1200/optn_policies.pdf. Updated December 13, 2023. Accessed February 6, 2024.
43. United Network for Organ Sharing (UNOS). *Organ Procurement and Transplantation Network Policies*. <https://optn.transplant.hrsa.gov/governance/policies/>. Updated December 13, 2023. Accessed February 6, 2024.
44. OPTUM® Transplant Review Guidelines, Solid Organ Transplantation. Effective December 7, 2023.

02/2025 MPC:

45. Organ Procurement and Transplantation Network (OPTN). *Policy 8: Allocation of Kidneys*. https://optn.transplant.hrsa.gov/media/1200/optn_policies.pdf. Updated December 11, 2024. Accessed January 3, 2025.
46. United Network for Organ Sharing (UNOS). *Organ Procurement and Transplantation Network Policies*. <https://optn.transplant.hrsa.gov/governance/policies/>. Updated December 11, 2024. Accessed January 3, 2025.
47. OPTUM® Transplant Review Guidelines, Solid Organ Transplantation. Effective November 11, 2024.