

Coverage of any medical intervention discussed in a Dean Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and applicable state and/or federal laws.

Liver Transplantation

MP9614

Covered Service: Yes

Prior Authorization Required: Yes

Additional Information: See Member Certificate or Summary Plan Description regarding services available for coverage.

For multiorgan transplant, in addition to heart/lung transplantation, the member must meet criteria for each additional organ. Please refer to applicable medical policy.

Medicare Policy: Prior authorization is dependent on the member's Medicare coverage. Prior authorization is not required for Dean Care Gold and Select when this service is provided by participating providers. If a member has Medicare primary and Dean Health Plan as secondary coverage, a prior authorization is required.

BadgerCare Plus Policy: Dean Health Plan covers when BadgerCare Plus also covers the benefit.

Dean Health Plan Medical Policy:

1.0 **Liver Transplantation Evaluation requires** prior authorization through the Health Services Division and is considered medically necessary when documentation in the medical records indicates that the member has **ONE** of the following End-Stage Liver Disease (ESLD) conditions:

1.1 Cirrhosis

1.1.1 Alcoholic liver disease

1.1.2 Primary biliary cirrhosis

1.1.3 Secondary biliary cirrhosis due to Caroli's cyst, choledochal cyst, or trauma

1.1.4 Biliary atresia

1.1.5 Primary or secondary sclerosing cholangitis

1.1.6 Cystic fibrosis with reduced pulmonary function, defined as having an FEV1 less than 40%

1.1.7 Cryptogenic and postnecrotic cirrhosis

1.2 Hepatitis

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- 1.2.1 Post-acute viral infection, including hepatitis A, B, or C causing atrophy or post necrotic cirrhosis
- 1.2.2 Post drug or other toxicity
- 1.2.3 Chronic active autoimmune hepatitis with cirrhosis
- 1.3 Vascular Disease
 - 1.3.1 Veno-occlusive hepatic disease
 - 1.3.2 Budd-Chiari syndrome
- 1.4 Metabolic and inherited diseases
 - 1.4.1 Alpha-1 antitrypsin deficiency
 - 1.4.2 Wilson's disease
 - 1.4.3 Protoporphyrria
 - 1.4.4 Tyrosinemia
 - 1.4.5 Hemochromatosis
 - 1.4.6 Glycogen storage disease, Types I and IV
 - 1.4.7 Crigler-Najjar disease, Type 1
 - 1.4.8 Familial hypercholesterolemia
 - 1.4.9 Hyperoxaluria, Type 1 (oxalosis)
 - 1.4.10 Familial cholestasis
 - 1.4.10.1 Byler's syndrome
 - 1.4.10.2 Alagille's syndrome
 - 1.4.11 Congenital hepatic fibrosis
 - 1.4.12 Non-alcoholic steatohepatitis (NASH)/Non-alcoholic fatty liver disease (NAFLD)
- 1.5 Malignancies
 - 1.5.1 Unresectable hepatoblastoma confined to the liver
 - 1.5.2 Unresectable primary hepatocellular carcinoma (HCC) confined to the liver
 - 1.5.3 Unresectable hilar cholangiocarcinoma (CCA)
 - 1.5.4 Metastatic neuroendocrine tumors with metastasis confined to the liver
 - 1.5.5 Epithelial hemangioendotheliomas (EHE)
- 1.6 Miscellaneous conditions
 - 1.6.1 Trauma
 - 1.6.2 Fulminant hepatic failure

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- 1.6.3 Hepatorenal syndrome reversible by transplant
- 1.6.4 Polycystic disease of the liver
- 1.6.5 Familial amyloid polyneuropathy (FAP)
- 1.6.6 Urea cycle defects
- 1.6.7 Hepatopulmonary Syndrome (HPS)
- 1.6.8 Portopulmonary hypertension
- 2.0 Liver **Transplantation requires** prior authorization through the Health Services Division and is considered medically necessary when documentation in the medical records indicates that **ALL** of the following criteria are met:
 - 2.1 Member meets the institution's eligibility criteria for transplant; **AND**
 - 2.2 Member meets the criteria in Section (1.0)
- 3.0 Liver **Retransplantation requires** prior authorization through the Health Services Division and is considered medically necessary when documentation in the medical records indicates that **ALL** of the following criteria are met:
 - 3.1 Failed previous liver transplantation; **AND**
 - 3.2 All of the criteria in Section (2.0) are met; **AND**
 - 3.3 No history of behaviors since the previous transplant that would jeopardize a subsequent transplant

	Committee/Source	Date(s)
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