

7. ***Benefits for Organ and Tissue Transplants.*** Preauthorization is required for any organ or tissue transplant, even if the patient is already in a Hospital under another preauthorization. At the time of preauthorization, HMO will assign a length-of-stay for the admission. Upon request, the length-of-stay may be extended if HMO determines that an extension is Medically Necessary.
 - a. Services, including donor expenses, for the following organ and tissue transplants are covered: kidney; corneal; liver; bone marrow; kidney-pancreas; heart; lung; heart-lung (heart and one lung or heart and both lungs); and peripheral stem cell transplants, but only if all the following conditions are met:

- (1) the transplant procedure is not Experimental/Investigational in nature; and
- (2) donated human organs or tissue or a United States Food and Drug Administration approved artificial device are used; and
- (3) the recipient is a Member; and
- (4) the Member meets all of the criteria established by HMO in pertinent written medical policies; and
- (5) the Member meets all of the protocols established by the Hospital in which the transplant is performed.

Covered services and supplies related to an organ or tissue transplant include, but are not limited to x-rays, laboratory testing, chemotherapy, radiation therapy, prescription drugs, procurement of organs or tissues from a living or deceased donor, and complications arising from such transplant.

- b. Benefits are available and will be determined on the same basis as any other sickness when the transplant procedure is considered Medically Necessary and meets all of the conditions cited above.

Benefits will be available for:

- (1) a recipient who is a Member covered under the HMO; and
- (2) a donor who is a Member covered under the HMO; or
- (3) a donor who is not a Member covered under the HMO.

- c. Covered services and supplies include those provided for the:

- (1) evaluation of organs or tissues including, but not limited to, the determination of tissue matches; and
- (2) removal of organs or tissues from living or deceased donors; and
- (3) transportation and short-term storage of donated organs or tissues.

- d. No benefits are available for a Member for the following services and supplies:

- (1) living and/or travel expenses of the recipient or a live donor;
- (2) donor search and acceptability testing of potential live donors;
- (3) expenses related to maintenance of life of a donor for purposes of organ or tissue donation;
- (4) purchase of the organ or tissue other than payment for the Covered Services and supplies identified in c. above; and
- (5) organ or tissue (xenograft) obtained from another species.

Your Copayment depends on the type of treatment involved. For instance, if the treatment is given in a Physician's office, your Copayment is specified in Section 2.A. If the treatment requires a Hospital admission, your Copayment is specified in Section 2.D. There is no Copayment applicable to the donor for donor services covered hereunder.