Clinical Review Criteria
Kidney Transplant

Kaiser Permanente Clinical Review Criteria are developed to assist in administering plan benefits. These criteria neither offer medical advice nor guarantee coverage. Kaiser Permanente reserves the exclusive right to modify, revoke, suspend or change any or all of these Review Criteria, at Kaiser Permanente's sole discretion, at any time, with or without notice. Member contracts differ in their benefits. Always consult the patient's Medical Coverage Agreement or call Kaiser Permanente Customer Service to determine coverage for a specific medical service.

Criteria
For Medicare Members

<table>
<thead>
<tr>
<th>Source</th>
<th>Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Coverage Determination (NCD)</td>
<td>Thoracic Duct Drainage (TDD) in Renal Transplants (20.3) Nonselective (Random) Transfusions and Living Related Donor Specific Transfusions (DST) in Kidney Transplantation NCD 110.16</td>
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<tr>
<td>Local Coverage Determination (LCD)</td>
<td>None</td>
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For Non-Medicare Members
Kaiser Permanente has elected to use the Renal Transplant (S-1015) MCG* for medical necessity determinations.

*MCG manuals are proprietary and cannot be published and/or distributed. However, on an individual member basis, Kaiser Permanente can share a copy of the specific criteria document used to make a utilization management decision. If one of your patients is being reviewed using these criteria, you may request a copy of the criteria by calling the Kaiser Permanente Clinical Review staff at 1-800-289-1363.

If requesting this service, please send the following documentation to support medical necessity:
- Copy of final summary report from multidisciplinary transplant team

The following information was used in the development of this document and is provided as background only. It is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

Background
Kidney transplant is a surgical procedure to implant a healthy kidney into a patient with kidney disease or kidney failure. The kidney transplant may be taken from a living donor or from a recently deceased donor.

The transplant is conducted when the patient has non-reversible, end stage renal failure with a glomerular filtration rate 20 mL/min/1.73m2 (0.33 mL/sec/1.73m2) or less. There are several causes for renal failure but the most common cause is diabetes or hypertension.

Evidence and Source Documents
Renal Transplant (GHC-1015) MCG*
See evidence document for HIV patients: Organ Transplant for HIV Positive Patients

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<tr>
<th>Date Created</th>
<th>Date Revised</th>
<th>Date Last Revised</th>
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<td>10/05/2010 MPC, 08/02/2011 MPC, 06/05/2012 MPC, 04/02/2013 MPC, 02/04/2014 MPC, 12/02/2014 MPC, 10/06/2015 MPC, 08/02/2016 MPC, 06/06/2017 MPC</td>
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MDCRPC Medical Director Clinical Review and Policy Committee
MPC Medical Policy Committee

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Codes
CPT: 50300, 50320, 50323, 50325, 50327, 50328, 50329, 50340, 50360, 50365, 50370, 50380, 50547