

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



News Flash – The 2013 ICD-10-PCS files have been posted on the [2013 ICD-10 PCS and GEMs](#) web page. This includes the 2013 Index and Tabular files, guidelines, code titles, addendum to reference manual, and slides. The 2013 ICD-10-PCS files contain information on the new procedure coding system, ICD-10-PCS, that is being developed as a replacement for ICD-9-CM, Volume 3. The 2013 General Equivalent Mappings (GEMs), Reimbursement Mappings, and Reference Manual will be posted at a later date.

MLN Matters® Number: MM7908

Related Change Request (CR) #: CR 7908

Related CR Release Date: August 3, 2012

Effective Date: June 21, 2012

Related CR Transmittal #: R2513CP and R146NCD

Implementation Date: September 4, 2012

Liver Transplantation for Patients with Malignancies

Provider Types Affected

This MLN Matters® Article is intended for physicians, other providers, and suppliers who submit claims to Medicare contractors (carriers, Fiscal Intermediaries (FIs), and/or A/B Medicare Administrative Contractors (A/B MACs)) for adult liver transplantation services provided to Medicare beneficiaries.

Provider Action Needed

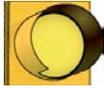


STOP – Impact to You

This article is based on Change Request (CR) 7908 which updates instructions regarding adult liver transplantation services for Medicare beneficiaries and revises relevant sections of the "Medicare Claims Processing Manual" and the "Medicare National Coverage Determinations (NCD) Manual."

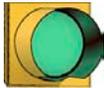
Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2011 American Medical Association.



CAUTION – What You Need to Know

Effective for claims with dates of service June 21, 2012, and later, CR7908 instructs that Medicare contractors may, at their discretion, cover adult liver transplantation for Medicare beneficiaries with 1) extrahepatic unresectable cholangiocarcinoma (CCA), 2) liver metastases due to a neuroendocrine tumor (NET), or 3) hemangioendothelioma (HAE) when furnished in an approved Liver Transplant Center. All other nationally non-covered malignancies continue to remain nationally non-covered.



GO – What You Need to Do

See the Background and Additional Information Sections of this article for further details regarding these changes.

Background

Liver transplantation (in situ replacement of a recipient's liver with a donor liver) may be an accepted treatment for patients with end stage liver disease due to a variety of causes. The procedure is used in selected patients as a treatment for malignancies including primary liver tumors (and certain metastatic tumors) which are typically rare but lethal and have very limited treatment options. It has also been used in the treatment of patients with extrahepatic perihilar malignancies. Despite potential short and long-term complications, transplantation may offer the only chance of cure for selected patients while providing meaningful palliation for some others.

Currently, Medicare covers liver transplantation for one malignancy, hepatocellular carcinoma (HCC), in certain circumstances. See the "Medicare NCD Manual" (Chapter 1, Part 4, Section 260.1(Adult Liver Transplantation)) at http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part4.pdf on the Centers for Medicare & Medicaid Services (CMS) website.

It had been approximately 10 years since CMS reviewed liver transplantation for malignancies other than Hierarchical Condition Categories (HCCs). Therefore, on October 14, 2011, CMS opened this NCD reconsideration and solicited public comment.

On June 21, 2012, CMS issued a final NCD in the form of a non-decision stating that liver transplantation for patients with certain malignancies offers the potential for some clinical benefit in patients carefully selected on a case by case basis. These malignancies are:

1. Extrahepatic unresectable cholangiocarcinoma (CCA),
2. Liver metastases due to a neuroendocrine tumor (NET) and
3. Hemangioendothelioma (HAE).

The evidence base for these malignancies is sparse and especially limited in the Medicare population. In carefully selected patients, there appears to be a survival benefit from limited case series and reviews. Thus, CMS believes that local Medicare contractors are in a better position to consider the

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2011 American Medical Association.

clinical characteristics of individual beneficiaries and the performance of transplant centers within their jurisdictions in the best interest of Medicare beneficiaries.

Therefore, CR7908 instructs that Medicare contractors may determine coverage for adult liver transplantation (when furnished in a facility that meets CMS institutional criteria) for patients with CCA, NET, or HAE. All other nationally non-covered malignancies continue to remain nationally non-covered.

Additional Information

The official instruction, CR7908 issued to your carriers, FIs, and A/B MACs, regarding this change in two transmittals. The first transmittal, R146NCD, updates the "Medicare NCD Manual" and it is available at <http://www.cms.hhs.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R146NCD.pdf> on the CMS website. The second transmittal updates the "Medicare Claims Processing Manual" and it is available at <http://www.cms.hhs.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2513CP.pdf> on the same site.

You can find more information about Medicare approval for organ transplant programs including links, applicable laws, regulations, compliance information, and a listing of currently approved programs at <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Transplant.html> on the CMS website.

If you have any questions, please contact your carriers, FIs, or A/B MACs at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2011 American Medical Association.