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| CMS Manual System | Department of Health & Human Services (DHHS) |
| Pub 100-04 Medicare Claims Processing | Centers for Medicare & Medicaid Services (CMS) |
| Transmittal 13757 | Date: April 30, 2026 |
| | Change Request 14262 |

Transmittal 13698 issued March 25, 2026, is being rescinded and replaced by Transmittal 13757, dated April 30, 2026, to update the attachment with tables and to update Business Requirement 14262.6.1. All other information remains the same.

SUBJECT: Implementation CR - Send Transplant Program Hospital Type and the New Organ Types to the Fiscal Intermediary Shared System (FISS) on Provider Enrollment Chain & Ownership System (PECOS) Extract Files and for FISS to Process so PECOS is the System of Record for the Transplant Program Hospital Type and for the Organs Type Transplanted at the Hospital

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update the PECOS to FISS extract process to send Transplant Program indicator and/or Organ Type information if needed to process claims.

EFFECTIVE DATE: April 1, 2026

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: April 6, 2026

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

| R/N/D | CHAPTER / SECTION / SUBSECTION / TITLE |
|--------------|---|
| R | 3/90/90.1/90.1.2/Billing for Kidney Transplant and Acquisition Services |
| R | 3/90/90.2/Heart Transplants |
| R | 3/90/90.4/90.4.2/Billing for Liver Transplant and Acquisition Services |
| R | 3/90/90.5/Pancreas Transplants Kidney Transplants |
| R | 3/90/90.5/90.5.1/Pancreas Transplants Alone (PA) |
| R | 3/90/90.6/Intestinal and Multi-Visceral Transplants |

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC

Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

**Business Requirements
Manual Instruction**

Attachment - Business Requirements

| | | | |
|-------------|--------------------|----------------------|-----------------------|
| Pub. 100-04 | Transmittal: 13757 | Date: April 30, 2026 | Change Request: 14262 |
|-------------|--------------------|----------------------|-----------------------|

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SUBJECT: Implementation CR - Send Transplant Program Hospital Type and the New Organ Types to the Fiscal Intermediary Shared System (FISS) on Provider Enrollment Chain & Ownership System (PECOS) Extract Files and for FISS to Process so PECOS is the System of Record for the Transplant Program Hospital Type and for the Organs Type Transplanted at the Hospital

EFFECTIVE DATE: April 1, 2026

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: April 6, 2026

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update the PECOS to FISS extract process to send Transplant Program indicator and/or Organ Type information if needed to process claims.

II. GENERAL INFORMATION

A. Background: As part of the last CMS-855A form update, the Transplant Program Subgroup/unit indicator is collected in PECOS for hospital provider types, when applicable. An organ type field is required if Transplant Program is selected as the hospital subgroup/unit. PECOS currently collects the Transplant Program indicator and Organ Type information for hospital provider types that identify having a Transplant Program. PECOS currently sends other hospital provider type Subgroup/units on Child Record 01. CMS is established an analysis CR to evaluate the need to send the Transplant Program indicator on Child Record 01 and Organ Type information on a new child record 22 to FISS.

Implementing this CR will facilitate data integrity between the two systems by ensuring that the Transplant Program Organ Type information in both systems matches and by ensuring that the FISS always has all Organ Type information as specified by the Provider in their enrollment record. In addition, it will improve efficiency by reducing the time and effort that the MACs spend researching transplant claims.

B. Policy: There are no regulatory, legislative, or statutory requirements related to this CR.

III. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

| Number | Requirement | Responsibility | | | | | | | | |
|---------|--|----------------|---|---------|------------------------|------------------------------|---------|---------|---------|-------|
| | | A/B MAC | | | DM E MA C | Shared-System Maintainers | | | | Other |
| | | A | B | HH H | | FIS S | M CS | V MS | C WF | |
| 14262.1 | The Shared System Maintainer (SSM) shall | | | | | X | | | | |

| Number | Requirement | Responsibility | | | | | | | | |
|---------|--|----------------|---|---------|--------------------|------------------------------|---------|---------|---------|-------|
| | | A/B MAC | | | DM E MA C | Shared-System Maintainers | | | | Other |
| | | A | B | HH H | | FIS S | M CS | V MS | C WF | |
| | <p>accept a new child record 22 from PECOS and create a load process for retrieval of the child record 22 record data using the existing processes.</p> <p>Note: Child 22 records received can be added or updated (current and/or history records) See Attachment 4.</p> | | | | | | | | | |
| 14262.2 | The SSM shall be prepared to receive a test file containing 01, 02 and 22 child records no later than January 5, 2026. | | | | | X | | | | |
| 14262.3 | <p>The SSM shall create a new menu option MAP/screen to house the following transplant information when a Child Record 22 is received from PECOS:</p> <ul style="list-style-type: none"> • From the 02 record, the billing provider CMS Certification Number (CCN), • From the 22 record: Create date, Organ Type, Organ Type Effective Date, Organ Type End date, Other Organ Type Description. <p>Note: See Attachment 5 for the Organ Type Codes.</p> <p>Note: If Other Organ Type is selected, the SSM shall only display the information on the daily</p> | | | | | X | | | | |

| Number | Requirement | Responsibility | | | | | | | | |
|---------------|--|----------------|---|---------|--------------------|------------------------------|---------|---------|---------|-------|
| | | A/B MAC | | | DM E MA C | Shared-System Maintainers | | | | Other |
| | | A | B | HH H | | FIS S | M CS | V MS | C WF | |
| | 'Transplant Record' report as described in BR 14262.4 | | | | | | | | | |
| 14262.4 | The SSM shall create a daily 'Transplant Record' report that will include the Transplant records added or updated containing the data from BR 14262.3. The report shall be sorted by CCN | | | | | X | | | | |
| 14262.5 | The SSM shall create an updatable Parameter Screen (PARM) to house the ICD-10 procedure codes in Attachment 6. | | | | | X | | | | |
| 14262.5 .1 | The SSM shall populate the PARM data by listing the ICD-10 procedure code and their associated transplant type(s). See Attachment 6. | | | | | X | | | | |
| 14262.5 .2 | The MACs shall be responsible for maintaining the PARM by updating new procedure codes and/or transplant types as directed by CMS. | X | | | | | | | | |
| 14262.6 | The SSM shall modify the process for assignment of the Medicare Code Editor (MCE) reason codes W1505 through W1510 and W1867 through W1885 by analyzing the PARM and new Transplant Screen to determine if the MCE edit should continue to be assigned or bypassed (not assigned). | | | | | X | | | | |

| Number | Requirement | Responsibility | | | | | | | | |
|---------------|--|----------------|---|---------|--------------------|------------------------------|---------|---------|---------|-------|
| | | A/B MAC | | | DM E MA C | Shared-System Maintainers | | | | Other |
| | | A | B | HH H | | FIS S | M CS | V MS | C WF | |
| 14262.6 .1 | <p>The SSM shall create a new reason codes set to Return to Provider(RTP) to be applied if any of the following ICD-10-CM PCS procedure codes:</p> <p>02HA0QZ</p> <p>02HA0RS</p> <p>02HA0RZ</p> <p>02HA3RS</p> <p>02HA4RS</p> <p>02HA4RZ</p> <p>02WA0QZ</p> <p>02WA3QZ</p> <p>02WA4QZ</p> <p>02WA0RZ</p> <p>02WA3RZ</p> <p>02WA4RZ</p> <p>If any of the above codes are found in any ICD-10-CM PCS procedure code position on the claim and analyzing the PARM and new Transplant Screen to determine if the new edit should continue to be assigned or bypassed (not assigned).</p> | X | | | | X | | | | |
| 14262.6 .2 | The SSM shall create a new reason codes (set to RTP) to be applied if any of the following ICD-10- | X | | | | X | | | | |

| Number | Requirement | Responsibility | | | | | | | | |
|---------------|---|----------------|---|---------|--------------------|------------------------------|---------|---------|---------|-------|
| | | A/B MAC | | | DM E MA C | Shared-System Maintainers | | | | Other |
| | | A | B | HH H | | FIS S | M CS | V MS | C WF | |
| | <p>CM PCS procedure codes:</p> <p>02RK0JZ</p> <p>If any of the above codes are found in any ICD-10-CM PCS procedure code position on the claim and analyzing the PARM and new Transplant Screen to determine if the new edit should continue to be assigned or bypassed (not assigned).</p> | | | | | | | | | |
| 14262.6 .3 | MACs shall update editing to RTP the existing MCE reason code range W1505 through W1510 and W1867 through W1885. | X | | | | | | | | |
| 14262.6 .4 | <p>The SSM shall not edit based on patient's age with provider's organ type if the provider is allowed to bill one of the organ types allowed in the PARM for the ICD-10-CM PCS on the claim.</p> <p>For example: If the patient's claim has ICD-10-CM PCS "02YA0Z0", and the facility is approved as a pediatric Heart/Lung transplant facility (as noted in PECOS with a HOSP_ORGN_TYPE_CD = 8, but the patients age is 67, FISS shall allow this claim to process as an approved transplant facility (adult patient transplanted in approved Pediatric transplant</p> | | | | X | | | | | |

| Number | Requirement | Responsibility | | | | | | | | |
|----------|--|----------------|---|---------|--------------------|------------------------------|---------|---------|---------|-------|
| | | A/B MAC | | | DM E MA C | Shared-System Maintainers | | | | Other |
| | | A | B | HH H | | FIS S | M CS | V MS | C WF | |
| | facility) because the procedure "02YA0Z0" allows 1, 2, 8, or 9 and the IOM 100-07, Chapter 2, Section 2061A and appendix "X" section X-024 allows a transplant facility to perform both pediatric and adult transplants independent of approved transplant facility type based on age. | | | | | | | | | |
| 14262.7 | The SSM shall remove system logic for claim level reason codes 32917 and 32918 from the system and set the reason code status/location to SMDLTD. | | | | | X | | | | |
| 14262.8 | The SSM shall remove the LIVER IND and LIVER DT fields from the provider file, MAP1101. | | | | | X | | | | |
| 14262.9 | The SSM shall remove the HEART TRANSPLANT CERT DT field from the provider file MAP1101. | | | | | X | | | | |
| 14262.10 | The SSM shall remove the TRANSPLANT date field for kidney transplants from the provider file MAP1104. | | | | | X | | | | |
| 14262.11 | The SSM shall modify the Pricer interface process by no longer sending the Liver, Heart and Kidney values from the provider file to the Pricer (data will be initialized if the fields are not removed by the | | | | | X | | | | |

| Number | Requirement | Responsibility | | | | | | | | |
|--------------|--|----------------|---|---------|--------------------|------------------------------|---------|---------|--|-------|
| | | A/B MAC | | | DM E MA C | Shared-System Maintainers | | | | Other |
| | | A | B | HH H | | FIS S | M CS | V MS | C WF | |
| | Pricer team). | | | | | | | | | |
| 14262.1 2 | The SSM shall modify the 01 child record copybook to include new fields present on the record, however, the data shall not be displayed or used in the system. | | | | | X | | | | |
| 14262.1 3 | Contractors shall attend a single call with PECOS and SSM to determine any file issues early in the Software Development Life Cycle near the end of week of January 5, 2026. | | | | | X | | | Hybrid Cloud Data Center (HDC C), MIST, PECO S | |
| 14262.1 4 | PECOS shall add the following organ type to the organ type list. 16 - Heart Assist registry | | | | | X | | | PECO S | |
| 14262.1 5 | The CMS shall provide an approval for transplant hospital data sheet with accurate hospital CCN/National Provider Identifier (NPI) combinations. <ul style="list-style-type: none"> Each hospital CCN/NPI combination should have only one occurrence for an organ type. Hospitals that have multiple transplant centers for the organ | | | | | | | | CMS, PECO S | |

| Number | Requirement | Responsibility | | | | | | | | |
|----------|---|----------------|---|---------|--------------------|------------------------------|---------|---------|-----------|-------|
| | | A/B MAC | | | DM E MA C | Shared-System Maintainers | | | | Other |
| | | A | B | HH H | | FIS S | M CS | V MS | C WF | |
| | <p>Approved Finalized Hospital Enrollments that match CCN/NPI combinations shall be updated as follows:</p> <ul style="list-style-type: none"> • If the organ type does not exist on the matching enrollment, the following data will be added to the enrollment: <ul style="list-style-type: none"> ○ Transplant Program indicator shall be set to Y. ○ Organ Type Code ○ Effective Date <p>If the organ type does exist on the matching enrollment, no changes shall be made to the organ type record since the information was submitted by the provider.</p> | | | | | | | | | |
| 14262.16 | <p>PECOS shall trigger and send the enrollments with transplant program organ types in the first Daily FISS Extract file after go-live.</p> <p>All current and historical organ type information for these enrollments shall be sent on this first file to populate the FISS system with the enrollments</p> | | | | | X | | | PECO S | |

| Number | Requirement | Responsibility | | | | | | | | |
|----------------|--|----------------|---|---------|--------------------|------------------------------|---------|---------|---------|-----------|
| | | A/B MAC | | | DM E MA C | Shared-System Maintainers | | | | Other |
| | | A | B | HH H | | FIS S | M CS | V MS | C WF | |
| | organ type information. | | | | | | | | | |
| 14262.1 7 | <p>PECOS shall send the Specialty Hospital and Transplant Program subunit/subgroup indicator to FISS via updated FISS Child Record 01.</p> <ul style="list-style-type: none"> • Transplant Program: <ul style="list-style-type: none"> ○ Field Name: Transplant Program ○ Length: 1 ○ Position: 120 ○ Value: Y or N <p>Note: Logic for existing fields in the extract file shall remain unchanged.</p> | | | | | X | | | | PECO S |
| 14262.1 7.1 | <p>PECOS shall send the current and historic organ types on the new Child Record 22 – Organ Types. When enrollment is triggered to FISS.</p> <p>The Organ Type code shall be sent for the following Organ Type Descriptions:</p> <p>HOSP_ORGN_TYPE_CD</p> | | | | | X | | | | PECO S |

| Number | Requirement | Responsibility | | | | | | | | |
|----------------|--|----------------|---|---------|--------------------|------------------------------|---------|---------|---------|--|
| | | A/B MAC | | | DM E MA C | Shared-System Maintainers | | | | Other |
| | | A | B | HH H | | FIS S | M CS | V MS | C WF | |
| | that organ type. | | | | | | | | | |
| 14262.1 8.1 | PECOS AI shall allow an Organ Type End Date = Effective Date to signify deleted Organ Type information. | | | | | | | | | PECO S |
| 14262.1 8.2 | PECOS AI shall disable the delete option for previously finalized current Organ Types. | | | | | | | | | PECO S |
| 14262.1 9 | Contractors shall educate providers regarding the use of the “Other Organ Type” and free form text field. Existing Organ Type options should not be listed in the Other Organ Type free form text field. | X | | | | | | | | |
| 14262.2 0 | Contractors shall set the Organ Type End Date = Organ Type Effective date when an Organ Type data or an Organ Type Effective Date was entered in error. | X | | | | | | | | |
| 14262.2 1 | PECOS shall send the sample test file created in BR 14262.16 to SSM by January 5, 2026 for alpha testing and send a sample test file to the Medicare Integrated System Testing (MIST) by February 5, 2026 and send a complete test file to Virtual Data Centers (VDCs) for User Acceptance Testing (UAT) by March 9, 2026. VDCs shall allow for A/B MAC (A) testing of the Daily FISS Extract file | X | | | | X | | | | Hybrid Cloud Data Center (HCD C), MIST, PECO S |

| Number | Requirement | Responsibility | | | | | | | | |
|----------|---|----------------|---|---------|--------------------|------------------------------|---------|---------|---------|---|
| | | A/B MAC | | | DM E MA C | Shared-System Maintainers | | | | Other |
| | | A | B | HH H | | FIS S | M CS | V MS | C WF | |
| | <p>process in UAT during the normal release testing process.</p> <p>Note: The test file sent on March 9, 2026, shall contain data for BR 14262.17 and BR 14262.17.1.</p> | | | | | | | | | |
| 14262.22 | Contractors shall not process any 855A Hospital Enrollment records into PECOS from April 3, 2026 – April 5, 2026 (dark days) as the changes are made to the production PECOS files. | X | | | | | | | | |
| 14262.23 | PECOS shall ensure that A/B MAC (A) contractor site specific data will be captured for each A/B MAC (A) FISS region and not one large file that contains every A/B MAC (A) contractor's information. | | | | | | | | | Hybrid Cloud Data Center (HCD C), PECOS |
| 14262.24 | <p>SSM shall provide the team working on this issue by day one of the Program Increment planning.</p> <p>Medicare contractors which includes the claims processing experts at the MACs and the provider enrollment experts shall send participant names and email addresses within three (3) business days of final issuance of this CR to kusum.jha2@cms.hhs.gov</p> | X | | | | X | | | | PECO S |

| Number | Requirement | Responsibility | | | | | | | | |
|----------|---|----------------|---|---------|--------------------|------------------------------|---------|---------|---------|--|
| | | A/B MAC | | | DM E MA C | Shared-System Maintainers | | | | Other |
| | | A | B | HH H | | FIS S | M CS | V MS | C WF | |
| 14262.27 | SSM shall support MACs/ PECOS during UAT testing. | X | | | | X | | | | PECO S |
| 14262.28 | SSM and MACs shall participate in UAT kick off call and twice per week UAT status calls as well as a go/no go call, which will be held at the end of UAT to determine if there will be major impacts to the hospital community prior to implementation. Claims processing experts at the MACs and provider enrollment experts at the MACs shall also attend these calls and participate in UAT testing. | X | | | | X | | | | Hybrid Cloud Data Center (HDC), PECO S |
| 14262.29 | Contractors shall participate in additional calls as needed to address questions that arise during implementation or UAT. The SSM, PECOS, Claims processing experts at the MACs, provider enrollment experts at the MACs, and CMS shall attend these calls during the implementation and UAT timeframe as required. | X | | | | X | | | | PECO S |
| 14262.30 | Contractors shall provide sign off for April release for Send Transplant Program and Organ Type end-to-end testing at the end of the UAT testing. Claims processing experts at the MACs and provider enrollment experts at the MACs shall also participate in UAT testing. | X | | | | | | | | PECO S |

IV. PROVIDER EDUCATION

Medicare Learning Network® (MLN): CMS will develop and release national provider education content and market it through the MLN Connects® newsletter shortly after we issue the CR. MACs shall link to relevant information on your website and follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 for distributing the newsletter to providers. When you follow this manual section, you don't need to separately track and report MLN content releases. You may supplement with your local educational content after we release the newsletter.

Impacted Contractors:

V. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

| X-Ref Requirement Number | Recommendations or other supporting information: |
|---------------------------------|---|
|---------------------------------|---|

Section B: All other recommendations and supporting information: N/A

VI. CONTACTS

Pre-Implementation Contact(s): Dionna Fair Latta, 410-375-3375 or dionna.fair-latta@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VII. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 1

Medicare Claims Processing Manual

Chapter 3 - Inpatient Hospital Billing

Table of Contents

(Rev. 13757; Issued: 04-30-26)

Transmittals for Chapter 3

90.1.2 - Billing for Kidney Transplant and Acquisition Services

(Rev.: 13757; Issued: 04-30-26; Effective: 04-01-26; Implementation: 04-06-26)

Applicable standard kidney acquisition charges are identified separately by revenue code 0811 (Living Donor Kidney Acquisition) or 0812 (Cadaver Donor Kidney Acquisition). Where interim bills are submitted, the standard acquisition charge appears on the billing form for the period during which the transplant took place. This charge is in addition to the hospital's charges for services rendered directly to the Medicare recipient.

The contractor deducts kidney acquisition charges for PPS hospitals for processing through Pricer. These costs, incurred by approved kidney transplant hospitals, are not included in the kidney transplant prospective payment. They are paid on a reasonable cost basis. Interim payment is paid as a "pass through" item. (See the Provider Reimbursement Manual, Part 1, §2802 B.8.) The contractor includes kidney acquisition charges under the appropriate revenue code in CWF.

Bill Review Procedures

The Medicare Code Editor (MCE) creates a Limited Coverage edit for kidney transplant procedure codes. Where these procedure codes are identified by MCE, the *shared system* checks the provider number to determine if the provider is an approved transplant center, and checks the effective approval date. The *shared system* shall also determine if the facility is certified for adults and/or pediatric transplants *and Return To Provider (RTP) as appropriate*. If payment is appropriate (i.e., the center is approved and the service is on or after the approval date) it overrides the limited coverage edit.

90.2 - Heart Transplants

(Rev.: 13757; Issued: 04-30-26; Effective: 04-01-26; Implementation: 04-06-26)

Cardiac transplantation is covered under Medicare when performed in a facility which is approved by Medicare as meeting institutional coverage criteria. On April 6, 1987, CMS Ruling 87-1, "Criteria for Medicare Coverage of Heart Transplants" was published in the "Federal Register." For Medicare coverage purposes, heart transplants are medically reasonable and necessary when performed in facilities that meet these criteria. If a hospital wishes to bill Medicare for heart transplants, it must submit an application and documentation, showing its ongoing compliance with each criterion.

If a contractor has any questions concerning the effective or approval dates of its hospitals, it should contact its RO.

For a complete list of approved transplant centers, visit:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/downloads/ApprovedTransplantPrograms.pdf>

A. - Effective Dates

The effective date of coverage for heart transplants performed at facilities applying after July 6, 1987, is the date the facility receives approval as a heart transplant facility. Coverage is effective for discharges October 17, 1986 for facilities that would have qualified and that applied by July 6, 1987. All transplant hospitals will be recertified under the final rule, **Federal Register** / Vol. 72, No. 61 / Friday, March 30, 2007, / Rules and Regulations.

The CMS informs each hospital of its effective date in an approval letter.

B. - Drugs

Medicare Part B covers immunosuppressive drugs following a covered transplant in an approved facility.

C. - Noncovered Transplants

Medicare will **not** cover transplants or re-transplants in facilities that have not been approved as meeting the facility criteria. If a beneficiary is admitted for and receives a heart transplant from a hospital that is not approved, physicians' services, and inpatient services associated with the transplantation procedure are not covered.

If a beneficiary received a heart transplant from a hospital while it was not an approved facility and later requires services as a result of the noncovered transplant, the services are covered when they are reasonable and necessary in all other respects.

D. - Charges for Heart Acquisition Services

The excising hospital bills the OPO, who in turn bills the transplant (implant) hospital for applicable services. It should not submit a bill to its contractor. The transplant hospital must keep an itemized statement that identifies the services rendered, the charges, the person receiving the service (donor/recipient), and whether this person is a potential transplant donor or recipient. These charges are reflected in the transplant hospital's heart acquisition cost center and are used in determining its standard charge for acquiring a donor's heart. The standard charge is not a charge representing the acquisition cost of a specific heart; rather, it reflects the average cost associated with each type of heart acquisition. Also, it is an all inclusive charge for all services required in acquisition of a heart, i.e., tissue typing, post-operative evaluation, etc.

Acquisition charges shall be billed on a 081X revenue code. Such charges are not considered for the IPPS outlier calculation when billed for a heart transplant.

E. - Bill Review Procedures

The *shared system* takes the following actions to process heart transplant bills. It may accomplish them manually or modify its MCE and Grouper interface programs to handle the processing.

1. MCE Interface

The MCE creates a Limited Coverage edit for heart transplant procedure codes. Where these procedure codes are identified by MCE, the *shared system* checks the provider number to determine if the provider is an approved transplant center, and checks the effective approval date. The *shared system* shall also determine if the facility is certified for adults and/or pediatric transplants. If payment is appropriate (i.e., the center is approved, and the service is on or after the approval date) it overrides the limited coverage edit.

2. Handling Heart Transplant Billings From Nonapproved Hospitals

Where a heart transplant and covered services are provided by a nonapproved hospital, the bill data processed through Grouper and Pricer must exclude transplant procedure codes and related charges.

90.4.2 - Billing for Liver Transplant and Acquisition Services

(Rev.: 13757; Issued: 04-30-26; Effective: 04-01-26; Implementation: 04-06-26)

The inpatient claim is completed in accordance with instructions in chapter 25 for the beneficiary who receives a covered liver transplant. Applicable standard liver acquisition charges are identified separately by revenue code 081X. Where interim bills are submitted, the standard acquisition charge appears on the billing form for the period during which the transplant took place. This charge is in addition to the hospital's charge for services furnished directly to the Medicare recipient.

The contractor deducts liver acquisition charges for IPPS hospitals prior to processing through Pricer. Costs of liver acquisition incurred by approved liver transplant facilities are not included in the liver transplant prospective payment. They are paid on a reasonable cost basis. This item is a "pass-through" cost for which interim payments are made. (See the Provider Reimbursement Manual, Part 1, §2802 B.8.) The contractor includes liver acquisition charges under revenue code 081X in the HUIP record that it sends to CWF and the QIO.

MCE Interface

The MCE contains a limited coverage edit for liver transplant procedures using below ICD-10-CM codes if ICD-10-CM is applicable.

Nationally Covered Diagnosis Codes

| Diagnosis Code | Description |
|----------------|--|
| B16.0 | Acute hepatitis B with delta-agent with hepatic coma |
| B16.1 | Acute hepatitis B with delta-agent without hepatic coma |
| B16.2 | Acute hepatitis B without delta-agent with hepatic coma |
| B16.9 | Acute hepatitis B without delta-agent and without hepatic coma |
| B17.0 | Acute delta-(super) infection of hepatitis B carrier |
| B17.10 | Acute hepatitis C without hepatic coma |
| B17.11 | Acute hepatitis C with hepatic coma |
| B17.2 | Acute hepatitis E |
| B17.8 | Other specified acute viral hepatitis |
| B17.9 | Acute viral hepatitis, unspecified |
| B18.0 | Chronic viral hepatitis B with delta-agent |
| B18.1 | Chronic viral hepatitis B without delta-agent |
| B18.2 | Chronic viral hepatitis C |
| B18.8 | Other chronic viral hepatitis |
| B18.9 | Chronic viral hepatitis, unspecified |
| B19.0 | Unspecified viral hepatitis with hepatic coma |
| B16.0 | Acute hepatitis B with delta-agent with hepatic coma |
| B16.1 | Acute hepatitis B with delta-agent without hepatic coma |
| B16.2 | Acute hepatitis B without delta-agent with hepatic coma |
| B19.10 | Unspecified viral hepatitis B without hepatic coma |
| B19.11 | Unspecified viral hepatitis B with hepatic coma |
| B19.20 | Unspecified viral hepatitis C without hepatic coma |
| B19.21 | Unspecified viral hepatitis C with hepatic coma |
| B19.9 | Unspecified viral hepatitis without hepatic coma |
| C22.0 | Liver cell carcinoma |
| E70.1 | Other hyperphenylalaninemias |
| E70.20 | Disorder of tyrosine metabolism, unspecified |
| E70.21 | Tyrosinemia |
| E70.29 | Other disorders of tyrosine metabolism |

| Diagnosis Code | Description |
|-----------------------|---|
| E70.30 | Albinism, unspecified |
| E70.310 | X-linked ocular albinism |
| E70.311 | Autosomal recessive ocular albinism |
| E70.318 | Other ocular albinism |
| E70.319 | Ocular albinism, unspecified |
| E70.320 | Tyrosinase negative oculocutaneous albinism |
| E70.321 | Tyrosinase positive oculocutaneous albinism |
| E70.328 | Other oculocutaneous albinism |
| E70.329 | Oculocutaneous albinism, unspecified |
| E70.330 | Chediak-Higashi syndrome |
| E70.331 | Hermansky-Pudlak syndrome |
| E70.338 | Other albinism with hematologic abnormality |
| E70.339 | Albinism with hematologic abnormality, unspecified |
| E70.39 | Other specified albinism |
| E70.40 | Disorders of histidine metabolism, unspecified |
| E70.41 | Histidinemia |
| E70.49 | Other disorders of histidine metabolism |
| E70.5 | Disorders of tryptophan metabolism |
| E70.81 | Aromatic L-amino acid decarboxylase deficient |
| E70.89 | Other disorders of aromatic amino-acid metabolism |
| E70.9 | Disorder of aromatic amino-acid metabolism, unspecified |
| E71.0 | Maple-syrup-urine disease |
| E71.110 | Isovaleric acidemia |
| E71.111 | 3-methylglutaconic aciduria |
| E71.118 | Other branched-chain organic acidurias |
| E71.120 | Methylmalonic acidemia |
| E71.121 | Propionic acidemia |
| E71.19 | Other disorders of branched-chain amino-acid metabolism |
| E71.2 | Disorder of branched-chain amino-acid metabolism, unspecified |
| E71.30 | Disorder of fatty-acid metabolism, unspecified |
| E71.310 | Long chain/very long chain acyl CoA dehydrogenase deficiency |
| E71.311 | Medium chain acyl CoA dehydrogenase deficiency |
| E71.312 | Short chain acyl CoA dehydrogenase deficiency |
| E71.313 | Glutaric aciduria type II |
| E71.314 | Muscle carnitine palmitoyltransferase deficiency |
| E71.318 | Other disorders of fatty-acid oxidation |
| E71.32 | Disorders of ketone metabolism |
| E71.39 | Other disorders of fatty-acid metabolism |
| E71.40 | Disorder of carnitine metabolism, unspecified |
| E71.41 | Primary carnitine deficiency |
| E71.42 | Carnitine deficiency due to inborn errors of metabolism |
| E71.43 | Iatrogenic carnitine deficiency |
| E71.440 | Ruvalcaba-Myhre-Smith syndrome |
| E71.448 | Other secondary carnitine deficiency |
| E71.50 | Peroxisomal disorder, unspecified |
| E71.510 | Zellweger syndrome |
| E71.511 | Neonatal adrenoleukodystrophy |
| E71.518 | Other disorders of peroxisome biogenesis |
| E71.520 | Childhood cerebral X-linked adrenoleukodystrophy |

| Diagnosis Code | Description |
|-----------------------|--|
| E71.521 | Adolescent X-linked adrenoleukodystrophy |
| E71.522 | Adrenomyeloneuropathy |
| E71.528 | Other X-linked adrenoleukodystrophy |
| E71.529 | X-linked adrenoleukodystrophy, unspecified type |
| E71.53 | Other group 2 peroxisomal disorders |
| E71.540 | Rhizomelic chondrodysplasia punctata |
| E71.541 | Zellweger-like syndrome |
| E71.542 | Other group 3 peroxisomal disorders |
| E71.548 | Other peroxisomal disorders |
| E72.00 | Disorders of amino-acid transport, unspecified |
| E72.01 | Cystinuria |
| E72.02 | Hartnup's disease |
| E72.03 | Lowe's syndrome |
| E72.04 | Cystinosis |
| E72.09 | Other disorders of amino-acid transport |
| E72.10 | Disorders of sulfur-bearing amino-acid metabolism, unspecified |
| E72.11 | Homocystinuria |
| E72.12 | Methylenetetrahydrofolate reductase deficiency |
| E72.19 | Other disorders of sulfur-bearing amino-acid metabolism |
| E72.20 | Disorder of urea cycle metabolism, unspecified |
| E72.21 | Argininemia |
| E72.22 | Arginosuccinic aciduria |
| E72.23 | Citrullinemia |
| E72.29 | Other disorders of urea cycle metabolism |
| E72.3 | Disorders of lysine and hydroxylysine metabolism |
| E72.4 | Disorders of ornithine metabolism |
| E72.50 | Disorder of glycine metabolism, unspecified |
| E72.51 | Non-ketotic hyperglycinemia |
| E72.52 | Trimethylaminuria |
| E72.53 | Primary hyperoxaluria |
| E72.59 | Other disorders of glycine metabolism |
| E72.81 | Disorders of gamma aminobutyric acid |
| E72.89 | Other specified disorders of amino-acid metabolism |
| E72.9 | Disorder of amino-acid metabolism, unspecified |
| E80.0 | Hereditary erythropoietic porphyria |
| E80.29 | Other porphyria |
| E83.00 | Disorder of copper metabolism, unspecified |
| E83.01 | Wilson's disease |
| E83.09 | Other disorders of copper metabolism |
| E83.110 | Hereditary hemochromatosis |
| E83.111 | Hemochromatosis due to repeated red blood cell transfusions |
| E83.118 | Other hemochromatosis |
| E83.119 | Hemochromatosis, unspecified |
| E85.0 | Non-neuropathic hereditary familial amyloidosis |
| E85.1 | Neuropathic hereditary familial amyloidosis |
| E85.2 | Hereditary familial amyloidosis, unspecified |
| E85.3 | Secondary systemic amyloidosis |
| E85.4 | Organ-limited amyloidosis |
| E85.89 | Other amyloidosis |

| Diagnosis Code | Description |
|-----------------------|---|
| E88.01 | Alpha-1-antitrypsin deficiency |
| E88.02 | Plasminogen deficiency |
| I82.0 | Budd-Chiari syndrome |
| K70.0 | Alcoholic fatty liver |
| K70.10 | Alcoholic hepatitis without ascites |
| K70.11 | Alcoholic hepatitis with ascites |
| K70.2 | Alcoholic fibrosis and sclerosis of liver |
| K70.30 | Alcoholic cirrhosis of liver without ascites |
| K70.31 | Alcoholic cirrhosis of liver with ascites |
| K70.40 | Alcoholic hepatic failure without coma |
| K70.41 | Alcoholic hepatic failure with coma |
| K70.9 | Alcoholic liver disease, unspecified |
| K71.0 | Toxic liver disease with cholestasis |
| K71.10 | Toxic liver disease with hepatic necrosis, without coma |
| K71.11 | Toxic liver disease with hepatic necrosis, with coma |
| K71.2 | Toxic liver disease with acute hepatitis |
| K71.3 | Toxic liver disease with chronic persistent hepatitis |
| K71.4 | Toxic liver disease with chronic lobular hepatitis |
| K71.50 | Toxic liver disease with chronic active hepatitis without ascites |
| K71.51 | Toxic liver disease with chronic active hepatitis with ascites |
| K71.6 | Toxic liver disease with hepatitis, not elsewhere classified |
| K71.7 | Toxic liver disease with fibrosis and cirrhosis of liver |
| K71.8 | Toxic liver disease with other disorders of liver |
| K72.00 | Acute and subacute hepatic failure without coma |
| K72.01 | Acute and subacute hepatic failure with coma |
| K72.10 | Chronic hepatic failure without coma |
| K72.11 | Chronic hepatic failure with coma |
| K72.90 | Hepatic failure, unspecified without coma |
| K72.91 | Hepatic failure, unspecified with coma |
| K73.1 | Chronic lobular hepatitis, not elsewhere classified |
| K73.2 | Chronic active hepatitis, not elsewhere classified |
| K73.8 | Other chronic hepatitis, not elsewhere classified |
| K73.9 | Chronic hepatitis, unspecified |
| K74.01 | Hepatic fibrosis, early fibrosis |
| K74.02 | Hepatic fibrosis, advanced fibrosis |
| K74.1 | Hepatic sclerosis |
| K74.2 | Hepatic fibrosis with hepatic sclerosis |
| K74.3 | Primary biliary cirrhosis |
| K74.4 | Secondary biliary cirrhosis |
| K74.5 | Biliary cirrhosis, unspecified |
| K74.60 | Unspecified cirrhosis of liver |
| K74.69 | Other cirrhosis of liver |
| K75.0 | Abscess of liver |
| K75.1 | Phlebitis of portal vein |
| K75.2 | Nonspecific reactive hepatitis |
| K75.3 | Granulomatous hepatitis, not elsewhere classified |
| K75.4 | Autoimmune hepatitis |
| K75.81 | Nonalcoholic steatohepatitis (NASH) |
| K75.89 | Other specified inflammatory liver diseases |

| Diagnosis Code | Description |
|-----------------------|---|
| K75.9 | Inflammatory liver disease, unspecified |
| K76.0 | Fatty (change of) liver, not elsewhere classified |
| K76.1 | Chronic passive congestion of liver |
| K76.2 | Central hemorrhagic necrosis of liver |
| K76.3 | Infarction of liver |
| K76.4 | Peliosis hepatis |
| K76.5 | Hepatic veno-occlusive disease |
| K76.6 | Portal hypertension |
| K76.7 | Hepatorenal syndrome |
| K76.81 | Hepatopulmonary syndrome |
| K76.89 | Other specified diseases of liver |
| K77 | Liver disorders in diseases classified elsewhere |
| K83.01 | Primary sclerosing cholangitis |
| K83.09 | Other cholangitis |
| K83.1 | Obstruction of bile duct |
| K83.5 | Biliary cyst |
| K83.8 | Other specified diseases of biliary tract |
| K83.9 | Disease of biliary tract, unspecified |
| K91.82 | Postprocedural hepatic failure |
| Q44.1 | Other congenital malformations of gallbladder |
| Q44.2 | Atresia of bile ducts |
| Q44.3 | Congenital stenosis and stricture of bile ducts |
| Q44.4 | Choledochal cyst |
| Q44.6 | Cystic disease of liver |
| T86.40 | Unspecified complication of liver transplant |
| T86.41 | Liver transplant rejection |
| T86.42 | Liver transplant failure |

Local Discretion Covered Diagnosis Codes

| Diagnosis Code | Description |
|-----------------------|---|
| C24.0 | Malignant neoplasm of extrahepatic bile duct |
| C7B.02 | Secondary carcinoid tumors of liver |
| D37.6 | Neoplasm of uncertain behavior of liver, gallbladder and bile ducts |

Nationally NON-Covered Diagnosis Codes

| Diagnosis Code | Description |
|-----------------------|--|
| C22.1 | Intrahepatic bile duct carcinoma |
| C22.3 | Angiosarcoma of liver |
| C22.7 | Other specified carcinomas of liver |
| C78.7 | Secondary malignant neoplasm of liver and intrahepatic bile duct |
| C7A.1 | Malignant poorly differentiated neuroendocrine tumors |
| C7A.8 | Other malignant neuroendocrine tumors |
| C7B.8 | Other secondary neuroendocrine tumors |
| D01.5 | Carcinoma in situ of liver, gallbladder and bile ducts |
| D18.00 | Hemangioma unspecified site |
| D18.01 | Hemangioma of skin and subcutaneous tissue |

| | |
|--------|--|
| D18.02 | Hemangioma of intracranial structures |
| D18.03 | Hemangioma of intra-abdominal structures |
| D18.09 | Hemangioma of other sites |
| D3A.8 | Other benign neuroendocrine tumors |

The MCE contains a limited coverage edit for liver transplant procedures using ICD- 10-PCS codes, if ICD-10-PCS code is applicable.

0FY00Z0- Transplantation of Liver, Allogeneic, Open Approach 0FY00Z1-Transplantation of Liver, Syngeneic, Open Approach

Where a liver transplant procedure code is identified by the MCE, the shared system shall check the provider number and effective date to determine if the provider is an approved liver transplant facility at the time of the transplant. Contractors shall use claims data to determine that the coverage criteria specified in Publication 100-03, Section 260.1 have been met. If payment is appropriate (i.e., the facility is approved, the service is furnished on or after the approval date, and the beneficiary has a covered condition), the contractor sends the claim to Grouper and Pricer.

If none of the diagnosis's codes are for a covered condition, the contractor denies the claim.

NOTE: Some noncovered conditions are included in the covered diagnostic codes. (The diagnostic codes are broader than the covered conditions. Do not pay for noncovered conditions.

Grouper

If the bill shows a discharge date before March 8, 1990, the liver transplant procedure is not covered. If the discharge date is March 8, 1990 or later, the contractor processes the bill through Grouper and Pricer. If the discharge date is after March 7, 1990, and before October 1, 1990, Grouper assigned CMS DRG 191 or 192. The contractor sent the bill to Pricer with review code 08. Pricer would then overlay CMS DRG 191 or 192 with CMS DRG 480 and the weights and thresholds for CMS DRG 480 to price the bill. If the discharge date is after September 30, 1990, Grouper assigns CMS DRG 480 and Pricer is able to price without using review code 08. If the discharge date is after September 30, 2007, Grouper assigns MS-DRG 005 or 006 (Liver transplant with MCC or Intestinal Transplant or Liver transplant without MCC, respectively) and Pricer is able to price without using review code 08.

Liver Transplant Billing From Non-approved Hospitals

Where a liver transplant and covered services are provided by a non-approved hospital, the bill data processed through Grouper and Pricer must exclude transplant procedure codes and related charges.

When CMS approves a hospital to furnish liver transplant services, it informs the hospital of the effective date in the approval letter. The contractor will receive a copy of the letter.

90.5 - Pancreas Transplants Kidney Transplants

(Rev.: 13757; Issued: 04-30-26; Effective: 04-01-26; Implementation: 04-06-26)

A. - Background

Effective July 1, 1999, Medicare covered pancreas transplantation when performed simultaneously with or following a kidney transplant if ICD-9 is applicable, ICD-9-CM

procedure code 55.69. If ICD-10 is applicable, the following ICD-10-PCS codes will be used:

0TY00Z0,
0TY00Z1,
0TY00Z2,
0TY10Z0.
0TY10Z1, and
0TY10Z2.

Pancreas transplantation is performed to induce an insulin independent, euglycemic state in diabetic patients. The procedure is generally limited to those patients with severe secondary complications of diabetes including kidney failure. However, pancreas transplantation is sometimes performed on patients with labile diabetes and hypoglycemic unawareness. Medicare has had a policy of not covering pancreas transplantation. The Office of Health Technology Assessment performed an assessment on pancreas-kidney transplantation in 1994. They found reasonable graft survival outcomes for patients receiving either simultaneous pancreas-kidney (SPK) transplantation or pancreas after kidney (PAK) transplantation. For a list of facilities approved to perform SPK or PAK, refer to the following Web site: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/downloads/ApprovedTransplantPrograms.pdf>

B. - Billing for Pancreas Transplants

There are no special provisions related to managed care participants. Managed care plans are required to provide all Medicare covered services. Medicare does not restrict which hospitals or physicians may perform pancreas transplantation.

The transplant procedure and revenue code 0360 for the operating room are paid under these codes. Procedures must be reported using the current ICD procedure codes for pancreas and kidney transplants. Providers must place at least one of the following transplant procedure codes on the claim:

If ICD-9 Is Applicable

52.80 Transplant of pancreas
52.82 Homotransplant of pancreas

The Medicare Code Editor (MCE) has been updated to include 52.80 and 52.82 as limited coverage procedures. The *shared system shall* determine if the facility is approved for the transplant and certified for either pediatric or adult transplants *and Return To Provider (RTP) as appropriate*.

Effective October 1, 2000, ICD-9-CM code 52.83 was moved in the MCE to non-covered. The contractor must override any deny edit on claims that came in with 52.82 prior to October 1, 2000 and adjust, as 52.82 is the correct code.

If the discharge date is July 1, 1999, or later: the contractor processes the bill through Grouper and Pricer.

If ICD-10 is applicable, the following procedure codes (ICD-10-PCS) are:

- 0FYG0Z0 Transplantation of Pancreas, Allogeneic, Open Approach
- 0FYG0Z1 Transplantation of Pancreas, Syngeneic, Open Approach

Pancreas transplantation is reasonable and necessary for the following diagnosis codes. However, since this is not an all-inclusive list, the contractor is permitted to determine if any additional diagnosis codes will be covered for this procedure.

If ICD-9-CM is applicable, Diabetes Diagnosis Codes and Descriptions

| ICD-9-CM Code | Description |
|----------------------|---|
| 250.00 | Diabetes mellitus without mention of complication, type II (non-insulin dependent) (NIDDM) (adult onset) or unspecified type, not stated as uncontrolled. |
| 250.01 | Diabetes mellitus without mention of complication, type I (insulin dependent) (IDDM) (juvenile), not stated as uncontrolled. |
| 250.02 | Diabetes mellitus without mention of complication, type II (non-insulin dependent) (NIDDM) (adult onset) or unspecified type, uncontrolled. |
| 250.03 | Diabetes mellitus without mention of complication, type I (insulin dependent) (IDDM) (juvenile), uncontrolled. |
| 250.1X | Diabetes with ketoacidosis |
| 250.2X | Diabetes with hyperosmolarity |
| 250.3X | Diabetes with coma |
| 250.4X | Diabetes with renal manifestations |
| 250.5X | Diabetes with ophthalmic manifestations |
| 250.6X | Diabetes with neurological manifestations |
| 250.7X | Diabetes with peripheral circulatory disorders |
| 250.8X | Diabetes with other specified manifestations |
| 250.9X | Diabetes with unspecified complication |

NOTE: X=0-3

If ICD-10-CM is applicable, the diagnosis codes are: E10.10 - E10.9

Hypertensive Renal Diagnosis Codes and Descriptions if ICD-9-CM is applicable:

| ICD-9-CM Code | Description |
|----------------------|--|
| 403.01 | Malignant hypertensive renal disease, with renal failure |
| 403.11 | Benign hypertensive renal disease, with renal failure |
| 403.91 | Unspecified hypertensive renal disease, with renal failure |
| 404.02 | Malignant hypertensive heart and renal disease, with renal failure |
| 404.03 | Malignant hypertensive heart and renal disease, with congestive heart failure or renal failure |
| 404.12 | Benign hypertensive heart and renal disease, with renal failure |
| 404.13 | Benign hypertensive heart and renal disease, with congestive heart failure or renal failure |

| ICD-9-CM Code | Description |
|-------------------------|--|
| 404.92 | Unspecified hypertensive heart and renal disease, with renal failure |
| 404.93 | Unspecified hypertensive heart and renal disease, with congestive heart failure or renal failure |
| 585.1 - 585.6, 585.9 | Chronic Renal Failure Code |

If ICD-10-CM is applicable, diagnosis codes and descriptions are:

| ICD-10-CM code | Description |
|-----------------------|--|
| I12.0 | Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease |
| I13.11 | Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease |
| I13.2 | Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease |
| N18.1 | Chronic kidney disease, stage 1 |
| N18.2 | Chronic kidney disease, stage 2 (mild) |
| N18.3 | Chronic kidney disease, stage 3 (moderate) |
| N18.4 | Chronic kidney disease, stage 4 (severe) |
| N18.5 | Chronic kidney disease, stage 5 |
| N18.6 | End stage renal disease |
| N18.9 | Chronic kidney disease, unspecified |

NOTE: If a patient had a kidney transplant that was successful, the patient no longer has chronic kidney failure, therefore it would be inappropriate for the provider to bill ICD-9-CM codes 585.1 - 585.6, 585.9 or, if ICD-10-CM is applicable, the diagnosis codes N18.1 - N18.9 on such a patient. In these cases one of the following codes should be present on the claim or in the beneficiary's history.

The provider uses the following ICD-9-CM status codes only when a kidney transplant was performed before the pancreas transplant and ICD-9 is applicable:

| ICD-9-CM code | Description |
|----------------------|--|
| V42.0 | Organ or tissue replaced by transplant kidney |
| V43.89 | Organ tissue replaced by other means, kidney or pancreas |

If ICD-10-CM is applicable, the following ICD-10-CM status codes will be used:

| ICD-10-CM code | Description |
|-----------------------|---|
| Z48.22 | Encounter for aftercare following kidney transplant |
| Z94.0 | Kidney transplant status |

NOTE: If a kidney and pancreas transplants are performed simultaneously, the claim should contain a diabetes diagnosis code and a renal failure code or one of the hypertensive renal failure diagnosis codes. The claim should also contain two transplant procedure codes. If the claim is for a pancreas transplant only, the claim should contain a diabetes diagnosis code and a status code to indicate a previous kidney transplant. If the status code is not on the claim for the pancreas transplant, the contractor will search the beneficiary's claim history for a status code indicating a prior kidney transplant.

C. – Drugs

If the pancreas transplant occurs after the kidney transplant, immunosuppressive therapy will begin with the date of discharge from the inpatient stay for the pancreas transplant.

D. - Charges for Pancreas Acquisition Services

A separate organ acquisition cost center has been established for pancreas transplantation. The Medicare cost report will include a separate line to account for pancreas transplantation costs. The 42 CFR 412.2(e)(4) was changed to include pancreas in the list of organ acquisition costs that are paid on a reasonable cost basis.

Acquisition costs for pancreas transplantation as well as kidney transplants will occur in Revenue Center 081X. The contractor overrides any claims that suspend due to repetition of revenue code 081X on the same claim if the patient had a simultaneous kidney/pancreas transplant. It pays for acquisition costs for both kidney and pancreas organs if transplants are performed simultaneously. It will not pay for more than two organ acquisitions on the same claim. In addition, the contractor remove acquisition charges prior to sending the claims to Pricer so such charges are not included in the outlier calculation.

90.5.1 - Pancreas Transplants Alone (PA)

(Rev.: 13757; Issued: 04-30-26; Effective: 04-01-26; Implementation: 04-06-26)

A. - General

Pancreas transplantation is performed to induce an insulin-independent, euglycemic state in diabetic patients. The procedure is generally limited to those patients with severe secondary complications of diabetes, including kidney failure. However, pancreas transplantation is sometimes performed on patients with labile diabetes and hypoglycemic unawareness. Medicare has had a long-standing policy of not covering pancreas transplantation, as the safety and effectiveness of the procedure had not been demonstrated. The Office of Health Technology Assessment performed an assessment of pancreas-kidney transplantation in 1994. It found reasonable graft survival outcomes for patients receiving either simultaneous pancreas-kidney transplantation or pancreas-after-kidney transplantation.

B. - Nationally Covered Indications

CMS determines that whole organ pancreas transplantation will be nationally covered by Medicare when performed simultaneous with or after a kidney transplant. If the pancreas transplant occurs after the kidney transplant, immunosuppressive therapy will begin with the date of discharge from the inpatient stay for the pancreas transplant.

C. - Billing and Claims Processing

Contractors shall pay for Pancreas Transplantation Alone (PA) effective for services on or after April 26, 2006 when performed in those facilities that are Medicare-approved for kidney transplantation. Approved facilities are located at the following address:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/downloads/ApprovedTransplantPrograms.pdf>

The shared system shall Return To Provider (RTP) claims for PA services that were performed in an unapproved facility. Payment will be made for a PA service performed in an approved facility, and which meets the coverage guidelines mentioned above for beneficiaries with type I diabetes.

All-Inclusive List of Covered Diagnosis Codes for PA if ICD-9-CM is applicable

(NOTE: “X” = 1 and 3 only)

| ICD-9-CM code | Description |
|----------------------|--|
| 250.0X | Diabetes mellitus without mention of complication, type I (insulin dependent) (IDDM) (juvenile), not stated as uncontrolled. |
| 250.1X | Diabetes with ketoacidosis |
| 250.2X | Diabetes with hyperosmolarity |
| 250.3X | Diabetes with coma |
| 250.4X | Diabetes with renal manifestations |
| 250.5X | Diabetes with ophthalmic manifestations |
| 250.6X | Diabetes with neurological manifestations |
| 250.7X | Diabetes with peripheral circulatory disorders |
| 250.8X | Diabetes with other specified manifestations |
| 250.9X | Diabetes with unspecified complication |

If ICD-10-CM is applicable, , the provider uses the following range of ICD-10-CM codes:

E10.10 – E10.9.

Procedure Codes

If ICD-9 CM is applicable

- 52.80 - Transplant of pancreas
- 52.82 - Homotransplant of pancreas

If ICD-10 is applicable, the provider uses the following ICD-10-PCS codes:

- 0FYG0Z0 Transplantation of Pancreas, Allogeneic, Open Approach
- 0FYG0Z1 Transplantation of Pancreas, Syngeneic, Open Approach

Contractors who receive claims for PA that are not billed using the covered diagnosis/procedure codes listed above shall *Return To Provider (RTP)* such claims. The MCE edits to ensure that the transplant is covered based on the diagnosis. The MCE also considers ICD-9-CM codes 52.80 and 52.82 and ICD-10-PCS codes 0FYG0Z0 and 0FYG0Z1 as limited coverage dependent upon whether the facility is approved to perform the transplant and is certified *and Return To Provider (RTP) as appropriate.*

D. - Charges for Pancreas Alone Acquisition Services

A separate organ acquisition cost center has been established for pancreas transplantation. The Medicare cost report will include a separate line to account for pancreas transplantation costs. The 42 CFR 412.2(e)(4) was changed to include PA in the list of organ acquisition costs that are paid on a reasonable cost basis.

Acquisition costs for PA transplantation are billed in Revenue Code 081X. The contractor removes acquisition charges prior to sending the claims to Pricer so such charges are not included in the outlier calculation.

90.6 - Intestinal and Multi-Visceral Transplants

(Rev.: 13757; Issued: 04-30-26; Effective: 04-01-26; Implementation: 04-06-26)

A. - Background

Effective for services on or after April 1, 2001, Medicare covers intestinal and multi-visceral transplantation for the purpose of restoring intestinal function in patients with irreversible intestinal failure. Intestinal failure is defined as the loss of absorptive capacity of the small bowel secondary to severe primary gastrointestinal disease or surgically induced short bowel syndrome. Intestinal failure prevents oral nutrition and may be associated with both mortality and profound morbidity. Multi-Visceral transplantation includes organs in the digestive system (stomach, duodenum, liver, and intestine). See §260.5 of the National Coverage Determinations Manual for further information.

B. - Approved Transplant Facilities

Medicare will cover intestinal transplantation if performed in an approved facility. The approved facilities are located at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/downloads/ApprovedTransplantPrograms.pdf>

C. - Billing

If ICD-9-CM is applicable, ICD-9-CM procedure code 46.97 is effective for discharges on or after April 1, 2001. If ICD-10 is applicable, the ICD-10-PCS procedure codes are 0DY80Z0, 0DY80Z1, 0DYE0Z0, and 0DYE0Z1. The Medicare Code Editor (MCE) lists these codes as limited coverage procedures. The *shared system* shall override the MCE when this procedure code is listed and *services are provided* in an approved transplant facility, and also determine if the facility is certified for adults and/or pediatric transplants *and Return To Provider (RTP) as appropriate*.

For these procedures where the provider is approved as a transplant facility and certified for the adult and/or pediatric population, and the service is performed on or after the transplant approval date, contractors shall use claims data to determine that the coverage criteria specified in Publication 100-03, Section §260.5 have been met.

If payment is appropriate (i.e., the facility is approved, the service is furnished on or after the approval date, and the beneficiary has a covered condition), the contractor sends the claim to Grouper and Pricer.

If ICD-9-CM is applicable, charges for ICD-9-CM procedure code 46.97, and, if ICD-10 is applicable, the ICD-10-PCS procedure codes 0DY80Z0, 0DY80Z1, 0DYE0Z0, or 0DYE0Z1 should be billed under revenue code 0360, Operating Room Services.

For discharge dates on or after October 1, 2001, acquisition charges are billed under revenue code 081X, Organ Acquisition. For discharge dates between April 1, 2001, and September 30, 2001, hospitals were to report the acquisition charges on the claim, but there was no interim pass-through payment made for these costs.

Bill the procedure used to obtain the donor's organ on the same claim, using appropriate ICD procedure codes.

The 11X bill type should be used when billing for intestinal transplants.

Immunosuppressive therapy for intestinal transplantation is covered and should be billed consistent with other organ transplants under the current rules.

If ICD-9-CM is applicable, there is no specific ICD-9-CM diagnosis code for intestinal failure. Diagnosis codes exist to capture the causes of intestinal failure. Some examples of intestinal failure include but are not limited to the following conditions and their associated ICD-9-CM codes:

- Volvulus 560.2,
- Volvulus gastroschisis 756.79, other [congenital] anomalies of abdominal wall,
- Volvulus gastroschisis 569.89, other specified disorders of intestine,
- Necrotizing enterocolitis 777.5, necrotizing enterocolitis in fetus or newborn,
- Necrotizing enterocolitis 014.8, other tuberculosis of intestines, peritoneum, and mesenteric,
- Necrotizing enterocolitis and splanchnic vascular thrombosis 557.0, acute vascular insufficiency of intestine,
- Inflammatory bowel disease 569.9, unspecified disorder of intestine,
- Radiation enteritis 777.5, necrotizing enterocolitis in fetus or newborn, and
- Radiation enteritis 558.1.

If ICD-10-CM is applicable, some diagnosis codes that may be used for intestinal failure are:

- Volvulus K56.2,
- Enteroptosis K63.4,
- Other specified diseases of intestine K63.89,
- Other specified diseases of the digestive system K92.89,
- Postsurgical malabsorption, not elsewhere classified K91.2,
- Other congenital malformations of abdominal wall Q79.59,
- Necrotizing enterocolitis in newborn, unspecified P77.9,

- Stage 1 necrotizing enterocolitis in newborn P77.1,
- Stage 2 necrotizing enterocolitis in newborn P77.2, and
- Stage 3 necrotizing enterocolitis in newborn P77.3.

D. - Acquisition Costs

A separate organ acquisition cost center was established for acquisition costs incurred on or after October 1, 2001. Therefore, acquisition charges billed on revenue code 081x are removed from the claim's total covered charges so as to not be included in the IPPS outlier calculation. The Medicare Cost Report will include a separate line to account for these transplantation costs.

For intestinal and multi-visceral transplants performed between April 1, 2001, and October 1, 2001, the DRG payment was payment in full for all hospital services related to this procedure.

TOTAL ATTACHMENTS: 6

Attachment 1. QSOR Transplant Code to PECOS Organ Type Crosswalk

| Transplant Program Type Code | Transplant Program Type | HOSP_ORGN_TYPE_CD | HOSP_ORGN_TYPE_DESC |
|-------------------------------------|-----------------------------------|--------------------------|-----------------------------------|
| AHL | Adult Heart Lung | 01 | ADULT HEART/LUNG |
| AHO | Adult Heart Only | 02 | ADULT HEART-ONLY |
| AIM | Adult Intestine/Multivisceral | 03 | ADULT INTESTINE/MULTIVISCERAL |
| AKO | Adult Kidney Only | 04 | ADULT KIDNEY-ONLY |
| ALI | Adult Liver Only | 05 | ADULT LIVER |
| ALO | Adult Lung Only | 06 | ADULT LUNG-ONLY |
| APA | Adult Pancreas | 07 | ADULT PANCREAS |
| PHL | Pediatric Heart Lung | 08 | PEDIATRIC HEART LUNG |
| PHO | Pediatric Heart Only | 09 | PEDIATRIC HEART-ONLY |
| PIM | Pediatric Intestine/Multivisceral | 10 | PEDIATRIC INTESTINE/MULTIVISCERAL |
| PKO | Pediatric Kidney Only | 11 | PEDIATRIC KIDNEY ONLY |
| PLI | Pediatric Liver | 12 | PEDIATRIC LIVER |
| PLO | Pediatric Lung Only | 13 | PEDIATRIC LUNG-ONLY |
| PPA | Pediatric Pancreas | 14 | PEDIATRIC PANCREAS |
| | | 15 | OTHER |
| VAD | Heart Assist Device | 16 | HEART ASSIST REGISTRY |

Attachment 2. PECOS Daily FISS Extract Child Records

FISS Extract Child Record Types

| * Record Type Values |
|---|
| "01" – HOSPITAL-TYPE |
| "02" – MEDICARE-IDENTIFICATION |
| "03" – ENROLLMENT STATUS |
| "04" – PRACTICE-LOCATION |
| "05" – SPECIAL PAYMENT |
| "06" – L&T SUBMITTAL REASON |
| "07" – CHOW/ACQUISITION/MERGER/CONSOLIDATION |
| "08" – MEDICARE ID-NPI COMBINATION ASSOCIATION TO PRACTICE LOCATION |
| "09" – ADMINISTRATIVE FLAGS (PEND only) |
| "17" – ADMINISTRATIVE FLAGS |
| "18" – OWNERSHIP CONTROL |

| * Record Type Values |
|--|
| “19” – Electronic Funds Transfer Information |
| “20” - FISS Reassign Members Info Child Record |
| “21” - MEDICAL RECORD CORRESPONDENCE ADDRESS (not yet implemented) |
| “22” – ORGAN-TYPE |

Attachment 3. PECOS Daily FISS Extract Child Record 01 Hospital Type

| Description | Field Name | Length | Default Value | Start Position | |
|---|-----------------------|--------|---------------|----------------|-------------------------|
| Record Type | BSE-REC-TYPE | 2 | 01 | 1 | |
| FI Contractor ID | BSE-FI-ID | 5 | N/A | 3 | |
| Create Date | BSE-CREAT-DT | 8 | N/A | 8 | |
| PAC ID | BSE-PAC-ID | 10 | N/A | 16 | |
| Enrollment ID | BSE-ENR-ID | 15 | N/A | 26 | |
| General | HSP-GENERAL | 1 | N/A | 41 | |
| Acute Care | HSP-ACUTE | 1 | N/A | 42 | |
| Children’s Hospital (excluded from PPS) | HSP-CHILDREN | 1 | N/A | 43 | |
| Long-Term (excluded from PPS) | HSP-LONG | 1 | N/A | 44 | |
| Psychiatric (excluded from PPS) | HSP-PSYCHIATRIC-EXPPS | 1 | N/A | 45 | |
| Rehabilitation Unit (excluded from PPS) | HSP_TYP_REHAB | 1 | N/A | 46 | |
| Short-Term (General and Specialty) | HSP-SHORT | 1 | N/A | 47 | |
| Swing-Bed Approved | HSP-SWING | 1 | N/A | 48 | |
| Psychiatric Unit | HSP-PSYCHIATRIC | 1 | N/A | 49 | |
| Other Hospital | HSP-OTHER | 1 | N/A | 50 | |
| Other Specify | HSP-OTHER-SP | 60 | N/A | 51 | |
| End Date | HSP-END-DT | 8 | N/A | 111 | |
| Specialty Hospital | HSP-TYP-SPCLTY | 1 | N/A | 119 | Possible Values: Y or N |
| Transplant Program | HSP-TYP-TRANSPLNT | 1 | N/A | 120 | Possible Values: Y or N |
| Filler | FILLER | 701 | N/A | 121 | |
| Total Length | N/A | 821 | N/A | N/A | |

Attachment 4. PECOS Daily FISS Extract Child Record 22 Organ Type

| Description | Field Name | Length | Default Value | Start Position | |
|------------------------------|-------------------------|--------|---------------|----------------|--------------------------------------|
| Record Type | BSE-REC-TYPE | 2 | 22 | 1 | |
| FI Contractor ID | BSE-FI-ID | 5 | N/A | 3 | |
| Create Date | BSE-CREAT-DT | 8 | N/A | 8 | |
| PAC ID | BSE-PAC-ID | 10 | N/A | 16 | |
| Enrollment ID | BSE-ENR-ID | 15 | N/A | 26 | |
| Organ Type | HOSP_ORGN_TYPE_CD | 2 | N/A | 41 | Required Possible Values: 01 - 16 |
| Organ Type Effective Date | HOSP_ORGN_TYPE_EFCTV_DT | 8 | N/A | 43 | Required Format: YYYYMMDD |
| Organ Type End Date | HOSP_ORGN_TYPE_END_DT | 8 | N/A | 51 | Optional Format: YYYYMMDD |
| Other Organ Type Description | HOSP_ORGN_TYPE_OTHR_TXT | 60 | N/A | 59 | Provided if HOSP_ORGN_TYPE_CD = '15' |
| Filler | FILLER | 703 | N/A | 119 | |
| Total Length | N/A | 821 | N/A | N/A | |

Attachment 5. PECOS Daily FISS Extract Child Record 22 ORGAN-TYPE: Organ Type Codes

| HOSP ORGN TYPE CD | HOSP ORGN TYPE DESC |
|-------------------|-----------------------------------|
| 01 | ADULT HEART/LUNG |
| 02 | ADULT HEART-ONLY |
| 03 | ADULT INTESTINE/MULTIVISCERAL |
| 04 | ADULT KIDNEY-ONLY |
| 05 | ADULT LIVER |
| 06 | ADULT LUNG-ONLY |
| 07 | ADULT PANCREAS |
| 08 | PEDIATRIC HEART/LUNG |
| 09 | PEDIATRIC HEART-ONLY |
| 10 | PEDIATRIC INTESTINE/MULTIVISCERAL |
| 11 | PEDIATRIC KIDNEY ONLY |
| 12 | PEDIATRIC LIVER |
| 13 | PEDIATRIC LUNG-ONLY |
| 14 | PEDIATRIC PANCREAS |
| 15 | OTHER ORGAN TYPE |
| 16 | HEART ASSIST REGISTRY |

Attachment 6. ICD-10 Procedure Codes

| Procedure | HOSP ORGN TYPE CD |
|------------------|--------------------------|
| 02YA0Z0 | 1, 2, 8, or 9 |
| 02YA0Z1 | 1, 2, 8, or 9 |
| 02YA0Z2 | 1, 2, 8, or 9 |
| 02RK0JZ | 1, 2, 8, or 9 |
| 0BYC0Z0 | 1, 6, 8, or 13 |
| 0BYC0Z1 | 1, 6, 8, or 13 |
| 0BYC0Z2 | 1, 6, 8, or 13 |
| 0BYD0Z0 | 1, 6, 8, or 13 |
| 0BYD0Z1 | 1, 6, 8, or 13 |
| 0BYD0Z2 | 1, 6, 8, or 13 |
| 0BYF0Z0 | 1, 6, 8, or 13 |
| 0BYF0Z1 | 1, 6, 8, or 13 |
| 0BYF0Z2 | 1, 6, 8, or 13 |
| 0BYG0Z0 | 1, 6, 8, or 13 |
| 0BYG0Z1 | 1, 6, 8, or 13 |
| 0BYG0Z2 | 1, 6, 8, or 13 |
| 0BYH0Z0 | 1, 6, 8, or 13 |
| 0BYH0Z1 | 1, 6, 8, or 13 |
| 0BYH0Z2 | 1, 6, 8, or 13 |
| 0BYJ0Z0 | 1, 6, 8, or 13 |
| 0BYJ0Z1 | 1, 6, 8, or 13 |
| 0BYJ0Z2 | 1, 6, 8, or 13 |
| 0BYK0Z0 | 1, 6, 8, or 13 |
| 0BYK0Z1 | 1, 6, 8, or 13 |
| 0BYK0Z2 | 1, 6, 8, or 13 |
| 0BYL0Z0 | 1, 6, 8, or 13 |
| 0BYL0Z1 | 1, 6, 8, or 13 |
| 0BYL0Z2 | 1, 6, 8, or 13 |
| 0BYM0Z0 | 1, 6, 8, or 13 |
| 0BYM0Z1 | 1, 6, 8, or 13 |
| 0BYM0Z2 | 1, 6, 8, or 13 |
| 0DY80Z0 | 3 or 10 |
| 0DY80Z1 | 3 or 10 |
| 0DY80Z2 | 3 or 10 |
| 0DYE0Z0 | 3 or 10 |
| 0DYE0Z1 | 3 or 10 |
| 0DYE0Z2 | 3 or 10 |
| 0FY00Z0 | 5 or 12 |
| 0FY00Z1 | 5 or 12 |
| 0FY00Z2 | 5 or 12 |
| 0FYG0Z0 | 7 or 14 |
| 0FYG0Z1 | 7 or 14 |
| 0TY00Z0 | 4 or 11 |
| 0TY00Z1 | 4 or 11 |
| 0TY00Z2 | 4 or 11 |
| 0TY10Z0 | 4 or 11 |
| 0TY10Z1 | 4 or 11 |
| 0TY10Z2 | 4 or 11 |
| 02HA0QZ | 16 |
| 02HA0RS | 16 |
| 02HA0RZ | 16 |

| Procedure | HOSP_ORGN_TYPE_CD |
|------------------|--------------------------|
| 02HA3RS | 16 |
| 02HA4RS | 16 |
| 02HA4RZ | 16 |
| 02WA0QZ | 16 |
| 02WA0RZ | 16 |
| 02WA3RZ | 16 |
| 02WA4RZ | 16 |
| 02WA3QZ | 16 |
| 02WA4QZ | 16 |