

## **Table of Contents**

1.0	Description of the Procedure, Product, or Service.....	1
1.1	Definitions .....	1
2.0	Eligibility Requirements .....	1
2.1	Provisions.....	1
2.1.1	General.....	1
2.1.2	Specific .....	2
2.2	Special Provisions.....	2
2.2.1	EPSDT Special Provision: Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age .....	2
2.2.2	EPSDT does not apply to NCHC beneficiaries .....	3
2.2.3	Health Choice Special Provision for a Health Choice Beneficiary age 6 through 18 years of age .....	3
3.0	When the Procedure, Product, or Service Is Covered.....	3
3.1	General Criteria Covered .....	3
3.2	Specific Criteria Covered.....	4
3.2.1	Specific criteria covered by both Medicaid and NCHC .....	4
3.2.2	Medicaid Additional Criteria Covered.....	4
3.2.3	NCHC Additional Criteria Covered .....	5
4.0	When the Procedure, Product, or Service Is Not Covered.....	5
4.1	General Criteria Not Covered .....	5
4.2	Specific Criteria Not Covered.....	5
4.2.1	Specific Criteria Not Covered by both Medicaid and NCHC.....	5
4.2.2	Psychosocial History.....	5
4.2.3	Medical Compliance .....	5
4.2.4	Substance Use .....	5
4.2.5	Medicaid Additional Criteria Not Covered.....	6
4.2.6	NCHC Additional Criteria Not Covered.....	6
5.0	Requirements for and Limitations on Coverage .....	6
5.1	Prior Approval .....	6
5.2	Prior Approval Requirements .....	6
5.2.1	General.....	6
5.3	Specific Transplant Prior Approval Requirements .....	7
6.0	Providers Eligible to Bill for the Procedure, Product, or Service .....	8
6.1	Provider Qualifications and Occupational Licensing Entity Regulations.....	8
6.2	Provider Certifications .....	8
7.0	Additional Requirements .....	8
7.1	Compliance .....	8
8.0	Policy Implementation/Revision Information.....	9
	Attachment A: Claims-Related Information .....	10

**NC Division of Medical Assistance  
Small Bowel, Small Bowel/Liver  
or Multivisceral Transplants**

**Medicaid and Health Choice  
Clinical Coverage Policy No: 11B-8  
Amended Date: October 1, 2015**

A.	Claim Type .....	10
B.	International Classification of Diseases, Tenth Revisions, Clinical Modification (ICD-10- CM) and Procedural Coding System (PCS).....	10
C.	Code(s).....	10
D.	Modifiers.....	11
E.	Billing Units.....	11
F.	Place of Service .....	11
G.	Co-payments .....	11
H.	Reimbursement .....	11
I.	Billing for Donor Expenses .....	11

## **1.0 Description of the Procedure, Product, or Service**

This policy addresses three different transplantation services: 1) small bowel transplant, 2) small bowel/liver transplant, and 3) small bowel/liver and multivisceral transplants.

A small bowel transplant is typically performed in beneficiaries with short bowel syndrome. This is a condition in which the absorbing surface of the small intestine is inadequate due to extensive disease or surgical removal of a large portion of small intestine. In adults, etiologies of short bowel syndrome include ischemia, trauma, volvulus, and tumors. In children, gastroschisis, volvulus, necrotizing enterocolitis, and congenital atresia are predominant causes.

The small intestine, particularly the ileum, does have the capacity to adapt to some functions of the diseased or removed portion over a period of one to two years. Prognosis for recovery depends on the degree and location of small intestine damage. Therapy is focused on achieving adequate macro- and micro-nutrient uptake in the remaining small bowel. Pharmacological agents have been studied to increase villous proliferation and slow transit times, and surgical techniques have been advocated to optimize remaining small bowel. Some beneficiaries with short bowel syndrome are unable to obtain adequate nutrition from enteral feeding and become dependent on total parenteral nutrition (TPN). Beneficiaries with complications from TPN may be considered candidates for small bowel transplant. Complications include catheter-related mechanical problems, infections, hepatobiliary disease, and metabolic bone disease. While cadaveric intestinal transplant is the most commonly performed transplant, there has been recent interest in using living donors.

In some instances, short bowel syndrome is associated with liver failure, often due to the long-term complications of TPN. These beneficiaries may be candidates for a small bowel/liver transplant or a multivisceral transplant, which includes the small bowel and liver with one or more of the following organs: stomach, duodenum, jejunum, ileum, pancreas, or colon. A multivisceral transplant is indicated when anatomic or other medical problems preclude a small bowel/liver transplant.

### **1.1 Definitions**

None Apply.

## **2.0 Eligibility Requirements**

### **2.1 Provisions**

#### **2.1.1 General**

*(The term "General" found throughout this policy applies to all Medicaid and NCHC policies)*

- a. An eligible beneficiary shall be enrolled in either:

1. the NC Medicaid Program (*Medicaid is NC Medicaid program, unless context clearly indicates otherwise*); or
  2. the NC Health Choice (*NCHC is NC Health Choice program, unless context clearly indicates otherwise*) Program on the date of service and shall meet the criteria in **Section 3.0 of this policy**.
- b. Provider(s) shall verify each Medicaid or NCHC beneficiary's eligibility each time a service is rendered.
  - c. The Medicaid beneficiary may have service restrictions due to their eligibility category that would make them ineligible for this service.
  - d. Following is only one of the eligibility and other requirements for participation in the NCHC Program under GS 108A-70.21(a): Children must be between the ages of 6 through 18.

### 2.1.2 Specific

(*The term "Specific" found throughout this policy only applies to this policy*)

- a. **Medicaid**  
None Apply.
- b. **NCHC**  
None Apply.

## 2.2 Special Provisions

### 2.2.1 EPSDT Special Provision: Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age

- a. **42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act]**

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid beneficiary under 21 years of age **if** the service is **medically necessary health care** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination (includes any evaluation by a physician or other licensed practitioner).

This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his or her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the beneficiary's physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the beneficiary's right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product or procedure:

1. that is unsafe, ineffective, or experimental or investigational.

2. that is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, location of service, and other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider's documentation shows that the requested service is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition" [health problem]; that is, provider documentation shows how the service, product, or procedure meets all EPSDT criteria, including to correct or improve or maintain the beneficiary's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

**b. EPSDT and Prior Approval Requirements**

1. If the service, product, or procedure requires prior approval, the fact that the beneficiary is under 21 years of age does **NOT** eliminate the requirement for prior approval.
2. **IMPORTANT ADDITIONAL INFORMATION** about EPSDT and prior approval is found in the *NCTracks Provider Claims and Billing Assistance Guide*, and on the EPSDT provider page. The Web addresses are specified below.

*NCTracks Provider Claims and Billing Assistance Guide:*

<https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html>

EPSDT provider page: <http://www.ncdhhs.gov/dma/epsdt/>

**2.2.2 EPSDT does not apply to NCHC beneficiaries**

**2.2.3 Health Choice Special Provision for a Health Choice Beneficiary age 6 through 18 years of age**

The Division of Medical Assistance (DMA) shall deny the claim for coverage for an NCHC beneficiary who does not meet the criteria within **Section 3.0** of this policy. Only services included under the NCHC State Plan and the DMA clinical coverage policies, service definitions, or billing codes are covered for an NCHC beneficiary.

**3.0 When the Procedure, Product, or Service Is Covered**

*Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for Medicaid Beneficiaries under 21 Years of Age.*

**3.1 General Criteria Covered**

Medicaid and NCHC shall cover the procedure, product, or service related to this policy when medically necessary, and:

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the beneficiary's needs;

- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide; and
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the beneficiary, the beneficiary's caretaker, or the provider.

### 3.2 Specific Criteria Covered

#### 3.2.1 Specific criteria covered by both Medicaid and NCHC

Medicaid and NCHC cover small bowel transplant using a cadaveric intestine when medically necessary in adult or pediatric beneficiaries with intestinal failure (characterized by loss of absorption and the inability to maintain protein-energy, fluid, electrolyte, or micronutrient balance), who have established long-term dependency on TPN and are developing or have developed severe complications due to TPN.

Medicaid and NCHC cover small bowel transplant using a living donor when medically necessary only when a cadaveric intestine is not available for transplantation in a beneficiary who meets the criteria for a cadaveric intestinal transplant.

Medicaid and NCHC cover small bowel/liver transplant or multivisceral transplant when medically necessary in pediatric or adult beneficiaries with intestinal failure (characterized by loss of absorption and the inability to maintain protein-energy, fluid, electrolyte, or micronutrient balance), who have been managed with total parenteral nutrition (TPN) and have developed evidence of impending end-stage liver failure.

Transplant candidates shall meet all of the following general criteria:

- a. Adequate cardiopulmonary status;
- b. Absence of significant infection that could be exacerbated by immunosuppressive therapy (e.g., chronic active viral hepatitis B, hepatitis C, and human immunodeficiency virus);
- c. No active, potentially life-threatening, malignancy;
- d. Documentation of beneficiary compliance with medical management; and
- e. Beneficiary and caregiver are willing and capable of following the post transplant treatment plan.

**Small Bowel Specific:** Intestinal failure results from surgical resection, congenital defect, or disease-associated loss of absorption and is characterized by the inability to maintain protein-energy, fluid, electrolyte, or micronutrient balance. Short-bowel syndrome is one case of intestinal failure.

**Small Bowel/Liver Specific:** Evidence of intolerance of TPN includes multiple and prolonged hospitalizations to treat TPN-related complications, or the development of progressive but reversible liver failure. In the setting of progressive liver failure, small bowel transplant may be considered a technique to avoid end-stage liver failure related to chronic TPN, thus avoiding the necessity of a multivisceral transplant.

#### 3.2.2 Medicaid Additional Criteria Covered

None Apply.

### **3.2.3 NCHC Additional Criteria Covered**

None Apply.

## **4.0 When the Procedure, Product, or Service Is Not Covered**

*Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for Medicaid Beneficiaries under 21 Years of Age.*

### **4.1 General Criteria Not Covered**

Medicaid and NCHC shall not cover the procedure, product, or service related to this policy when:

- a. the beneficiary does not meet the eligibility requirements listed in **Section 2.0**;
- b. the beneficiary does not meet the criteria listed in **Section 3.0**;
- c. the procedure, product, or service duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental, investigational, or part of a clinical trial.

### **4.2 Specific Criteria Not Covered**

#### **4.2.1 Specific Criteria Not Covered by both Medicaid and NCHC**

Medicaid and NCHC shall not cover small bowel, small bowel/liver, or multivisceral transplant for:

- a. adults who are able to tolerate TPN;
- b. human organ transplant (HOT) services, for which the cost is covered or funded by governmental, foundation, or charitable grants; and
- c. organs that are sold rather than donated to a beneficiary.

#### **4.2.2 Psychosocial History**

Small bowel, small bowel/liver, or multivisceral transplantation is not covered when the beneficiary's psychosocial history limits the beneficiary's ability to comply with pre- and post-transplant medical care.

#### **4.2.3 Medical Compliance**

Small bowel, small bowel/liver, or multivisceral transplant is not covered when there is a current beneficiary or caretaker non-compliance that would make compliance with a disciplined medical regime improbable.

#### **4.2.4 Substance Use**

Medicaid and NCHC shall not cover pancreas transplantation

- a. when the beneficiary has an active substance use; or
- b. for beneficiaries with a recent history of substance use, where there is no documentation of
  1. a completed substance abuse or therapy program; plus
  2. six months of negative sequential random drug screens.

#### **4.2.5 Medicaid Additional Criteria Not Covered**

None Apply.

#### **4.2.6 NCHC Additional Criteria Not Covered**

- a. NCGS § 108A-70.21(b) “Except as otherwise provided for eligibility, fees, deductibles, copayments, and other cost sharing charges, health benefits coverage provided to children eligible under the Program shall be equivalent to coverage provided for dependents under North Carolina Medicaid Program except for the following:
  1. No services for long-term care.
  2. No nonemergency medical transportation.
  3. No EPSDT.
  4. Dental services shall be provided on a restricted basis in accordance with criteria adopted by the Department to implement this subsection.”

### **5.0 Requirements for and Limitations on Coverage**

*Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for Medicaid Beneficiaries under 21 Years of Age.*

#### **5.1 Prior Approval**

Medicaid and NCHC shall require prior approval for small bowel, small bowel/liver, or multivisceral transplants. The provider shall obtain prior approval before rendering small bowel, small bowel/liver, or multivisceral transplants.

All applicable N.C. Medicaid and NCHC policies and procedures must be followed in addition to the ones listed in this procedure.

Only those beneficiaries accepted for transplantation by a transplantation center and eligible for transplant listing shall be considered for prior approval. Guidelines must be followed for transplant network or consortiums, if available.

#### **5.2 Prior Approval Requirements**

##### **5.2.1 General**

The provider(s) shall submit to the Department of Health and Human Services (DHHS) Utilization Review Contractor the following:

- a. the prior approval request; and
- b. all health records and any other records that support the beneficiary has met the specific criteria in **Subsection 3.2** of this policy; and
- c. if the Medicaid beneficiary is under 21 years of age, information supporting that all EPSDT criteria are met and evidence-based literature supporting the request, if available.



### 5.3 Specific Transplant Prior Approval Requirements

The provider(s) shall submit the following to the DMA transplant nurse consultant:

- a. Letter of medical necessity **signed by the attending transplant physician**, requesting transplant, summarizing the clinical history, social history and the transplant evaluation;
- b. All health care records and any other records that support the beneficiary has met the specific criteria in **Subsection 3.2** of this policy including:
  1. Lab results (less than three months old) to include Complete Blood Count (CBC), complete electrolytes, liver enzymes, Prothrombin Time (PT), International Normalized Ratio (INR), glucose and A1C (Glycated Hemoglobin if Type I or Type II diabetic), and blood type;
  2. Baseline drug, alcohol, and nicotine/cotinine screenings on all adult transplant candidates;
  3. Serologies to include Human Immunodeficiency Virus (HIV), Hepatitis, Rapid Plasma Reagin (RPR), Epstein-Barr Virus (EBV), Cytomegalovirus (CMV), Varicella, Rubella, Herpes Simplex Virus (HSV) I/II, and toxoplasmosis. (*Positive* serology results may be reported that are greater than three months old);
  4. Diagnostic studies (less than six months old) required in a complete packet include:
    - A. Cardiac: Echocardiogram, Electrocardiogram (ECG), and/or cardiac catheterization as appropriate for beneficiary's clinical status;
    - B. Pulmonary: Pulmonary Function Test if beneficiary has cardiac or pulmonary issues, or a history of smoking; and
    - C. Chest x-ray for all transplant candidates;
  5. Other diagnostic tests may be requested as appropriate;
  6. Beneficiary's height and weight
  7. Results of all diagnostic and procedure results (not more than six months old)
- c. Complete psychological and social evaluation to include:
  1. beneficiary's medical compliance;
  2. beneficiary's support network;
  3. post-transplant care plan, with identification of primary and secondary care providers; and
  4. history of mental health issues/substance use/legal issues
- d. Beneficiaries with a psychiatric history are required to have an evaluation by a psychiatrist with expertise in evaluating the specific psychiatric issues that relate to transplant candidates.

Beneficiaries with a history of alcohol (ETOH)/substance use shall fulfill the following criteria:

- a. Actively using ETOH/substance within the past year
  1. These beneficiaries shall have six months of counseling (at least twice per month) provided by a substance abuse provider.
  2. Shall have monthly toxicology/ETOH screens, continuing these screens monthly until listed; and
  3. Shall have toxicology/ETOH screens as needed (PRN).
- b. Clean/sober up to 2 years

1. These beneficiaries shall have a counseling consult and the counselor will decide if the beneficiary requires continued recidivism counseling. Medicaid will accept the counselor's recommendations;
  2. These beneficiaries shall have ONE toxicology/ETOH screen during their evaluation; and
  3. Shall have toxicology/ETOH screens PRN.
- c. Clean/sober for greater than 2 years
1. No counseling is necessary;
  2. Beneficiary shall have one toxicology/ETOH screen during evaluation; and
  3. Beneficiary shall have toxicology/ETOH screens PRN

## **6.0 Providers Eligible to Bill for the Procedure, Product, or Service**

To be eligible to bill for the procedure, product, or service related to this policy, the provider(s) shall:

- a. meet Medicaid or NCHC qualifications for participation;
- b. have a current and signed Department of Health and Human Services (DHHS) Provider Administrative Participation Agreement; and
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

### **6.1 Provider Qualifications and Occupational Licensing Entity Regulations**

None Apply.

### **6.2 Provider Certifications**

None Apply.

## **7.0 Additional Requirements**

*Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for Medicaid Beneficiaries under 21 Years of Age.*

### **7.1 Compliance**

Provider(s) shall comply with the following in effect at the time the service is rendered:

- a. All applicable agreements, federal, state and local laws and regulations including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements; and
- b. All DMA's clinical (medical) coverage policies, guidelines, policies, provider manuals, implementation updates, and bulletins published by the Centers for Medicare and Medicaid Services (CMS), DHHS, DHHS division(s) or fiscal contractor(s).
- c. FDA approved procedures, products, and devices for implantation must be utilized for small bowel, small bowel/liver, or multivisceral transplants.
- d. Implants, products, and devices must be used in accordance with all FDA requirements current at the time of surgery.

- e. A statement signed by the surgeon certifying all FDA requirements for the implants, products, and devices must be retained in the beneficiary's medical record and made available for review upon request.

## 8.0 Policy Implementation/Revision Information

**Original Effective Date:** June 6, 1994

### Revision Information:

Date	Section Revised	Change
07/01/2005	Throughout	Policy was updated to include coverage criteria effective with approved date of State Plan amendment 4/1/05.
09/01/2005	Section 2.2	The special provision related to EPSDT was revised.
12/01/2005	Section 2.2	The web address for DMA's EDPST policy instructions was added to this section.
12/01/2005	Sections 2.2	The special provision related to EPSDT was revised.
12/01/2005	Sections 3.0 and 4.0	A note regarding EPSDT was added to these sections.
05/01/2007	Sections 2 through 4	EPSDT information was revised to clarify exceptions to policy limitations for beneficiaries under 21 years of age.
05/01/2007	Attachment A	Added the UB-04 as an accepted claims form.
07/01/2010	Throughout	Session Law 2009-451, Section 10.31(a) Transition of NC Health Choice Program administrative oversight from the State Health Plan to the Division of Medical Assistance (DMA) in the NC Department of Health and Human Services.
12/01/2011	Throughout	NCHC policy developed comparable to DMA Clinical Coverage Policy 11B-8
12/01/2011	Throughout	Policy was updated to include coverage criteria and requirements to meet current community standards of practice.
03/12/2012	Throughout	To be equivalent where applicable to NC DMA's Clinical Coverage Policy # 11B-8 under Session Law 2011-145, § 10.41.(b)
03/12/2012	Throughout	Technical changes to merge Medicaid and NCHC current coverage into one policy.
08/01/2012	Subsection 5.3	Prior authorization requirements for recipients with ETOH/substance abuse issues was added.
08/01/2012	Throughout	Replaced "recipient" with "beneficiary."
10/01/2015	All Sections and Attachments	Updated policy template language and added ICD-10 codes to comply with federally mandated 10/1/2015 implementation where applicable.

## Attachment A: Claims-Related Information

Provider(s) shall comply with the, *NCTracks Provider Claims and Billing Assistance Guide*, Medicaid bulletins, fee schedules, DMA's clinical coverage policies and any other relevant documents for specific coverage and reimbursement for Medicaid and NCHC.

### A. Claim Type

Professional (CMS-1500/837P transaction)

### B. International Classification of Diseases, Tenth Revisions, Clinical Modification (ICD-10-CM) and Procedural Coding System (PCS)

Provider(s) shall report the ICD-10-CM and Procedural Coding System (PCS) to the highest level of specificity that supports medical necessity. Provider(s) shall use the current ICD-10 edition and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for code description, as it is no longer documented in the policy.

ICD-10 Code(s)
0DY80Z0
0DY80Z1
0DYE0Z0
0DYE0Z1
0FY00Z0
0FY00Z1

### C. Code(s)

Provider(s) shall report the most specific billing code that accurately and completely describes the procedure, product or service provided. Provider(s) shall use the Current Procedural Terminology (CPT), Health Care Procedure Coding System (HCPCS), and UB-04 Data Specifications Manual (for a complete listing of valid revenue codes) and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for the code description, as it is no longer documented in the policy.

If no such specific CPT or HCPCS code exists, then the provider(s) shall report the procedure, product or service using the appropriate unlisted procedure or service code.

CPT Code(s)
44132
44133
44135
44136
44137
47133
47135
47136

**Unlisted Procedure or Service**

**CPT:** The provider(s) shall refer to and comply with the Instructions for Use of the CPT Codebook, Unlisted Procedure or Service, and Special Report as documented in the current CPT in effect at the time of service.

**HCPCS:** The provider(s) shall refer to and comply with the Instructions For Use of HCPCS National Level II codes, Unlisted Procedure or Service and Special Report as documented in the current HCPCS edition in effect at the time of service.

**D. Modifiers**

Provider(s) shall follow applicable modifier guidelines.

**E. Billing Units**

Provider(s) shall report the appropriate code(s) used which determines the billing unit(s).

**F. Place of Service**

Acute inpatient hospital.

**G. Co-payments**

For Medicaid refer to Medicaid State Plan, Attachment 4.18-A, page 1, located at <http://www.ncdhhs.gov/dma/plan/sp.pdf>.

For NCHC refer to G.S. 108A-70.21(d), located at [http://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter\\_108A/GS\\_108A-70.21.html](http://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter_108A/GS_108A-70.21.html).

**H. Reimbursement**

Providers shall bill their usual and customary charges.

For a schedule of rates, see: <http://www.ncdhhs.gov/dma/fee/>

**I. Billing for Donor Expenses**

**1. Billing for Donor Expenses for Medicaid Beneficiaries**

Donor transplant-related medical expenses are billed on the Medicaid beneficiary's transplant claim using the beneficiary's Medicaid identification number.

Medicaid reimburses only for the actual donor's transplant-related medical expenses. Medicaid does not reimburse for unsuccessful donor searches.

**2. Billing for Donor Expenses for NCHC Beneficiaries**

Donor transplant-related medical expenses donors are billed on the NCHC beneficiary's transplant claim.

NCHC reimburses only for the actual donor's transplant-related medical expenses. NCHC does not reimburse for unsuccessful donor searches.

**3. Cadaveric/Deceased Organ Donations**

Donor expenses (procuring, harvesting, and associated surgical and laboratory costs) for cadaveric/deceased organ donations are covered for a liver transplant if the transplant beneficiary has received prior approval for a cadaveric/deceased organ transplant procedure.

**4. Living Organ Donations for a NCHC Beneficiary**

Donor expenses (procuring, harvesting, and associated surgical and laboratory costs) for living organ donations are covered for an adult-to-child split liver transplant if the transplant beneficiary has received prior approval for a living organ transplant procedure. NCHC only covers reimbursement for the approved donor.