

## TRAVEL ALLOWANCE FOR ORGAN TRANSPLANTS

Policy # 86

Implementation Date: 12/28/20

Revision Dates:

**Disclaimer:**

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for SelectHealth Commercial, SelectHealth Advantage (Medicare), and SelectHealth Community Care (Medicaid) plans. Refer to the “Policy” section for more information.

**Description**

A travel allowance for transportation, lodging, and food costs may be available for Organ Transplant Services that have been preauthorized.

**Commercial Plan Policy**

A travel allowance for transportation, lodging, and food costs may be available for Organ Transplant Services that have been preauthorized.

**SelectHealth provides a travel allowance for organ transplants with an allotment of \$200 per day for 50 days per plan year. Benefit limitations may apply.** (This coverage only currently applies to Nevada Small Employer and Individual plans, and Idaho Small Employer and Individual plans.)

The following organ transplants are covered with this benefit:

- a. Bone marrow
- b. Combined heart/lung;
- c. Combined pancreas/kidney;
- e. Heart;
- f. Kidney (but only to the extent not covered by any government program);
- g. Liver;
- h. Pancreas after kidney;
- i. Single or double lung; and
- j. Small bowel.

## SelectHealth Advantage (Medicare/CMS)

SelectHealth Advantage **will follow the commercial plan policy.**

## SelectHealth Community Care (Medicaid)

SelectHealth Community Care **will follow the commercial plan policy.**

### Disclaimer

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate healthcare providers to obtain needed medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

SelectHealth makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in this policy. SelectHealth updates its Coverage Policies regularly, and reserves the right to amend these policies without notice to healthcare providers or SelectHealth members. Claims will be reviewed based on current policy language at time of review.

Members may contact Customer Service at the phone number listed on their member ID Card to discuss their benefits more specifically. Providers with questions about this Coverage Policy may call SelectHealth Provider Relations at 801-442-3692.

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