

Clinical Policy: Pediatric Kidney Transplant

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[Coding Implications](#)

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Description

Kidney transplantation is the preferred treatment option for pediatric patients with advanced chronic kidney disease (CKD) and end stage renal disease (ESRD).¹⁻⁴ This policy establishes the medical necessity requirements for pediatric kidney transplants.

Policy/Criteria

- I.** It is the policy of health plans affiliated with Centene Corporation® that pediatric kidney transplantation for pediatric members/enrollees (age < 18) is **medically necessary** when all of the following conditions are met:
- A.** Advanced renal disease including one of the following:
1. End stage renal disease (stage 5) with glomerular filtration rate (GFR) ≤ 15 mL/min/1.73m²;
 2. Chronic kidney disease (CKD) (stage 4) with GFR ≤ 30 mL/min/1.73m² or GFR > 30 mL/min/1.73m² with rapid progression toward end-stage renal disease (ESRD), and all of the following:
 - a. Irreversible renal disease;
 - b. Symptoms are refractory to medical management (eg, uremic neuropathy, pericarditis, mental status changes, severe fatigue, pruritus, nausea, muscle cramps, unintentional weight loss).

**** Note:** Patients with a GFR above 30 mL/min/1.73² who are rapidly progressing toward ESRD should be referred for kidney transplant evaluation.

- B.** Does not have any of the following contraindications:
1. Active infection that is not properly treated, including but not limited to, acute hepatitis C virus infection with elevated International Normalized Ratio (INR) or transaminitis;
 2. HIV infection with detectable viral load;
 3. Malignancy with high risk of recurrence or death related to cancer;
 4. Stroke, acute coronary syndrome, or myocardial infarction (excluding demand ischemia) within the past 6 months or transient ischemic attack within the past 3 months;
 5. Severe, life threatening extrahepatic multi-organ mitochondrial disease;
 6. Septic shock;
 7. Progressive cognitive impairment;
 8. Other severe uncontrolled medical condition expected to limit survival after transplant;
 9. Inability to adhere to the regimen necessary to preserve the transplant, even with caregiver support;
 10. Absence of an adequate or reliable social support system;

11. Active substance use or dependence including current tobacco use, vaping, marijuana smoking, or IV drug use without convincing evidence of risk reduction behaviors, such as meaningful and/or long-term participation in therapy for substance abuse and/or dependence. Serial blood and urine testing may be used to verify abstinence from substances that are of concern;
12. Acute pancreatitis within the last 3 months;
13. Decompensated cirrhosis unless candidate for combined liver-kidney transplant;
14. Active gastrointestinal disease including symptomatic peptic ulcers, diverticulitis, inflammatory bowel disease, or gallbladder disease;
15. Surgical contraindications (eg, urologic or vascular problems);
16. Elevated levels of circulating antiglomerular basement membrane antibodies;
17. Severe irreversible multisystem organ system failure not correctable by organ transplant.

Background

Kidney transplantation is an effective treatment option for advanced chronic kidney disease (CKD) and end stage renal disease (ESRD) as it improves quality of life and increases patient survival in comparison to dialysis.¹⁻⁴ Decline in growth rate is a common complication in children with CKD, and poor growth can indicate disease severity and be associated with substantial morbidity and mortality.³ Kidney transplantation can prevent and improve growth failure, particularly in young children under six years of age.²⁻³

Determining candidates for kidney transplantation requires a multidisciplinary care team approach and careful consideration of the individual's unique situation. In the pediatric patient population, preemptive kidney transplantation proves to be the most successful treatment option for ESRD, due to having the highest graft survival rates and the lowest mortality rates. Preemptive or primary transplantation is when kidney transplantation is the first treatment for ESRD and typically involves a transplant from a living donor related to the patient. Preemptive kidney transplantation is also an optimal treatment option because it allows patients to receive treatment before side effects and potential medical complications arise from dialysis.²

According to the 2020 Kidney Disease: Improving Global Outcomes (KDIGO) clinical practice guidelines regarding the evaluation and management of kidney transplant candidates, it is recommended that the cause of ESRD be determined, when possible, in order to be better informed of risks and management for patients following kidney transplantation.⁵ According to the North American Pediatric Renal Trials and Collaborate Studies (NAPRTCS) registry from 1987 to 2017, 30% of pediatric kidney transplant recipients have primary diagnoses that involve congenital anomalies of the kidney and urinary tract, such as renal dysplasia, renal aplasia, renal hypoplasia, and obstructive uropathy.² Additional underlying etiologies for pediatric kidney transplant recipients include hereditary kidney disease, reflux nephropathy, pyelonephritis, interstitial nephritis, hemolytic uremic syndrome, and acquired glomerular disease, such as focal segmental glomerulosclerosis and lupus nephritis.^{2,4}

Coding Implications

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2020, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT® Codes	Description
50300	Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral
50320	Donor nephrectomy (including cold preservation); open, from living donor
50323	Backbench standard preparation of cadaver donor renal allograft prior to transplantation, including dissection and removal of perinephric fat, diaphragmatic and retroperitoneal attachments, excision of adrenal gland, and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary
50325	Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary
50327	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each
50328	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each
50329	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy
50547	Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor

HCPCS Codes	Description
S2152	Solid organ(s), complete or segmental, single organ or combination of organs; deceased or living donor(s), procurement, transplantation, and related complications; including: drugs; supplies; hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services, and the number of days of pre- and posttransplant care in the global definition

Reviews, Revisions, and Approvals	Review Date	Approval Date
Policy developed.	09/22	09/22

References

1. U.S. Department of Health & Human Services - Organ Procurement & Transplantation Network. Educational Guidance on Patient Referral to Kidney Transplantation. <https://optn.transplant.hrsa.gov/professionals/by-topic/guidance/educational-guidance-on-patient-referral-to-kidney-transplantation/>. Published September 2015. Accessed August 08, 2022.
2. McDonald, RA. Kidney transplantation in children: General principles. UpToDate. www.uptodate.com. Published January 03, 2022. Accessed August 02, 2022.
3. Thoff, B. Prevention and management of growth failure in children with chronic kidney disease. UpToDate. www.uptodate.com. Published September 11, 2020. Accessed August 8, 2022.
4. Cho MH. Pediatric kidney transplantation is different from adult kidney transplantation [published correction appears in Korean J Pediatr. 2018 Aug;61(8):264]. *Korean J Pediatr*. 2018;61(7):205-209. doi:10.3345/kjp.2018.61.7.205
5. Chadban SJ, Ahn C, Axelrod DA, et al. KDIGO Clinical Practice Guideline on the Evaluation and Management of Candidates for Kidney Transplantation. *Transplantation*. 2020;104(4S1 Suppl 1):S11-S103. doi:10.1097/TP.0000000000003136

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

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This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

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Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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