

# Live Donor Transplant Care and Support

## Reference Guide

### Key Points

- Bone Marrow and Solid Organ transplants can be authorized to network providers by the Department of Veterans Affairs (VA) through the Community Care Network (CCN).
- VA Transplant Coordinator will coordinate the care to the community provider/transplant center.
- Veterans must meet VA eligibility requirements and must have a Wait List SEOC approving transplant prior to searching for a donor.
- Donor tissue/organ may be live or cadaveric.
- Live donors will receive two years of monitoring and care if indicated for any complication from the procedure.

## Live Donor Transplant Services

The Department of Veterans Affairs (VA) Community Care Network (CCN) contracts now provide support for procedures and related care to those who donate an organ or bone marrow for transplantation into Veterans, effective as of July 1, 2022.

This expanded benefit within the VA Community Care Network (CCN) contracts provides care and coverage for live donors throughout the donation process, to include:

- Initial screening and eligibility determination for anyone interested in donating a solid organ or bone marrow to a Veteran
- Pre-donation testing and evaluation
- Solid organ or bone marrow donation procedure
- Post-donation care for up to a two-year period
- Associated travel and lodging

VA Community Care Network (CCN) contracts for Regions 1-4 have been modified to include live donor coverage through in-network community providers for transplant services. If determined by the transplant provider that live donation is an option for the Veteran transplant recipient, VA Medical Center (VAMC) may authorize live donor's care at a CCN in-network transplant facility. Separate VA authorization is required for live donor follow-up care after organ or bone marrow donation. The referring VAMC Referral Coordinator will be responsible for full coordination of the live donor community referral and care process and will remain as the primary the point of contact for any questions related to transplantation or organ donation.

## Transplant Referral Process

VA utilizes a standardized referral process for initial assessment of Veterans for whom transplantation may be appropriate. Following review by VA transplant specialists, appropriate patients are recommended to undergo a comprehensive transplantation evaluation by a transplant center either within the VA or in the community. The VAMC can assist Veterans who are interested in services but are unsure if they are eligible and/or authorized.

If the evaluation determines the Veteran is appropriate for transplantation, the evaluation should be sent to the VA for review and concurrence before beginning the search for a donor. VA utilizes its Transplant Referral and Cost Evaluation/ Reimbursement (TRACER) system to concur with the plan for transplantation and monitor events for Veterans. The VATC will review the information and respond within 5 calendar days for stable referrals. Emergent referrals will be reviewed within 48 hours.

There are three transplant-specific sets of Standard Episodes of Care (SEOC) available to authorize solid organ, bone marrow or Chimeric Antigen Receptor T-Cell therapy (CAR-T):

- Transplant Referral Process – Comprehensive Evaluation SEOCs
  - Transplant Solid Organ Comp Eval
  - Transplant Bone Marrow Comp Eval
  - Chimeric Antigen Receptor T-Cell Therapy (CAR-T) Eval
- Transplant Referral Process – Transplant/Treatment SEOCs
  - Transplant Bone Marrow Transplantation
  - Transplant Solid Organ Wait List Management, Transplantation
  - Chimeric Antigen Receptor T-Cell Therapy Pre-Infusion and/or Treatment
- Post-Transplant Care SEOCs
  - Transplant Solid Organ, Post-Transplant Follow
  - Transplant Bone Marrow, Post-Transplant Follow

Once approved for transplantation, the Transplant Center will receive the Wait List SEOC and the search for a donor may begin. Donor expenses will be paid under the recipient Veteran's authorization. The community provider should keep TriWest Healthcare Alliance (TriWest) updated on their current D4/D6 forms indicating their calculated average costs for specific organs.

The Transplant Center should communicate to the VA using a Request for Service (RFS) form at each of the following stages of completion:

- First, request additional care on a RFS if the Veteran is determined through evaluation to be a good candidate for transplantation.
- Second, communicate any live donors being evaluated to the VA via notification on the RFS or through a call to the VATC. They will need demographic info to add the donor to their system for the purpose of possibly paying pharmacy claims. Any live donor determined not to be a good candidate should likewise be notified to VA to remove that benefit for the potential donor.
- Third, communicate on the RFS and, if needed, over the phone that the transplantation is complete with the date of completion. This will ensure the referral for follow up care is sent to the Transplant Center. It also will start the two years of benefits for the live donor.
- If needed, complications that occur post-transplantation for a live donor should have a referral requested via a RFS to the VAMC explaining what type of care needs approval. Notifying the VATC may assist with this process.



## Request for Service (RFS) Form

If an RFS is necessary, *follow the directions and the process outlined below to submit an RFS to VA.*

- Submit an RFS if:
  - You believe additional care (inpatient surgery/procedure, services outside of authorization scope) is medically necessary. If so, please submit an RFS to VA for review and a possible new episode of care. For example, going from evaluation to wait listing a Veteran for an organ requires a new referral.
  - A Veteran needs continued care outside the referral/authorization's "Valid Dates" – a specified date range in which you've been authorized to provide approved services.
  - A Veteran needs additional office visits beyond what was included in the referral/authorization or a second opinion outside of your practice/organization.
  - You need to provide care that is medically necessary, but not listed on the referral/authorization letter. If so, please submit a RFS to VA and receive VA approval **before** providing care.
- To submit an RFS, follow these steps:
  - Go to the [VA Storefront](#).
    - Click "Request and Coordinate Care" on the left-hand navigation bar under "For Providers"
    - Click "Request for Service (RFS) Requirements"
    - The link to the RFS form will be at the bottom of the section
  - Send the RFS directly to the authorizing VAMC via:
    - VA's HSRM portal (preferable) or an EDI 278 transaction
    - Direct messaging
    - Secure email
    - Secure online file exchange
    - eHealth Exchange
  - Once approved, you will receive a referral/authorization letter from either your VAMC or TriWest. For transplantation care, VA determines who the approved referral/authorization comes from but usually it would be from the VAMC. You can also check the status of your RFS through VA's HSRM (which is preferable), EDI 278 transaction, or calling the VAMC/VATC.

## Live Donors

### Identification

The community transplant coordination team will work with the Veteran to add them to an organ wait list, or to help identify a potential live donor. Often the transplant candidate will identify family members or friends who volunteer to donate. In some cases the transplant center may identify a potential donor through a donor chain process (or paired kidney exchange). VA continues to support live donation and paired kidney exchange. Once identified, the donor, who will be donating an organ or tissue to the Veteran recipient, will be eligible for the benefits provided.

*Note: If a live donor moves or leaves the area of the Transplant Center, the VATC will need to know the new address for any care needs that arise.*

### Post-donation Transplant

VA allows for two years of post-transplantation monitoring for complications for live donors. If complications occur after the transplant surgical 90-day global period ends, VATC should be



contacted to obtain a referral under the donor's name (no longer under the recipient Veteran's authorization). The SEOC will be for the specific care needed such as Pain Management, General Surgery or Infectious Disease rather than a transplant specific SEOC for the donor.

If during the 90-day global period a complication related to the transplant procedure arises that requires a referral to a specialist other than the provider managing post-transplant care, a separate referral may be issued under the donor's name with the appropriate SEOC attached. In some situations the Transplant Center may pay for the care needed and bill under the Veteran's authorization.

## **Prescription and Pharmacy Information for Live Donor**

If a prescription is needed for a live donor during the evaluation or transplantation (including global period post-transplantation), the Transplant Center will contact 866-434-8163 to open the eligibility for the live donor. This will enable the live donor to provide the prescription, ICN number, and OCC billing card to a network community pharmacy for a prescription to be filled within 48 hours. Post-transplantation SEOCs for complications will not require this call since pharmacy urgent and emergent fills are available through network community pharmacies whenever there is a referral from the VAMC in the patient's name.

## **Travel or Lodging Benefit**

Once enrolled as a donor for a Veteran, live donors can receive travel and lodging reimbursement, regardless of the Veteran collateral's beneficiary travel eligibility. Providers should notify the VATC of any travel or lodging needs. These will be covered by the VAMC directly rather than being payable through TriWest.

## **Prescription and Pharmacy Information for Veterans**

VA is responsible for supplying Veterans with all medications that are not urgent or emergent. Therefore, non-urgent medications must be filled by VA. When possible plan ahead for discharge and send needed prescriptions to the VAMC with a request on the prescription to overnight them to the Veteran's home for transplant discharge planning. This will minimize the difficulties of providing treatments not on the Urgent/Emergent formulary that can't be filled in the community.

All medications must be prescribed in accordance with the [VA National Formulary](#).

If the Veteran needs a medication that is not on VA's National Formulary, contact the referring VAMC for its process and submit any requested documentation to the supervising VAMC for approval or denial.

You may fax both the referral/authorization letter and prescription to the VAMC. If the Veteran prefers to take his or her prescription to the pharmacy, he or she will also need to bring a copy of the authorization. If prescriptions are sent electronically please be prepared to respond to a call from the VAMC pharmacist requesting additional information.

As per U.S. Drug Enforcement Administration (DEA) policies, some controlled substances will require the Veteran bring a hard copy of the prescription to the overseeing VA medical facility. Please see the DEA's [drug information webpage](#) for details.

## Urgent/Emergent Prescriptions

- When there is an urgent/emergent need to start a medication and it is not possible to fill the prescription at a VAMC Pharmacy, the provider may write a script for a 14-day supply (without refills). The prescription may be filled at a retail CCN pharmacy for up to a 14-day supply, except for a pre-packaged medications already approved by VA to be dispensed in a larger supply without refills (inhalers, insulin vials). Opioids are allowed for a maximum of seven days' supply, or the state limit, whichever is lesser.
- If the urgent/emergent medication needs to be continued beyond 14 days, the provider should write another prescription to be filled at a VAMC Pharmacy.
- If the urgent/emergent medication is not on VA's Urgent/Emergent Formulary, the provider should write an initial 14-day prescription; however, for the second prescription, the provider must contact the local VAMC and wait for approval or denial based on the VAMC process for non-formulary review.

## Billing and Payments

To pay for claims, the VAMC must have provided authorization for the specific phase of the transplant (evaluation, wait list/transplantation or follow up). Submit medical records/documentation and an RFS, when needed, to assure the referrals stay up to date with the Veteran and live donor needs. Medical records and documentation are required for all provided services under CCN and should be submitted directly to the referring VAMC, preferably via upload to VA's [HealthShare Referral Manager \(HSRM\)](#).

- Submit claims to TriWest's claims processing partner, PGBA.
  - To be processed, claims must include the VA referral/authorization number and the specific diagnosis code(s).
  - Ancillary or associated providers, such as labs or anesthesiologists, can submit claims to PGBA with the same associated referral/authorization number and diagnosis code(s). These claims will associate in our system and pay at allowed rates. All ancillary and associated providers are encouraged to be contracted to participate in CCN and assure faster claims payment.
  - Please ensure you are adhering to the most current ICD coding and any Medicare billing requirements. TriWest follows Medicare reimbursement guidelines, when applicable.
  - A D4/D6 form for the acquisition costs and live donor expenses should be kept on file with TriWest yearly.
  - Live donor expenses after the transplantation surgical global period will be paid via obtaining a referral for the donor, in the donor's name and submitting a claim in the donor's name to TriWest.

## Lab Testing and/or Radiology Services

**All routine lab testing and/or radiology services, when medically necessary, are included in all referrals/authorizations**, whether conducted in the provider's office or by a third party. If referring to a third party for labs or other diagnostics, be sure to send the laboratory provider a copy of the referral/authorization number and instruct its staff to bill TriWest.

- Laboratory providers must submit claims **with referral/authorization number** to TriWest's claims processor, PGBA.
- Laboratory providers must also submit lab work/results either:
  - Online using TriWest's Payer Space at <https://www.availity.com/>
  - Via fax at: 866-259-0311, with a copy of the authorization letter and/or coversheet



- Laboratory providers must follow the claims submission steps.
- All laboratory services must be completed within the time period outlined on the authorization sent to the primary provider.

*Note: LabCorp and Quest Diagnostics are included in TriWest's network. Individual draw stations can provide services and submit claims even if not specifically listed in our directory. A servicing provider, along with the facility or Ambulatory Surgery Center (ASC) which is used to perform the approved services, is also considered covered and should bill using the same authorization number provided to the primary physician.*

- ASC services must bill with a CMS-1500 or 837 (professional) compliant electronic format. This complies with Medicare guidelines.
- Authorized HCPCS codes are limited to Level I service HCPCS. Level II HCPCS for durable medical equipment (DME), medical supplies and other equipment are not considered pre-authorized. Submit a request to the VAMC or contact the VATC for assistance if there is a need.
- VA Consult form (10-7080) has details related to each episode of care along with any care exclusion language. These are included with your authorization and should guide care decisions.

When sending a Veteran to an outside laboratory, please advise the Veteran to take the referral/authorization and all other pertinent details with him or her to the appointment.

## Important Contact Information

For more information, providers can find our Quick Reference Guides and other tools in TriWest's Payer Space on Availity (<https://www.availity.com/>).

## Billing Customer Service

- Phone: 877-CCN-TRIW (877-226-8749)
- Correspondence – Claims
- Mail to:  
TriWest Healthcare Alliance  
PO Box 42270  
Phoenix AZ 85080-2270

## Provider Customer Service

- Phone: 877-CCN-TRIW (877-226-8749)
- Email: [providerservices@TriWest.com](mailto:providerservices@TriWest.com)

## PGBA Contacts and Support Medical Claims

- Mail to:  
TriWest VA CCN Claims  
PO Box 108851  
Florence, SC 29502-8851



## Additional Resources

### Availity

- <https://www.availity.com>
- Technical support: 800-282-4548

### HSRM

- Phone: 844-293-2272
- Email: [HSRMSupport@va.gov](mailto:HSRMSupport@va.gov)

### VHA TRAIN

- [https://www.va.gov/COMMUNITYCARE/docs/providers/VHA\\_TRAIN.pdf](https://www.va.gov/COMMUNITYCARE/docs/providers/VHA_TRAIN.pdf)

### CCN Participation Questions

- Email: [CMReferral@TriWest.com](mailto:CMReferral@TriWest.com)

If you or the Veterans in your care have issues that need to be addressed as part of a grievance, please fill out and submit a [TriWest Complaint and Grievance form](#).