



POLICY INFORMATION

Policy Number:	POL-PP-237	Original Effective Date:	1/1/2023
Version Number:	003	Revision Date:	1/1/2025
Policy Status:	Active	Next Revision Date:	1/1/2026

NOTICE

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED

<input checked="" type="checkbox"/> PROFESSIONAL	<input checked="" type="checkbox"/> FACILITY	<input type="checkbox"/> DME	<input type="checkbox"/> AMBULATORY SURGERY	<input type="checkbox"/> LAB	<input type="checkbox"/> OTHER
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LINES OF BUSINESS IMPACTED

<input checked="" type="checkbox"/> COMMERCIAL	<input type="checkbox"/> BLUE MEDICARE ADVANTAGE	<input checked="" type="checkbox"/> ACA QHP¹	<input checked="" type="checkbox"/> SMALL GROUP ACA	<input checked="" type="checkbox"/> JAA²	<input checked="" type="checkbox"/> FEP³	<input type="checkbox"/> DENTAL
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¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.



Description/Application

Organ acquisition costs are the expenses incurred in procuring organs for transplantation, including both living and deceased donor organs. These costs encompass a range of services, such as donor and recipient evaluations, tissue typing, organ preservation, and other related expenses. Specifically, they cover costs associated with the process of obtaining organs from either a living donor or a deceased donor.

Policy

Organ Acquisition Costs

Any claim submitted by a certified transplant center (CTC) which contains organ acquisition costs will be stopped and a request sent for form CMS-2552-10, Worksheet D4, Parts I-IV: Computation of Organ Acquisition Costs and Charges for Hospitals Which Are Certified Transplant Centers detailing such costs.

The form and instructions on how to complete the form can be found in the links in the "REFERENCE" section below.

Blue KC will pay the allowed costs for the organ acquisition as substantiated in the Cost Report.

Any facility claim that is billed for organ acquisition costs that does not send form CMS-2552-10, Worksheets I-IV to Blue KC upon request, will be denied as an incomplete claim submission.

References:

- Form 2552-10, Worksheet D4, Part I – IV: Computation of Organ Acquisition Costs and Charges for Hospitals Which Are Certified Transplant Centers <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3P240f.pdf>
- Medicare Provider Reimbursement Manual, Part 1, Chapter 31-Organ Donation and Reimbursement <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Paper-Based-Manuals->
- Medicare Provider Reimbursement Manual, Part 2-Provider Cost Reporting Forms and Instructions, Chapter 40-Hospital and Hospital Health Care, Form CMS 2552-10 <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1P240.pdf> [Items/CMS021929.html](https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1P240.pdf)

Coding

N/A

Related Documents

N/A

References and Resources

Centers for Medicare and Medicaid Services



Revision History		
Version	Date	Summary of Revisions
001	01/01/2023	Initial version
002	01/01/2024	Annual review- No changes were made
003	01/01/2025	Annual review, no changes were made