

Policy Number: CP-AMCR24-002A

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Medicare Transplants Lodging and Transportation Related Expenses Member Reimbursement

The purpose of this policy is to provide clarity and specificity for coverage of Medicare Transplants Lodging and Transportation Related Expenses Member Reimbursement

DISCLAIMER

Coverage Policies are developed to assist in identifying coverage for Aspirus benefits under Aspirus's health plans. They are intended to serve only as a general reference regarding Aspirus's administration of health benefits and are not intended to address all issues related to coverage for health services provided to Aspirus members.

These services may or may not be covered by all Aspirus products (refer to product section of individual coverage policy for product-specific detail). Providers are encouraged to have their Aspirus patient refer to their Aspirus plan documents (Evidence of Coverage/Member Handbook/Member Contract) for specific coverage information. If there is a conflict between a coverage policy and the Aspirus plan document, the Aspirus plan document is used to determine coverage.

Medicare products may provide different coverage for certain services, which may be addressed in different policies. For Medicare National Coverage Determinations (NCD), Local Coverage Determinations (LCD), and/or Local Coverage Articles, please consult CMS, National Government Services, or CGS websites.

Coverage Policies do not constitute medical advice. Providers are responsible for submission of accurate and compliant claims.

Product Summary

This coverage policy applies to the following Aspirus products:

Aspirus product	Applies to
Aspirus Medicare Advantage Elite (PPO)	✓
Aspirus Medicare Advantage Essential Rx (PPO)	✓

Benefit category:

Member Reimbursement criteria

Definitions or summary

- The maximum amount payable for all allowed travel and lodging services related to a covered transplant is **\$5,000** per transplant.
- All organ transplants must be provided in a Medicare approved transplant center.
- When clinical criteria have been met and a Medicare-approved transplant center has determined that the member is a candidate, the following types of transplants are covered:
 - Corneal
 - Kidney
 - kidney-pancreatic
 - heart
 - liver
 - lung
 - heart/lung
 - bone marrow
 - stem cell
 - intestinal/multi-visceral
- The benefit period for a covered transplant begins five days prior to the transplant and extends through the patient's transplant episode of care (not to exceed one year from the date of the transplant)
- Travel expenses are reimbursed based on actual expenses using the most cost-effective and reasonable mode of travel and lodging up to the maximum allowable dollar amount.
- If Aspirus provides transplant services at a distance *greater than 100 miles* from the members home, Aspirus will cover appropriate lodging and transportation costs for member and a companion.
- Aspirus Care Management staff can assist with coordinating these services.
 - The transplant facility may have staff that assist with locating these services also.
 - Many transplant centers have low-cost lodging near the facility for patients.

Coverage policy

Covered

- Travel and lodging are covered for the member and one companion when the transplant center is great than *100 miles* from the members home address.
- Eligible transportation expenses are limited to economy/coach class tickets or fares when transportation is by the following methods:
 - Bus
 - Train
 - Plane
 - Taxi or ride-sharing service (e.g., Uber, Lyft) to and from lodging to transplant hospital.
- Mileage for driving a personal vehicle is reimbursed at the current **medical** IRS rate for the direct route between the member's home and the transplant center. See current reimbursement rate at <https://www.irs.gov/tax-professionals/standard-mileage-rates/>
- Parking and tolls paid in relation to travel to the transplant center.

Not Covered

The following services, not directly related to travel and lodging expenses aren't payable. They include, but aren't limited to:

- Alcohol/alcoholic beverages
- Additional mileage for sightseeing or visits to friends/relatives
- Any other service not listed in this policy is excluded from reimbursement
- Any service that is an additional charge to the room charge
- Car maintenance
- Car rental
- Cards, stationery, stamps
- Clothing
- Dry cleaning
- Entertainment (cable televisions, books, magazines, movie rentals, visits to museums, additional mileage for sightseeing, compact discs, games, etc.)
- Expense for persons other than the patient and his/her covered companion or caregiver
- Expenses for lodging when member or companion is staying with a relative or friend
- Flowers
- Gasoline
- Groceries (i.e., grocery stores, Walmart, K-Mart, Target, etc.)
- Gym fees
- Household products
- Household utilities, including cell phone charges, maid, babysitter, or day care services
- Kennel fees
- Laundry service/supplies
- Limo or private car service
- Meals for the patient and persons eligible to accompany the patient (Note: meals for the patient during an inpatient hospital stay are covered as part of the inpatient hospital care.)
- Non-Legible receipts (e.g., lodging)
- Parking fees incurred other than at hotel/motel or hospital
- Personal hygiene items (i.e., toothbrush, deodorant, etc.)
- Personal service (i.e., childcare, house sitting, kennel care, etc.)
- Security deposits
- Souvenirs (i.e., T-shirts, sweatshirts, toys, etc.)
- Spa
- Telephone bills/calls/phone cards
- Tobacco
- Toiletries
- Valet Parking
- Wi-Fi

CPT/ HCPCS/ICD-10 Codes

**Note: If available, codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. This list may not be all-inclusive.*

CPT®, HCPCS or ICD-10 CODES	Modifier	Narrative Description

*CPT is a registered trademark of the American Medical Association.

Prior authorization

Prior authorizations required for transplants.
 Authorization and Notification Requirements-Medical Services, Aspirus Medicare Plans
 Refer to: [Aspirus® - Authorizations and Notification Requirement](#)

- For a Medicare-approved transplant at a Aspirus contracted facility: Notify Aspirus within 24 hours of inpatient hospital admissions.
- For a non-Medicare approved transplant and/or at a non-Aspirus contracted facility:
 - Notify Aspirus prior to referral to a provider or center.**
- Concurrent review required for non-Aspirus contracted provider over the course of the hospital stay.

Related policies and documentation

References to other policies or documentation that may be relevant to this policy

Policy Number	Policy Description
None	

References and source documents

Links to the Aspirus contracts, Center for Medicare and Medicaid Services (CMS and other relevant documents used to create this policy

[Aspirus Elite Medicare Evidence of Coverage \(EOC\)](#)

[Aspirus Essential Rx Medicare Evidence of Coverage \(EOC\)](#)

Coverage policy development and revision history

Version	Date	Note(s)
V1	8/1/24	New policy Aspirus
V2	10/9/2024	Annual review, minor edit, need to fix sentence in PA, it would not go back together
V3	8/18/2025	Annual review, there is not a reimbursement form for Aspirus, minor edits