

Medical Policies



Policy Number: S-124

Policy Name: Kidney Transplant

Policy Type:MedicalPolicy Subtype:SurgeryEffective Date:09-15-2025End Date:11-02-2025

Description

Kidney transplant, a treatment option for end-stage renal disease, involves the surgical removal of a kidney from a cadaver, living-related donor, or living-unrelated donor and transplantation into the recipient.

Policy Application

All claims submitted for this policy will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

NoSuchKey The specified key does not exist.policies/bcbsnd/S-

124/v019aB/criteriaText.txtAW0PVV2Y0YNNVQ08Lq6m0o4PimyzJxGzWrrRN23vScBXwfBGPIZBJydPLhJP7THvFuHt25g/5AP3GppAuqlixpQlOgA= NoSuchKey The specified key does not exist.policies/bcbsnd/S-

124/vv019ab/content.txtAW0XE11DT16H918MIEhKTDsjynz5CpaR2FiHUK6jxDejkLUaWysismiJoPc3EU+9TSogmDCkXJP8gar+Wc9opEwR6SU=

Diagnosis Codes

N18.4 N18.5 N18.6 N18.9

CURRENT CODING

CPT:

50300	DONOR NEPHRECTOMY CADAVER DONOR UNI/BILATERAL	Commercial	
50320	DONOR NEPHRECTOMY OPEN LIVING DONOR	Commercial	
50323	BKBENCH PREPJ CADAVER DONOR RENAL ALLOGRAFT	Commercial	
50325	BKBENCH PREPJ LIVING RENAL DONOR ALLOGRAFT	Commercial	
50327	BKBENCH RCNSTJ RENAL ALGRFT VENOUS ANAST EA	Commercial	
50328	BKBENCH RCNSTJ RENAL ALLOGRAFT ARTERIAL ANAST EA	Commercial	
50329	BKBENCH RCNSTJ ALGRFT URETERAL ANAST EA	Commercial	

RECIPIENT NEPHRECTOMY SEPARATE PROCEDURE	Commercial
RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Commercial
RENAL ALTRNSPLJ IMPLTJ GRF W/RCP NEPHRECTOMY	Commercial
REMOVAL OF TRANSPLANTED RENAL ALLOGRAFT	Commercial
RENAL AUTOTRANSPLANTATION REIMPLANTATION KIDNEY	Commercial
LAPAROSCOPY DONOR NEPHRECTOMY LIVING DONOR	Commercial
DONOR NEPHRECTOMY CADAVER DONOR UNI/BILATERAL	Medicaid Expansion
DONOR NEPHRECTOMY OPEN LIVING DONOR	Medicaid Expansion
BKBENCH PREPJ CADAVER DONOR RENAL ALLOGRAFT	Medicaid Expansion
BKBENCH PREPJ LIVING RENAL DONOR ALLOGRAFT	Medicaid Expansion
BKBENCH RCNSTJ RENAL ALGRFT VENOUS ANAST EA	Medicaid Expansion
BKBENCH RCNSTJ RENAL ALLOGRAFT ARTERIAL ANAST EA	Medicaid Expansion
BKBENCH RCNSTJ ALGRFT URETERAL ANAST EA	Medicaid Expansion
RECIPIENT NEPHRECTOMY SEPARATE PROCEDURE	Medicaid Expansion
RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY	Medicaid Expansion
RENAL ALTRNSPLJ IMPLTJ GRF W/RCP NEPHRECTOMY	Medicaid Expansion
REMOVAL OF TRANSPLANTED RENAL ALLOGRAFT	Medicaid Expansion
RENAL AUTOTRANSPLANTATION REIMPLANTATION KIDNEY	Medicaid Expansion
LAPAROSCOPY DONOR NEPHRECTOMY LIVING DONOR	Medicaid Expansion
	RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY RENAL ALTRNSPLJ IMPLTJ GRF W/RCP NEPHRECTOMY REMOVAL OF TRANSPLANTED RENAL ALLOGRAFT RENAL AUTOTRANSPLANTATION REIMPLANTATION KIDNEY LAPAROSCOPY DONOR NEPHRECTOMY LIVING DONOR DONOR NEPHRECTOMY CADAVER DONOR UNI/BILATERAL DONOR NEPHRECTOMY OPEN LIVING DONOR BKBENCH PREPJ CADAVER DONOR RENAL ALLOGRAFT BKBENCH PREPJ LIVING RENAL DONOR ALLOGRAFT BKBENCH RCNSTJ RENAL ALGRFT VENOUS ANAST EA BKBENCH RCNSTJ RENAL ALLOGRAFT ARTERIAL ANAST EA BKBENCH RCNSTJ ALGRFT URETERAL ANAST EA RECIPIENT NEPHRECTOMY SEPARATE PROCEDURE RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP NEPHRECTOMY RENAL ALTRNSPLJ IMPLTJ GRF W/RCP NEPHRECTOMY REMOVAL OF TRANSPLANTED RENAL ALLOGRAFT RENAL AUTOTRANSPLANTATION REIMPLANTATION KIDNEY

References

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ND Committee Review

Internal Medical Policy Committee 1-19-2021 Adopting Policy Effective March 1, 2021

Internal Medical Policy Committee 1-20-2022 Annual Review Effective March 7, 2022

Internal Medical Policy Committee 11-29-2022 Revision- Effective January 02, 2023

o *Updated* policy language

Internal Medical Policy Committee 5-23-2023 Annual Review Effective July 3, 2023

Internal Medical Policy Committee 5-14-2024 Annual Review Effective July 1, 2024

o *Added* Policy Application

Disclaimer

Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.