Current Tools to Promote Donor Financial Neutrality

... Keeping Donors Whole
### Case Study Sessions

**Substance Use in Living Donation: When Does Use Become Abuse?**  
*Filza Hussain, MD, Stanford Health Care-Stanford Hospital*

**Complexities of the Undocumented Living Donor**  
*Ellen Shukhman, RN-BC, BSN, CCTC, Cedars Sinai Comprehensive Transplant Center*

**Managing Mood Disorders in the Living Donor**  
*Filza Hussain, MD, Stanford Health Care-Stanford Hospital*

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### Break

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### Further Sessions

**Strategies for Managing Living Donors with Novel Microbes**  
*David Serur, MD, Hackensack University Medical Center*

**Strategies to Optimize Psychosocial Outcomes**  
*Farrah Desrosiers, MS, LCSW, CCTSW, New York Presbyterian-Weill Cornell Transplant Center Program*

**Genetic Testing - Current Application in Living Donation**  
*Christie P. Thomas, MD, University of Iowa Health Care*

**Obesity in Living Donors - Sustainable Interventions**  
*Amanda Velazquez, MD, Cedars Sinai Comprehensive Transplant Center*
Our Collective Objectives

**D**onor remains financially neutral

**O**ptimize financial methodologies for maximizing cost recovery

**N**egotiate challenges and obstacles for your patient and your program

**O**pportunities are increased for donation and transplantation

**R**esources identified that can assist with donor costs
Before we talk about the **our tools**, let’s talk about the costs that donors may incur...
Transplant Program

Recipient

Live donor costs

Insurance

Pre-Donation

Post Donation

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Presented by the American Foundation for Donation and Transplantation
Testing / treatment

Travel – food / lodging / transportation

Lost Wages

Dependent / child care
Wally

✓ 54 year old male interested in donating to his sister
  • Potential recipient has Medicare primary and Medigap secondary
✓ Works as a bus driver, has access to transportation, paid time off and short term disability
  ➢ Potential donor has health benefits, does not have a primary care physician, and has family history of co-morbid conditions
  ➢ Lives several states away with this wife and children
Assessment is key in order to access tools and resources

- Testing
- Lost Wages
- Travel – food / lodging / transportation
- Dependent / child care

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  ➢ Lives several states away with this wife and children
  ➢ Also cares for their ailing mother
Assessment is key in order to access tools and resources.
Programs should confirm processes and procedures to

1. facilitate payment of expenses incurred
2. prevent bills being sent to patients
All tests/services/consults needed to determine suitability of recipient and donor can be covered by either:

- Transplant Program
- Organ Acquisition/ Medicare Cost Report
- Recipient Insurance
Per regulations, tests, services and consults needed to determine if donor can donate can be covered

Including...

• Apol
• Genetic testing
• Cancer screenings
• And any other consults that would allow the team to rule a donor in or out
Maximum coverage starts with good education

• For...
  • Staff
  • Recipients
  • Donors
Policy Guidelines for Pre-transplant Testing for Evaluation and Listed Patients

Tests and other non-salary costs for all pre-transplant testing of potential recipients & living donors to determine suitability for transplant donation will be posted directly to Organ Acquisition. Tests for purposes of diagnosis/treatment will be direct billed to the patient’s insurer and are NOT charged to Organ Acquisition. Staff salary costs for pre-transplant services will be captured via monthly time studies & posted to the appropriate organ cost center.

Did patient have any of the following required tests done within the past 6-12 months? If YES, obtain results
- EKG
- CXR
- 2D Echo
- CT Scan of kidneys
- Mammogram
- Pap Smear
- Stress Test
- Consultation Only – (Psych, Hepatology, Pulmonary, Urology, Dental, Cardiology)
- Serologies: If indicated, for CMV, Hep A, B, C, PCR, PSA, liver function tests, coag studies, HIV
- Colonoscopy (tests within five [5] years)

If NO – order per the following:

Cardiac Testing: For diabetics and patients > age 55, and per MD orders
- 2D Echo – CPT 93365 – Echo (2D) w/ interpretation – Diagnosis Z03.89 Obs susp cardiovascular disease
- Stress Test – 78452 – Nuclear Stress - Diagnosis – Z01.810 Pre-op cardiac examination

Colonoscopy
- Routine initial Colonoscopy for patients > age 50⇒ Pre-transplant Colonoscopy Billing Letter to patient w/Rx
- Follow-up Colonoscopy needed every three (3) years for high risk patients. (see definition below).
  Please provide prescription with applicable diagnosis – DO NOT give a billing letter for follow-up colonoscopies. Refer to Clinical Protocol #13 – Cancer Wait Time for Transplantation
  ▪ History of Polyps – ICD10 is Z83.71
  ▪ Family History of Colon Cancer – ICD10 is Z80.0
  ▪ History of Colorectal Cancer - ICD10 is Z85.038
  ▪ Inflammatory Bowel – ICD10 is K51.90 (or Crohn’s Disease – K50.90)

PAP Smear
- Screening PAP Smear CPTs – F3001/F3000 (technical) – ICD10 is Z12.4
  ▪ Age 21-29 - every 3 years
  ▪ Age 30-65 - every 5 years with HPV test

Mammography: for female patients > age 40
- Screening Mammography CPT – 77057 – ICD10 Z12.31
  ▪ Age 45-54 - yearly
  ▪ Age 55 and older – every 2 years

Billing letters can be given if MD orders another film or an ultrasound only if it is to determine if candidate is suitable. Breast biopsies are not covered; patient will need to follow up with own GYN/specialist for biopsy order/follow-up

Radiology
- CT Abdomen w/o Contrast – CPT – 77140. Order per MD only as per diagnosis
- CXR – ICD10 – Z01.818

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Transplant Insurance Worksheet

As of (indicate date):
*Please note that this is an estimate based on information from your insurer as of date indicated.

| Primary Insurance Company: |  |
| Secondary Insurance Company: |  |
| Additional Insurance: |  |

**Is Saint Barnabas Medical Center (SBMC) in-network?**

**Are living donor costs covered?**
**Are donor complications covered?**

**Does my insurance cover travel costs for my living donor?**

**Will I get a bill from the hospital for my inpatient transplant admission?**

**Will I get bills from the doctors that treat me when I am inpatient for the transplant?**

**Do I need to get referrals from Primary Care Physician for post-transplant clinic visits?**

**Will I have co-pay for clinic visits after transplant?**

**Can I have my post transplant labs drawn at SBMC?**

**Are pre-authorizations needed for tests/services?**

| Transplant Case Manager and Contact Information: |  |

Team tools to facilitate assessment of insurance coverage.
In order to maximize coverage of donor costs, access resources to resolve any recipient insurance issues.

Tools
- Maximize cost recovery
- Negotiate challenges and barriers
- Access resources
- Increase opportunity for transplant/donation

Identify local Social Security contact
Engage regional CMS representative
Collaborate with case managers
Work with State/Local Advocates
✓ 60 year old female willing to donate to her brother
  • Potential recipient has Medicare primary and employer insurance secondary
  • Donor has a limited time to donate, as spouse recently diagnosed with cancer
✓ 5 days prior to LD surgery, Medicare coverage showing as inactive
  ➢ Team contacts local SSA representative
  ➢ Patient has questionable green card status
  ➢ SSA will either provide letter for inactive coverage for secondary insurance to then pay as primary or remove flag of inactive status on Medicare coverage
An Affidavit of No Insurance may assist when a recipient insurance is requesting use of donor’s insurance.

**AFFIDAVIT OF NO DONOR BENEFITS:**
State of 
County of 

Saint Barnabas Medical Center Renal & Pancreas Transplant Division has been notified that:

1. Is a subscriber of health insurance benefits from 
2. But does not have health insurance coverage for living donation

This information has been provided to us and can be independently verified.

Dated: 

[Signature of affiant]

Subscribed and sworn to before me this 

[Signature and seal of notary public]
To Whom It May Concern:

Pursuant to our policy, please be advised that we do not have insurance on record for donor Santa Claus.

We request that you authorize coverage under Burger Meister’s policy for the living donor surgery that will take place on January 5, 2021.

Thank you for your consideration and immediate attention to this matter.

Submit statement that there is “no donor insurance on record” when recipient policy requires use of donor insurance
Develop good billing letters

• For both recipient and donor
• Describes process
• Adapt to facilitate testing
Our billing letter and prescription contains important information for the provider on:
- what tests to perform
- how the provider should bill for the services
- where to send the bill
- how the payment will be processed
- contact information for the provider to reach out to CBMC with any questions

If you choose to have any testing at a facility other than CBMC, please ask in advance if they are willing to accept our payment for services and notify your coordinator which provider you will be going to.
If your provider will not accept our billing letter, please contact us before you have the service performed so we can review and advise.

Please mail, fax or email any invoice, bill or notice as soon as we receive it so we can process it for payment (feel free to use the self-addressed envelopes we provided)

You may receive two different bills for a test performed — one from the facility and one from the doctor or provider

Send both bills to us — both invoices will need to be paid by our department.

It may take a few weeks for us to process the invoice — we encourage you to contact us per above at any time for an updated status.

Billing questions? Please call Rhonda Lutz at 973-322-3314

Patient Education

- Patient friendly
- Easy to understand
- Provide contact info
- Provide self-addressed envelopes for patients to send our team bills or statements they receive for testing
• Document test ordered
  ✓ Prevents other tests are not performed

• Provides information up front about billing
  ✓ Minimizes potential collection activity/lates notices for donor
  ✓ Outlines processes for both internal and external providers

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• Communicate with billers to ensure donor billing is correct for both facility and providers claims

• Use Case Managers when present to assist
Have your program set up a system to blind all donor bills to avoid any breaches in confidentiality.

Patient confidentiality

- Remove donor name and demographics
- Add donor diagnosis
- Add donor modifier
Patient Education

2. Insurance Coverage for Donation
The evaluation and hospitalization costs for living donation are covered by the recipient's insurance. Your insurance will not be billed directly. During your evaluation, only tests ordered by the transplant team for the purposes of determining your suitability for donation will be covered. If tests are performed for the purposes of routine medical care, treatment or are not ordered by the transplant team, you or your insurance company will be billed.

Evaluation is not a blank check for patient testing
Know your policies and the donor coverage in advance so you can be confident in your communication and educate recipients and donors correctly.

If you fully educate and properly inform your patients, they will know what to expect, and they will not be surprised if complications arise.
What happens if during the donor’s evaluation, a condition is identified that requires treatment?
| ✓ Cultivate network of local providers – GYN, Urology, Hematology, Weight Loss |
| ✓ Establish relationships with community clinics/county or state resources – Behavioral Health, Substance Abuse |
| ✓ Explore health system service lines/resources – Dental Clinics |
| ✓ Investigate hospital/foundation funds or other grant funding that may be available |
What happens if there are complications post donation?
“...the expenses of donor complications can be borne by:

• the recipient’s insurance
• the recipient
• the transplant center
• the donor’s insurance”
Donor Complications...

“...Medicare will cover donor complications for an unlimited period of time”

“...as long as transplant recipient has Medicare Parts A and Part B effective on the date of transplant”
Recipient can enroll in Medicare Parts A and B or just Part B on the date of transplant, but both Parts must be active on the actual date of transplant for coverage for donor complications.
✓ 38 year old male donating to a friend
  • Recipient is pre-dialysis, commercial insurance primary, applies for Medicare at time of transplant
  • Recipient successfully transplanted, expires 5 years post transplant

✓ Donor presents 7 years post donation with documented incisional hernia
Billing for Living Donor Complications

Regarding donor complications:

- Expenses incurred for complications that arise with respect to the donor are covered only if they are directly attributable to the donation surgery. Complications that arise after the date of the donor’s discharge will be billed under the recipient’s health insurance claim number. This is true of both facility cost and physician services. Billings for donor complications will be reviewed.
- In all of these situations, the donor is not responsible for co-insurance or deductible.

In addition, CR7523 is adding language to Section 90.1.3 of Chapter 3 of the “Medicare Claims Processing Manual” to provide clarifications as follows:

- Expenses incurred for complications that arise with respect to the donor are covered and separately billable only if they are directly attributable to the donation surgery.
- All covered services (both institutional and professional) for complications from a Medicare covered transplant that arise after the date of the donor’s transplant discharge will be billed under the recipient’s health insurance claim.
Re: Post Donation Complications for Kidney Donor

Dear Provider:

The below-referenced patient donated a kidney to a recipient at our transplant center on and we were notified on that the donor required continuing care related to the donation.

There are specific insurance coverage guidelines that need to be followed when providing services to a kidney donor. The donor’s claims for post-donation related services should be submitted to the kidney recipient’s insurance, as indicated below.

Additionally, the claim should contain the ICD10 Diagnosis Z52.4 – Kidney Donor, the diagnoses for symptoms/conditions for which they are being treated, and for Medicare billing, please add the Q3 modifier (Kidney Donor Surgery and Related Services). Medicare will reimburse these services at 100% of the Medicare Limiting Charge.

Please note that this donation was anonymous and that any claims sent to the insurance below should be blinded. You may remove the donor’s name and place Kidney Donor as the first and last name and replace any identifiable donor information with the demographics for the recipient, provided below, on the claim.

<table>
<thead>
<tr>
<th>Donor Name:</th>
<th>Date of Birth of Donor:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Insured:</td>
<td>Date of Birth of Insured:</td>
</tr>
<tr>
<td>Address of Insured:</td>
<td></td>
</tr>
<tr>
<td>Insurance Carrier:</td>
<td></td>
</tr>
<tr>
<td>Policy #:</td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
</tbody>
</table>
• Donor will be covered (life-long) even if recipient loses Medicare or expires

• All covered donor post-kidney transplant complication services must be billed to the account of the recipient (i.e., the recipient's Medicare number).

• Modifier Q3 (Live Kidney Donor and Related Services) appears on each covered line of the claim.

• Institutional claims will be required to also include:
  - Occurrence Code 36 (Date of Inpatient Hospital Discharge for covered transplant patients); and
  - Patient Relationship Code 39 (Organ Donor).

Sample claims appear at the end of this article to provide examples of the above coding instructions.
The **Q 3 Modifier** can be documented in **Field 24 D** under **Modifiers**.
✓ 38 year old male donating to a friend
  • Recipient is pre-dialysis, commercial insurance primary, applies for Medicare at time of transplant
  • Recipient successfully transplanted, expires 5 years post transplant

✓ Donor presents 7 years post donation with documented incisional hernia

✓ Donor treatment successfully coordinated – despite time since donation
But... what if the transplant recipient does not have Medicare?

Or if recipient is not Medicare eligible?
Know your center’s workflow and policies on donor complications...

- Does your center pay for donor complications?
- Does your center require donors to have insurance?
- Does your center bill the recipient for donor complications?
✓ Commercial insurers/Medicaid generally consider early complications as covered by the global or bundled payment.

✓ Fee-for-service plans may cover early complications.

✓ Often, commercial insurers will not pay costs for living donor complications outside of the perioperative period.
Consider resources from Paired Exchange Registries....

- Access KPD exchange for donor protection for your donor and your recipient’s donor

  √ Includes providers – surgeons, nephrologists, etc.

  √ Also donor complications
Felicia

✓ 42 year old female interested in donating to her mother
  • Potential recipient has Medicaid only – not Medicare eligible
✓ Potential donor ...
  • is currently unemployed
  • has out-of-state Medicaid
  • Has 3 foster children

➢ Can proceed with KPD or donate directly by accessing donor protection through KPD
• Donor Complications...

New challenges... Medicare Advantage Plans

By definition, should cover same services as Medicare... including donor coverage

Advocacy working to ensure coverage of donor costs
✓ 50 year old male donor donates to his brother
  • Recipient has active Managed Medicare/Medicaid
✓ Donor readmitted 1 week post donation for complications
  • Will Medicare Advantage plan pay?

➢ Submit claim to Advantage plan, if denied appeal, then submit to FFS Medicare of recipient
➢ By regulation, complications are covered but don’t delay care of donor
Tools
Maximize cost recovery

Tools
Negotiate challenges and barriers

Tools
Access resources

Tools
Increase opportunity for transplant/donation
Identify in advance if coverage gaps exist
What are the available resources for donor costs related to -

- Travel
- Lost Wages
- Donor Complications
- Dependent Care
For liver and kidney

Costs worksheets

Insurance post donation
Military Benefits

Not Profit Programs and Resources

Fundraising
Additional potential resources for coverage gaps

- Facility funding
- Private foundations
- National Kidney Registry®
- Alliance for Paired Kidney Donation
- National Living Donor Assistance Center
REDUCING BARRIERS TO LIVING DONATION BY INCREASING ACCESS TO LIVING DONOR FINANCIAL ASSISTANCE

Financial concerns are a barrier for some potential live organ donors. Donors can face out-of-pocket costs such as lost wages, travel expenses, and dependent care that are directly related to the donation evaluation and surgery. The National Living Donor Assistance Center (NLDAC) is a federally funded program that provides financial assistance resources for qualifying donors that apply.

Case Profile: Living donation may not be an affordable option for some potential donors. Educating and assisting candidates with financial assistance programs can help ease or eliminate the financial disincentives for some donors. Our center identified the underutilization of the NLDAC program. Our center’s living donor transplant coordinators initiated a process improvement project to increase the utilization of NLDAC. The result was a successful process improvement implementation with significant positive results.
REDUCING BARRIERS TO LIVING DONATION BY INCREASING ACCESS TO LIVING DONOR FINANCIAL ASSISTANCE

Ernie Villalon BSN, RN, CCTC, CPTC
Kidney Living Donor Transplant Coordinator
Keck Hospital of USC
Process Improvement Implementation

Assessment
Results

- 1495% increase in Financial Assistance
  - 2009-2020 Average: $7800/year – 2022: $124,429.03

- 1820% Increase in approved applications
  - 2009-2020 Average: 2.5 approved applications/year
  - 2022: 48 approved applications
Let’s keep our donors financially neutral by...

1. Maximize cost recovery
2. Negotiate challenges and barriers
3. Access resources

In order to increase opportunity for transplant/donation