

**2023 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus**  
**Section 5(b). Surgical and Anesthesia Services Provided by Physicians and Other Healthcare Professionals**  
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## **Organ/Tissue Transplants**

### **Prior approval requirements:**

For the transplants listed below, you must obtain prior approval (see pages [19-22](#)) from the Local Plan, for the procedure and precertification (see page [19](#)) for the facility admission. Prior approval is not required for kidney transplants or for transplants of corneal tissue. Additional benefit requirements apply for the coverage of certain transplants, see pages [66-67](#).

- Blood or marrow stem cell transplant procedures  
Note: See pages [64-65](#) for **additional requirements** that apply to blood or marrow stem cell transplants that are covered only as part of a **clinical trial**.
- Autologous pancreas islet cell transplant
- Heart-lung transplant
- Heart transplant
- Implantation of an artificial heart as a bridge to transplant or destination therapy
- Intestinal transplants (small intestine with or without other organs)
- Liver transplant
- Lung (single, double, or lobar) transplant
- Pancreas transplant
- Combination liver-kidney transplant
- Combination pancreas-kidney transplant

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**Covered organ/tissue transplants** are listed on page [66](#). Benefits are subject to medical necessity and experimental/investigational review, and to the prior approval requirements shown above.

In addition, benefits are only available for some transplants (and covered related services) when performed in a Blue Distinction Center or Medicare-Approved Transplant Program. Please see pages [65-66](#) for more information on the benefits available for the services below. Benefits for implantation of an artificial heart as a bridge to transplant or destination therapy are only available when the facility is designated as a Blue Distinction Center for heart transplants.

**Must be performed in a Blue Distinction Center for Transplant:**

- Blood or marrow stem cell transplants
- Heart transplants
- Liver transplants
- Adult single, double or lobar lung transplants
- Adult combination liver-kidney transplants

**Must be performed in a Medicare-Approved Transplant Program:**

- Heart-lung transplants
- Kidney
- Intestinal
- Adult pancreas transplants
- Pediatric lung transplants
- Adult combination pancreas-kidney transplants

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