


<b>Name of Policy:</b> <u>Guarantor Information for Living Kidney Donation</u> <b>Policy Number:</b> 3364-140-11 <b>Department:</b> Kidney Transplant Administration (Nursing Service) <b>Approving Officer:</b> Chief Nursing Officer Director, Renal Transplant Program <b>Responsible Agent:</b> Transplant Coordinator <b>Scope:</b> The University of Toledo Medical Center	  <b>Effective Date:</b> May 1, 2024 Initial Effective Date: February 21, 1996
<input type="checkbox"/> New policy proposal <input checked="" type="checkbox"/> Minor/technical revision of existing policy <input type="checkbox"/> Major revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy	

**(A) Policy Statement**

The following steps will be taken when a potential living donor presents to the Transplant Clinic.

**(B) Purpose of Policy**

To ensure that no third party information is on record so that no inadvertent/inappropriate billing is done.

**(C) Procedure**

1. Register donor in electronic medical record (EMR) with donor guarantor as their insurance plan.
2. Refrain from billing donor (or donor’s insurance if known through other registrations) for any expenses associated with the organ donation for up to 6 months following the nephrectomy without any complications.
3. All costs associated with donation become part of kidney acquisition cost center. The donor will only be responsible for time off work, loss of wages, travel expenses, and any non-complication follow-up visits after 6 months from surgery date.
4. Complications from donation will be paid for by recipient or by the recipient’s insurance.
5. Explain steps 1 – 4 to donor.

References:

- Medicare Provider Reimbursement Manual Medicaid Services (CMS) Part 1 - Chapter 31, Organ Acquisition (2016) Section 3105.

<p>Approved by:</p> <p>_____  /s/  Kurt Kless, MSN, MBA, RN, NE-BC  Chief Nursing Officer/CNO</p> <p>_____  /s/  Michael Rees, MD  Director, Renal Transplant Program</p> <p><i>Review/Revision Completed By:  Transplant Coordinator  Transplant Administrator</i></p>	<p><b>Review/Revision Date:</b></p> <p>6/97  10/98  3/00  8/02  7/05  2/07  12/2007  1/1/2009  1/12/2010  11/28/12  4/15/15  9/24/15  5/1/2018  5/3/2021  4/4/2024</p> <p><b>Next Review Date:</b> 5/1/2027</p>
<p>Policies Superseded by This Policy:</p>	