

YH20-0102 Attachment A Covered Transplant Services List

Transplant Types Covered by this Contract.

Contractor elects to cover the following types of transplants (mark Yes or No for each type of transplant and mark A for adult cases only, P for pediatric cases only, or B to provide services for both adult and pediatric members):

Transplant Type	A = Adult Cases Only P = Pediatric Cases Only B = Both Adult and Pediatric	Contractor Elects to Provide Service (Mark Yes or No)
Autologous Hematopoietic Stem Cell (bone marrow, peripheral blood or cord blood) Transplant (HSCT)		
Allogeneic Related Hematopoietic Stem Cell (bone marrow, peripheral blood or cord blood) Transplant (HSCT)		
Allogeneic Unrelated Hematopoietic Stem Cell (bone marrow, peripheral blood or cord blood) Transplant (HSCT)		
Autologous Tandem		
Allogeneic Related Tandem		
Allogeneic Unrelated Tandem		
Allogeneic Related Haploid		
Total Body Irradiation		
Heart		
Heart and Lung		
Liver (cadaveric donor)		
Liver (live donor)	P	
Kidney (cadaveric donor)		
Kidney (live donor)		
Lung (single and double)		
Pancreas After Kidney		
Simultaneous Pancreas/Kidney		
Simultaneous Liver/Kidney		
Intestine only (cadaveric donor)	P	
Intestine only (live donor)	P	
Intestine with Liver (cadaveric donor)	P	
Intestine with Liver (live donor)	P	
Intestine with Pancreas	P	
Intestine with Liver and Pancreas (live donor)	P	
Intestine with Liver and Pancreas (cadaveric donor)	P	