

**Government Business Division
Policies and Procedures**

Section (Primary Department) Health Care Management		SUBJECT (Document Title) Transplants - CA	
Effective Date 01/01/2022	Date of Last Review 10/26/2023	Date of Last Revision 10/26/2023	Dept. Approval Date 10/26/2023
Department Approval/Signature:			

Policy applies to health plans operating in the following State(s). Applicable products noted below.

Products	<input type="checkbox"/> Arkansas	<input type="checkbox"/> Iowa	<input type="checkbox"/> Nevada	<input type="checkbox"/> Tennessee
<input checked="" type="checkbox"/> Medicaid/CHIP	<input checked="" type="checkbox"/> California	<input type="checkbox"/> Kentucky	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Texas
<input type="checkbox"/> Medicare/SNP	<input type="checkbox"/> Colorado	<input type="checkbox"/> Louisiana	<input type="checkbox"/> New York – Empire	<input type="checkbox"/> Virginia
<input type="checkbox"/> MMP/Duals	<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Maryland	<input type="checkbox"/> New York (WNY)	<input type="checkbox"/> Washington
	<input type="checkbox"/> Florida	<input type="checkbox"/> Minnesota	<input type="checkbox"/> North Carolina	<input type="checkbox"/> West Virginia
	<input type="checkbox"/> Georgia	<input type="checkbox"/> Missouri	<input type="checkbox"/> Ohio	<input type="checkbox"/> Wisconsin
	<input type="checkbox"/> Indiana	<input type="checkbox"/> Nebraska	<input type="checkbox"/> South Carolina	

POLICY:

The purpose of this policy is to provide a consistent process for the approval of members in need of transplant services. All medically necessary services will be covered for both living and cadaver organ transplants in accordance with the Medi-Cal Provider Manual. For members under the age of 21, major organ transplants are covered by California Children’s Services (CCS). If the CCS program determines that the member is not eligible for the CCS program, but the transplant is medically necessary, Anthem will be responsible for authorizing the transplant, as appropriate.

Transplants will be performed at a facility designated as a Medi-Cal and DHCS approved Center of Excellence (COE) for transplants related to the following major organs:

- Bone marrow-Bone marrow transplant programs must have current accreditation by the Foundation for the Accreditation of Cellular Therapy.
- Heart
- Heart-lung
- Kidney (minor)
- Liver
- Small bowel
- Combined liver and small bowel
- Lung
- Simultaneous kidney-pancreas
- Pancreas

Kidney, corneal, and autologous islet cell transplants are not required to be performed in a COE or Special Care Center (SCC). For these organs, Anthem will ensure that they refer members to a transplant program that is approved by Centers for Medicare and Medicaid Services (CMS) to perform transplants for the respective organ and is a current Organ Procurement and Transplantation Network (OPTN) member.

**Government Business Division
Policies and Procedures**

Section (Primary Department) Health Care Management	SUBJECT (Document Title) Transplants - CA
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Anthem will provide appropriate non-emergency medical transportation (NEMT), non-medical transportation (NMT) services, and related travel expenses related to MOT for transplant recipients and living donors to obtain medically necessary services in accordance with DHCS APL 17-010.

DEFINITIONS:

Transplant - The transfer of an organ or tissue from one part or individual to another.

PROCEDURE:

The Health Care Management department (HCM) assists members requiring transplant services through the coordination of medical services and adjunctive needs in order to obtain the most appropriate and medically necessary services available under the scope of the benefit package. For members under the age of 21, major organ transplants are covered by California Children's Services (CCS) and will be referred to CCS.

- 1) A request for pre-transplant services is received from an Out of Network (OON) provider a case will be created. If the provider is in network, no authorization is needed for the pre-transplant evaluation. All transplant requests will be addressed within 72H/3 calendar days.
- 2) The request is forwarded to and reviewed by the prior authorization team.
- 3) The request is reviewed utilizing nationally recognized clinical criteria and state Medicaid guidelines, as applicable, to determine if it meets medical necessity criteria for transplant.
- 4) If medical necessity is not met, a Medical Director will review the request, and determine if medical necessity has been met.
- 5) If medical necessity criteria are met, the pre-transplant evaluation is authorized. If medical necessity has not been met, the case will be denied. Regardless of the outcome, the Member, Provider and Facility, if applicable, will be notified of the decision.
- 6) If the transplanting facility and/or physicians are out-of-network and single case rates are needed, the contracting team will be contacted to negotiate a single case agreement.
- 7) Upon request for a transplant and receipt of the clinical results of the transplant evaluation, the medical records will be reviewed for completeness. Documentation of social history must be included.
- 8) The submitted clinical information is reviewed utilizing nationally recognized clinical criteria and state Medicaid guidelines, as applicable, to determine if it meets medical necessity criteria for transplant approval.

**Government Business Division
Policies and Procedures**

Section (Primary Department) Health Care Management	SUBJECT (Document Title) Transplants - CA
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- 9) If medical necessity is not met, a Medical Director will review the request, and determine if medical necessity has been met. Before a denial can be issued, the CMP must review the request and determine the appropriateness of the denial.
- 10) The Member, Provider and Facility will be notified regardless of the decision.
- 11) The Prior Authorization department will make a referral to Case Management for all approved transplants to ensure that all the members needs are met throughout the process.
- 12) Treatment Authorization Requests (TARs) are authorized initially for 90 days, but will be extended in 90 day increments upon determination of ongoing eligibility.

Anthem may authorize transplants to be performed in a transplant program located outside of California if the reason for the MOT to be provided out-of-state is advantageous to the beneficiary (i.e., the facility is closer to where the beneficiary resides or the beneficiary is able to obtain the transplant sooner than the in-state facility). In addition, the beneficiary must consent to receiving the transplant out-of-state. In such cases, Anthem must ensure that the process for directly referring, authorizing referrals and coordinating transplants for beneficiaries to out-of-state transplant programs is not more restrictive than for in-state transplant programs and the facility is designated by CMS to perform transplants for a specific type of organ and is a current beneficiary of the OPTN. Anthem must also ensure that out-of-state transplant programs meet the criteria outlined in APL 21-015, and that the out-of-state transplant program is enrolled as a Medi-Cal provider.

REFERENCES:

- Anthem Medical Policies and UM Guidelines
- CA Provider Manual, Last Updated January 2023
- DHCS APL 21-015, Attachment 2 “Major Organ Transplant Requirements”
- DHCS APL 22-008 “Non-Emergency Medical and Non-Medical Transportation Services and Related Travel Expenses
- DHCS Contract sections 3.3.14 and 5.3.7 (F)
- LA Care Contract
- MCG™ (Milliman Care Guidelines)
- Medi-Cal Member Services Guide, Evidence of Coverage, Effective 2023

RESPONSIBLE DEPARTMENTS:

Primary Department:

Health Care Management (HCM)

Secondary Department(s):

None

**Government Business Division
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EXCEPTIONS:

None