11 Transplant Services

Under certain conditions, the following types of transplants are covered: corneal, kidney, pancreas, heart, liver, lung, heart/lung, bone marrow, stem cell, intestinal/multivisceral. See Chapter 7: Inpatient and Outpatient Hospital Care for more information about Inpatient Services.

ORGAN TRANSPLANTS

Health Choice Generations will arrange to have the member's case reviewed by one of the transplant centers that is approved by Medicare (some hospitals that perform transplants are approved by Medicare, and others are not). The Medicare-approved transplant center will decide whether the member is a candidate for a transplant.

The following transplant and transplant-related services are not covered when the transplant procedure itself is not covered by Health Choice Generations:

- Artificial or mechanical hearts or xenografts
- Workups to evaluate the patient as a possible transplant candidate
- Hospitalization for the above procedures
- Organ procurement
- All other medically necessary, non-experimental services are covered

CMS APPROVED TRANSPLANTS CENTERS

CMS Approved Transplant Center: http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Transplant.html.

At the link you will find a list of facilities certified for Medicare payment of transplants for non-renal organs, along with the effective date of such certification.

This information is used by Medicare beneficiaries in need of transplants and their families, to locate facilities that are eligible for Medicare payment for transplants and associated care. The information is also used by other individuals and organizations critical to the effective operation of the Medicare transplant programs. Such individuals and organizations include, but are not limited to, prospective donors, CMS Regional Offices, the Health Resources and Service Administration (HRSA), the United Network for Organ Sharing (UNOS), organ procurement organizations (OPOs), medical schools and other academic institutions, and researchers.

AUTHORIZATION REQUIREMENTS

The most important requirements are to submit appropriate medical documentation with the Transplant Request form. (i.e. Labs, Diagnostic test results, History and Physical, Consultation notes, and last office visits).

BILLING REQUIREMENTS

Billing for the acute care hospitalization in which the transplant occurred:

The provider must enter the proper ICD-10 procedure code identifying the transplant procedure in the primary procedure field (Field 67) on the claim form.

Health Choice Generations contracts with providers to provide covered transplant services to eligible recipients.

- ☐ The contract specifies the inpatient, outpatient, and ancillary services that are included and the payment amount to be received for the services provided.

- ☐ The contract may include all services rendered by the following providers:
  - o Hospitals
  - o Inpatient and outpatient services before, during, and after the transplant
  - o Physicians, surgeons, anesthesiologist, etc.
  - o Laboratory
  - o Pharmacy
  - o Temporary housing
  - o Clinics
  - o Pre- and postoperative office visits

- ☐ Providers must notify Health Choice Generations when a recipient requires a transplant procedure.

- ☐ Health Choice Generations will ensure contract terms with the provider prior to services being provided. The services included in the terms of the contract shall be submitted to Health Choice Generations as separate case stages or as a package.

  - o A transplant stage type is assigned to each transplant case
  - o Each stage has a set dollar value that determines the payment amount for specific dates of service

- ☐ Services will be reimbursed based on the terms of the contract

- ☐ Health Choice Generations will provide the Claims Department with the payment requirements, including the provider name and number under which claims are to be submitted

- ☐ Health Choice Generations will review the case stage or the package submitted, and the services will be paid according to the terms of the contract

- ☐ All medically necessary services provided to the transplant recipient that are related to the transplant should be billed using the appropriate diagnosis codes, CPT and HCPCS procedure codes, and revenue codes to meet clean claim status

- ☐ The claim will automatically pend for medical review for compliance with federal regulations, Health Choice Generations rules and policies

- ☐ Physician and other medical services billed on the CMS 1500 claim form are part of the contracted components and will pend for medical review