482-000-5 Transplantation Procedure Guide

Note: For purposes of this guide, the term plan is defined to mean the physical health plan, or as specifically noted.

Overview

Prior to the day of a medical transplant, the plan has responsibility for all the services in the Basic Benefits Package. The Hospital facilitates the Department's prior authorization of the transplant by forwarding all documentation pertinent to the transplant to the Department. The Department will review the request and make a final determination for Medicaid coverage of the transplant service in accordance with 471 NAC. The attached guidelines will apply to all current Medicaid covered transplants including heart, liver, kidney, lung, heart/lung, small bowel, and stem cell or bone marrow.

Corneal transplants are exempt from the above guidelines.

Note: Enrollment in the MH/SA plan continues until the client is waived from the NHC.

Request for Transplant Evaluation Services

The client's Primary Care Physician (PCP) will request the plan to have the client evaluated by an approved transplant center which is enrolled with the Nebraska Medical Assistance Program (NMAP) for the evaluation of transplant services. The plan is responsible for the prior authorization and coverage of evaluation services. The Department is responsible for prior authorization and coverage of transplant services including follow-up care.

The health plan is responsible for all services covered under the Basic Benefits Package until the day of transplant. For stem cell and bone marrow transplants, this is the date that the high dose chemotherapy or radiation therapy for the stem cell or bone marrow rescue is initiated. The health plan coverage includes an evaluation by a transplant team to determine if the client meets the facility's guidelines for transplant services. This transplant facility and team must be plan-approved and Medicaid enrolled as a transplant facility.

It is the responsibility of the plan to authorize the evaluation services covered under the Basic Benefits Package at a Medicaid enrolled transplant facility as medically appropriate. The Department does not cover transplant services which are considered experimental or investigational.

When an evaluation request is authorized by the plan, the plan will notify the Department on Form MS-27 Nebraska Health Connection (NHC) - Notification of Services Form (Nursing Facility/Transplant) (see Attachment A). Upon receipt of Form MS-27 the Department will verify the facility's enrollment as a Nebraska Medicaid Provider for transplant services.

Request for Prior Authorization for Transplant Services

The following information from the evaluation process is required for the Department to complete a review for prior authorization of transplant services:

1. A document to verify the client's name, date of birth, diagnosis, Medicaid number, and any health insurance information (including application to Medicare, if available); and

2. The name and location of the transplant center to be utilized, including the facility's current patient selection criteria for transplant centers not previously approved.

Additional information required by the Department is:

1. Physician letters - Two letters from two separate transplant team physicians on the facility's transplant team who have independently evaluated the client for the transplant service requested. The letters must include the medical indications, contraindications and treatment plan specific to the patient. The physicians must each recommend the transplant as the only viable alternative for the client to enjoy a meaningful, quality life;

2. Psychosocial Evaluations and Plans - The treatment plan for pre-transplant support and for supportive services post-transplant. This includes a social work evaluation and a complete psychosocial assessment and treatment plan completed by licensed mental health practitioners operating within their scope of practice, as well as the medical plan of support and follow-up (Psychosocial Evaluation and Plan not required for bone marrow/stem cell transplants); and

3. Additional supportive information specific to the type of transplant service being requested.

Any additional testing or evaluations approved by the plan will remain the financial responsibility of the plan until the date of transplant.

Once all evaluation material is completed and collected by the plan, it is submitted to:

Medical Director
Nebraska Department of Health and Human Services
Division of Medicaid and Long-Term Care
P.O. Box 95026
Lincoln, NE 68509-5026

Note: A completed evaluation does not guarantee prior authorization of transplant services.

The Department's transplant review team will review all information submitted for determination of prior authorization. The Department will send a written verification of approval or denial of the request to the transplant facility within fifteen (15) working days. The Department reserves the right to request additional information regarding the facility, transplant team, or the client's medical and psychosocial status.

In an emergency situation that requires transplantation before Departmental approval of the transplant can be obtained, documentation verifying the emergency situation must be submitted along with the other required information for prior authorization of payment coverage. Prior authorization for payment coverage must be obtained prior to submitting the claim.

Waiver of Enrollment From Managed Care

The following waiver of enrollment guidelines apply:

1. All services provided to the NHC client from the day of the prior-authorized transplant or the day that preparatory treatment (chemotherapy or radiation therapy) for stem cell/bone marrow transplants begins will be reimbursed to the provider of service on a fee-for-service basis by the Department.

2. The health plan shall notify the Department of the date of the transplant. The Department shall initiate waiver of enrollment of the client from NHC. The Department's eligibility system shall reflect the client's waiver of enrollment from NHC the first month possible, given system cutoff. Transplant recipients are permanently excluded from NHC participation.

3. If it is known, at the time of enrollment, that the client is a transplant recipient, the client will be granted a waiver of enrollment.

Attachment A - Form MS-23, Nebraska Health Connection (NHC) - Notification of Services (Nursing Facility/Transplant)

This form is used by the health plan, to communicate to the Department a client transplant evaluation. The form is completed as follows:

1. Complete the information related to person completing the form;
2. Complete the Client Information;
3. Check the appropriate box for Transplant Evaluation and complete the appropriate sections; and
4. Route the form and related documentation to the Department via the Managed Care fax at 402-742-2337 or secure email to the Managed Care email address at DHHS.Medicaid.Managed.Care@nebraska.gov .

Nebraska Department of Health and Human Services

Nebraska Health Connection (NHC)
Notification of Services
Nursing Facility/Transplant

☐ **HHS Medicaid Division - Fax Number (402) 742-2337**

Name of Person Completing Form

Plan Name:	Telephone Number:

Client Information

Name	Medicaid ID Number	Date of Birth
Primary Care Physician		Telephone Number
HHS Worker Name		Telephone Number

Case Information /Case Changes

☐ **Change in Living Arrangement (NF) (If completed, Level of Care Change Section MUST be completed)**

Facility Name	Address

Date of Admission

Contact Person

Phone

☐ **Level of Care Change**

From Care Level	To Care Level	Effective Date of Change

☐ **Transplant Evaluation**

Date of Prior Authorization Request	Date of Transplant	Date of Preparatory Treatment for Bone Marrow/Stem Cell Transplant

Facility Name/Address where transplant to be completed

For Central Office Completion

Attachments
☐ Yes ☐ No

Verification Requested
☐ Yes ☐ No

☐ **Status Change**

Status Change ☐ Disenrolled ☐ Other Specify	Effective Date of Change

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