

HEALTH PLAN OF SAN JOAQUIN			
Subject: Major Organ Transplant Cases - Identification and Referral Process			
Department: Medical Management - Utilization			Policy #: UM 35
Applies to: Medi-cal			Scope: UM
Effective Date: 2/96	Revised Date: 10/06, 04/08	Approved by: <i>Medical Director</i>	

POLICY

- A. Members needing major organ transplants, with the exception of kidney, will be referred to the Medi-Cal approved transplant center for evaluation. If the transplant center Physician considers the member to be a suitable candidate, a referral to the appropriate waiver program will be submitted for approval.

PROCEDURE

- A. Major organ transplant procedures, with the exception of kidney transplants, are not covered under the Department of Health Services (DHS) contract. Pre-authorizations submitted for members with a potential need, or are in need of major organ transplants will be referred to a Medi-Cal approved transplant center for evaluation.
- B. The Utilization Management staff will assist its providers as needed through the referral process and act as a liaison between the transplant center staff and HPSJ providers.
- C. Transplant procedures which are not covered by the Health Plan include:
 - a) Bone Marrow Transplants
 - b) Heart Transplants
 - c) Liver Transplants
 - d) Lung Transplants
 - e) Heart/Lung Transplants
 - f) Combined Liver and Kidney Transplants
 - g) Combined Liver and Small Bowel Transplants
 - h) Small Bowel Transplants

- D. HPSJ providers follow the Medi-Cal patient selection criteria in identifying members in need of major organ transplants. This criteria is included as Attachments A, B, and C.
- E. The MM nurse or CM will initiate disenrollment of the member when all of the following has occurred:
 - a) the member has been referred to the organ transplant facility;
 - b) member's name is listed as recipient.
- F. Health Plan of San Joaquin will continue to provide all Medically Necessary Covered Services and Case Management until the member has been disenrolled from the plan.
- G. Upon the disenrollment effective date, the Medical Management department will ensure continuity of care by requesting and if necessary assisting the PCP/Specialist transfer all of the Member's medical documentation to the transplant Physician.
- H. The effective date of the disenrollment will be effective the beginning of the month in which the transplant is approved per the Medi-Cal FFS TAR (treatment authorization request).
- I. The request for reimbursement for services in the month during which the transplant is approved are to be sent by the provider directly to the Medi-Cal FFS fiscal intermediary.
- J. The capitation paid to the Health Plan of San Joaquin will be recovered by DHS.
- K. If the member is evaluated and determined not to be a candidate for a major organ transplant or DHS denies authorization for a transplant, the Member will not be disenrolled and will remain covered by HPSJ.
 - a) HPSJ will cover the cost of the evaluation performed by the Medi-Cal approved transplant center.

REFERENCE

- A. DHS Contract, Exhibit a, Attachment 11 B T
- B. Title 22, CCR, Sections 53887, 53888, 53889, 53891

Created by/Date	Revised by/Date	Revised by/Date	Revised by/Date	Revised by/Date	Revised by/Date
2/96	5/05 M. Jordan RN	10/06 Nraymond	04/08 C. Varela	Reviewed by J. Scott 10/08	