

POLICY AND PROCEDURE	
<b>Policy # and TITLE:</b> Major Organ Transplant (MOT)	
<b>Primary Policy owner:</b> Care Management	<b>POLICY #:</b> CM67
<b>Impacted/Secondary policy owner:</b> Select the department(s) that are responsible for compliance with all, or a portion of the policy or procedure as outlined	
1) <input type="checkbox"/> All Departments 2) <input checked="" type="checkbox"/> Behavioral Health (BH) 3) <input type="checkbox"/> Benefits Administration (BA) 4) <input checked="" type="checkbox"/> Care Management (CM) 5) <input checked="" type="checkbox"/> Claims (CLMS) 6) <input type="checkbox"/> Community Marketplace & Member Engagement (MAR) 7) <input type="checkbox"/> Compliance (CMP/HPA) 8) <input type="checkbox"/> Configuration (CFG) 9) <input type="checkbox"/> Provider Contracting (CONT) 10) <input type="checkbox"/> Cultural & Linguistics (CL) 11) <input checked="" type="checkbox"/> Customer Service (CS)	12) <input type="checkbox"/> Facilities (FAC) 13) <input type="checkbox"/> Finance (FIN) 14) <input type="checkbox"/> Human Resources (HR) 15) <input type="checkbox"/> Information Technology / Core Systems (IT) 16) <input checked="" type="checkbox"/> Pharmacy (PH) 17) <input checked="" type="checkbox"/> Provider Networks (PRO) 18) <input checked="" type="checkbox"/> QI Health Equity (GRV/HE/HEQ/PHM/QM) 19) <input checked="" type="checkbox"/> Utilization Management (UM)
<b>PRODUCT TYPE:</b> <input checked="" type="checkbox"/> Medi-Cal	<b>Supersedes Policy Number:</b> CM04 Major Organ Transplant Cases - Identification and Referral Process

## **I. PURPOSE**

Health Plan of San Joaquin, and Mountain Valley Health Plan ("Health Plan") ensures the coverage of all medically necessary Major Organ Transplants (MOT) for adults and pediatric transplant recipients and donors, including related services such as organ procurement and living donor care, in accordance with state and federal regulations.

## **II. POLICY**

- A. The Health Plan refers, coordinates, and authorizes the delivery of the MOT benefit and all medically necessary services associated with MOTs, including, but not limited to, pre-transplantation assessments and appointments, organ procurement costs, hospitalization, surgery, discharge planning, readmissions from complications, post-operative services, medications not otherwise covered by the MCP contract, and care coordination for transplants that the MCP is responsible for.
- B. The Health Plan is not required to pay for costs associated with transplants that qualify as a California Children Services (CCS) condition. The Health Plan does not participate in the WCM program.
- C. The Health Plan authorizes and covers all transplant-related costs for organ donors, including living donors and cadavers, regardless of a living donor's Medi-Cal eligibility. Such costs include evaluation, hospitalization for the living donor, organ removal and all Medically Necessary services related to organ removal including complications, and transportation.
- D. The Health Plan only authorizes MOTs to be performed in approved transplant programs located within a hospital that meets the Department of Health Care Services' (DHCS) criteria.
- E. Covered Benefits:
  - 1. The Health Plan is required to cover all medically necessary major organ transplants as outlined in the Medi-Cal Provider Manual, including all updates and amendments to the Provider Manual. The Health Plan requires prior authorizations for all medically necessary major organ transplants.
  - 2. The Health Plan is required to ensure adult members receive covered benefits at a facility designated as a Medi-Cal approved Center of Excellence (COE) for transplants related to the following major organs:
    - a. Bone Marrow
    - b. Heart

- c. Heart-Lung
  - d. Kidney
  - e. Liver Small Bowel
  - f. Combined liver and small bowel
  - g. Lung
  - h. Simultaneous kidney and pancreas
  - i. Pancreas
3. Kidney, cornea, and autologous islet cell transplants are not required to be performed in a COE or Special Care Center (SCC). For these organs, the Health Plan ensures that members are referred 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.
  4. The Health Plan authorizes appropriate non-emergency medical transportation, non-medical transportation services and related travel expenses related to MOT for adult and non-California Children's Services (CCS) transplant recipients and living donors to obtain medically necessary services.
  5. CCS covers MOT for CCS eligible members under the age of 21 years of age. Additionally, lodging and transportation services are available to CCS-eligible members as covered under the Maintenance and Transportation (M&T) benefit for CCS or through the health plan.
  6. If the CCS County program determines that the beneficiary is not eligible for the CCS program, the Health Plan is responsible for referring the member to an appropriate transplant program that meets DHCS' criteria. The Health Plan is responsible for authorizing the request and covering the transplant once the transplant program determines that the member is a suitable candidate for the MOT.
  7. As of January 1, 2022, Medi-Cal Rx will cover pharmacy claims for MOT-related prescription drugs under their pharmacy benefit unless a member has other primary insurance or Medicare. Providers will follow all Medi-Cal Rx Prior Authorization requirements for MOT-related prescription drugs under the Medi-Cal Rx pharmacy benefit.
  8. The Health Plan or other primary insurer/Medicare is responsible for the cost of facility- or physician-administrated drugs in accordance with the Health Plan's Policy PH23 Submission of Pharmacy Benefit Prior Authorization & Claims.

F. Current Enrollment and Care Coordination Requirements:

1. All the Health Plan members approved for a MOT and disenrolled from the Health Plan prior to January 1, 2022, will remain disenrolled from the Health Plan and enrolled in Fee-For-Service (FFS) Medi-Cal until after the expiration of the Medical Exemption Request (MER) and Emergency Disenrollment Exemption Request (EDER).
2. The Health Plan ensures coordination of care between all providers, organ donation entities, and transplant programs to ensure the MOT is completed as expeditiously as possible. Care coordination must be provided to the transplant recipients as well as the living donors.

G. Transplant Program Requirements:

1. The Health Plan is required to ensure all MOT procedures are performed in an approved transplant program which operates within a hospital setting, is certified, and licensed through CMS, and meets Medi-Cal state and federal regulations consistent with 42 CFR, parts 405, 482, 488, 498 and Section 1138 of the Social Security Act (SSA).
2. The Health Plan ensures all contracted hospitals within which transplant programs are located meet DHCS' criteria and the hospital is enrolled to participate in the Medi-Cal program.
3. Solid organ transplant programs must meet the CMS Conditions of Participation for the specific organ type and must maintain an active membership with OPTN administered by UNOS.
4. Bone marrow transplant programs must have current accreditation by the Foundation for the Accreditation of Cellular Therapy.
5. If the CCS program determines that the member is not eligible for the CCS program, but the MOT is medically necessary, the Health Plan is responsible for authorizing the MOT, as appropriate.
6. The Health Plan authorizes MOTs 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 member (i.e., the facility is closer to where the member resides, or the member is able to obtain the transplant sooner than the in-state facility). In addition, the member must consent to receiving the MOT out-of-state. In such cases, the Health Plan ensures that the process for directly referring, authorizing referrals and coordinating transplants for members 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 member of the OPTN.
7. The Health Plan ensures that out-of-state transplant programs meet the criteria set forth by DHCS, and that the out-of-state transplant program is enrolled as a Medi-Cal provider.
  8. The transplant program is responsible for placing members on the National Waitlist maintained by OPTN, administered by Health Resources and Services Administration (HRSA), once it has determined that the member is a suitable transplant candidate.
  9. The Health Plan refers members or authorize referrals to the appropriate transplant program for an evaluation if the member's primary care physician (PCP) or specialist identifies the member as a potential transplant candidate.
  10. The Health Plan is responsible for monitoring the status of contracted hospitals with approved transplant programs to ensure they do not refer members or authorize referrals to a transplant program that no longer meets DHCS requirements or is no longer approved by CMS for the appropriate transplant type.
    - a. The Health Plan requires the necessary documentation from contracted hospitals in which transplant programs are located to validate requirements are met no less than annually.
  11. When the transplant program cannot perform the MOT surgery and an organ is available, the Health Plan arranges for the surgery to be performed at a different transplant program outside of its network. The Health Plan ensures that the transplant program meets DHCS' COE requirements that are based on the following criteria:
    - a. CMS approval for the appropriate organ, and
      - i. OPTN membership for solid organs transplants; or
      - ii. Accreditation by the Foundation for the Accreditation of Cellular Therapy for bone marrow transplants.

### III. PROCEDURE

- A. The Health Plan directly refers to adult members or authorizes referrals to a transplant program that meets DHCS criteria for an evaluation within 72 hours of a member's PCP or specialist identifying the member as a potential candidate for the MOT.
- B. The Health Plan authorizes the request for the MOT after the transplant program confirms the MOT candidacy of the member.

- C. The Health Plan refers pediatric members to the County CCS program for CCS eligibility determination within 72-hours of the member's PCP or specialist identifying the member as potential candidate for the MOT.
  - 1. The County CCS program will be responsible for referring the CCS-eligible member to the transplant SCC.
  - 2. An Integrated Systems of Care (ISCD) Medical Consultant or designee will be responsible for determination of medical necessity and adjudication of the request for the MOT upon the SCC's confirmation that the member is a suitable candidate for the MOT.
  - 3. If the CCS program determines that the member is not eligible for the CCS program, but the MOT is medically necessary, the Health Plan is responsible for authorizing the MOT.
- D. Once the transplant program confirms that the member is a suitable transplant candidate, the Health Plan is required to authorize the request for the MOT.
- E. CCS MOT Service Authorization Requests (SARS) are typically authorized for one year. Non-CCS Treatment Authorization Requests (TARS) are authorized for a certain period of time depending on the type of MOT as outlined in the table below.

<b>Transplant</b>	<b>Duration of TAR Authorization</b>
Liver with hepatocellular carcinoma	4 months
Cirrhosis	6 months
Bone Marrow	6 months
Heart	6 months
Lungs	6 months
All else	1 year

- F. Expedited authorizations are required if the organ that the member will receive is at risk of being unusable due to any delay in obtaining prior authorization or if the transplant program has the ability to provide immediate transplant services that would benefit the member's condition. The expedited authorizations are required to be completed no later than 72 hours.

#### **IV. ATTACHMENT(S)**

- A. DHCS Medi – Cal Managed Care Plans Definitions (Exhibit A, Attachment I, 1.0 Definitions)

B. [Glossary of Terms Link](#)

C. Medi-Cal Managed Care Contract Acronyms List (Exhibit A, Attachment I, 2.0 Acronyms)

## V. REFERENCES

A. DHCS APL 21-015 Attachment 2: Major Organ Transplant Requirements

B. Social Security Act Section 1138

C. Title 42 CFR Sections 405, 482, 488, 498

## VI. REVISION HISTORY

*\*Version 001 as of 01/01/2023*

Version*	Revision Summary	Date
000	9/21, 2/22, 8/23	N/A
001	Moved CM67 to new template	2/8/2023
Initial Effective Date: 1/1/2022		

## VII. Committee Review and Approval

Committee Name	Version	Date
Compliance Committee	001	2/15/2024
<ul style="list-style-type: none"> <li>Privacy &amp; Security Oversight Committee (PSOC)</li> </ul>		
<ul style="list-style-type: none"> <li>Program Integrity Committee</li> </ul>		
<ul style="list-style-type: none"> <li>Audits &amp; Oversight Committee</li> </ul>		
<ul style="list-style-type: none"> <li>Policy Review</li> </ul>	001	1/17/2024
Quality and Utilization Management		
<ul style="list-style-type: none"> <li>Quality Operations Committee</li> </ul>		
<ul style="list-style-type: none"> <li>Grievance</li> </ul>		

## VIII. REGULATORY AGENCY APPROVALS

Department	Reviewer	Version	Date
Department of Healthcare services (DHCS)	MCOD Operational Readiness	001	8/15/2023
Department of Managed Care (DMHC)			

**IX. Approval signature\***

Signature	Name Title	Date
	PRC Chairperson	
	Policy Owner	
	Department Executive	
	Chief Executive Officer	

\*Signatures are on file, will not be on the published copy