

Wyoming EqualityCare Policy for Bone Marrow/Stem Cell and Organ Transplant Services

The Wyoming EqualityCare Program will review all cases presented for bone marrow/stem cell and organ transplantation for recipients under the age of 21. Cases limited to bone marrow/stem cell, kidney and liver for recipients over 21 years of age will also be reviewed.

Prior authorization is required for all for bone marrow/stem cell and organ transplants

Policy

- All cases presented for organ transplantation (with the exception of Cornea) require prior authorization.
- Each case receives individualized review and is evaluated for medical necessity.

Medical necessity criteria

- Diagnostic confirmation by clinical laboratory studies of the underlying pathological process.
- Clinical and physiological verification of end stage failure that is unresponsive to applied treatment regimens.
- Organ transplantation is the best available definitive treatment for the underlying pathological process and end stage functional failure.

Long-range prognosis will be considered

- No coexisting conditions that could contraindicate undertaking organ transplantation.
- Management of the procedures at a medical center of expertise providing high quality care through all necessary support systems and trained experienced staff.

Patient selection criteria

Before providing covered transplant services, the facility is required to submit its patient selection criteria, including medical-physical indications and contra-indications and psycho-social criteria.

Evaluation and treatment at a transplant center

- All cases must undergo evaluation, study, and staging at a medical center specializing in transplantation.
- Wyoming EqualityCare clients may receive treatment only in approved Medicare facilities that are also enrolled to provide services for Wyoming EqualityCare recipients. A non-Medicare facility could be approved, if treatment is recommended by the Department's Peer Review Organization (PRO), or medical consultant.

Eligibility

Medically necessary organ transplants must be pre-certified/prior authorized. Pre-certification/prior authorization must be obtained before services are rendered.

Coordination of Care

Coordination of care will be provided by the case manager and the contracted QIO. The contracted QIO is APS Healthcare.

Hospitals are required to obtain pre-certification/prior authorization for transplants listed below prior to admission and procedure. APS will complete pre-certification/prior authorization.

Types of Transplants

Covered transplants include:

- Bone marrow
- Stem cell
- Liver
- Heart
- Lung
- Heart/Lung
- Pancreas
- Kidney

*** Transplants are limited to bone marrow, kidney and liver for recipients over 21 years of age.**

Reimbursement

Medicaid reimburses for organ and bone marrow transplantation services provided by specialized transplant physicians and facilities.

Transplant services will be reimbursed, after discharge, at fifty-five percent (55%) of billed charges.

Transplant services included

- Initial evaluation
- Procurement/Acquisition (included on facility claim)
- Facility fees
- Professional fees (included on facility claim) when the physician is employed by the facility and there is not a separate Medicaid physician group or provider number.
- Follow up care for inpatient transplants using Medicare's standard global period. This period refers to the time frame during which all services integral to the surgical procedure are covered by a single payment.

Services not included

Transportation – Transportation may be covered under travel reimbursement.

Claims submission/billing

LOC (internal)	Transplant	Revenue Code (Field 42 on UB-92)	Principal Procedure – ICD9-CM Procedure Code (Field 80 on UB-92)
07	Kidney	367 Kidney transplant	55.69 Other kidney transplantation
08	Heart Heart/Lung	362 Organ transplant – other than kidney	37.5 Heart transplantation 33.6 Combined heart- lung transplantation
09	Liver	362 Organ transplant – other than kidney	50.5X Liver transplant 50.51 Auxiliary liver transplant 50.59 Other transplant of liver
10	Bone marrow Stem Cell	362 Organ transplant – other than kidney	41.0X Bone marrow or hematopoietic stem cell transplant 41.00 – 41.09
16	Lung	362 Organ transplant – other than kidney	33.5X Lung transplant 33.50 – 33.52
17	Pancreas	362 Organ transplant – other than kidney	52.8X Transplant of pancreas 52.80 Pancreatic transplant, not otherwise specified 52.82 Homotransplant of pancreas 52.83 Heterotransplant of pancreas

Procurement/Acquisition

Reimbursement will be 55% of charges when billed on the transplant claim by the hospital performing the transplant.

Physicians employed by the hospital

The hospital performing the transplant will bill on a UB-92. The reimbursement for the UB claim is for hospital and physician services and is reimbursed at 55% of charges. The physician does not need to enroll as a WY Medicaid provider because the physician is an employee of the hospital. The hospital must bill for the physician services on the UB-92 transplant claim using revenue code 969.

Physicians not employed by the hospital

The hospital performing the transplant will bill on a UB-92. The reimbursement for the UB claim is for hospital services and is reimbursed at 55% of charges. The physician will bill on a HCFA-1500. The HCFA reimbursement will be the appropriate physician fee schedule. The physician performing the service will need to enroll as a WY Medicaid provider.

Outpatient stem cell/bone marrow

The hospital performing a bone marrow/stem cell transplant on an outpatient basis must bill using procedure code 38240 or 38241 and will be reimbursed at 55% of charges.