

Revision: HCFA-PM-87-4 (BERC)  
MARCH 1987

ATTACHMENT 3.1-E  
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OMB No.: 0938-0193

State/Territory: TENNESSEE

STANDARDS FOR THE COVERAGE OF ORGAN TRANSPLANT SERVICES

I. Organ Transplants Covered

A. Medicaid coverage shall be limited to the following organ transplant procedures, when considered reasonable and medically necessary:

- 1. Renal transplants
- 2. Heart transplants
- 3. Liver transplants
- 4. Corneal transplants
- 5. Bone Marrow transplants

Exceptions to the above list of transplants may be made for other non-experimental transplants if it is found to be medically necessary and cost effective as determined by Medicaid. The allowable inpatient days will be the average length of stay for that transplant.

B. Medicaid coverage shall be limited to the number of inpatient hospital days listed below for each procedure.

<u>Transplant Procedures</u>	<u>Number of Allowable Days Per Transplant</u>
1. Heart transplants	43 days
2. Liver transplants	67 days
3. Bone Marrow transplants	40 days

C. Organ procurement and services related to organ procurement shall not be a covered service except for autologous bone marrow collection.

II. General Requirements on Organ Transplants

A. All transplants except for corneal and renal require prior approval from the Medicaid Medical Director. Prior approval is good for six (6) months. Hospitalization pre-admission approval is required for corneal and renal transplants.

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B. Documentation requirements:

- 1. The physician or provider is required to submit a medical authorization request form for prior approval. The form is to include the following information:
  - a. recipient's medical history and physical examination
  - b. age
  - c. diagnosis
  - d. prognosis
  - e. other therapies used
  - f. description of preoperative workup
  - g. description of surgical procedure
  - h. recipient's Medicaid eligibility date
  - i. if the procedure is available in-state or out-of-state
  - j. recipient's Medicaid identification number

C. For an organ transplant to be covered under the Medicaid Program, there must be some likelihood that the transplant will achieve its purpose. For purposes of this determination, the prognosis must be that there is a reasonable expectation the patient's health or condition will be improved by the transplant.

III. Reimbursement

Reimbursement shall be provided for organ transplants only to the extent that the services provided do not exceed the reimbursement and service limitations as outlined in the Tennessee Medicaid program.

A. Section 1862 of the Social Security Act requires Medicare recipients to have transplant procedures performed in Medicare certified transplant centers. In accordance with this policy, recipients who are dually eligible for Medicare and Medicaid will be required to adhere to these requirements. Transplants may be approved at centers other than those approved by Medicare for recipients with Medicaid only. Reimbursement shall be limited to the Medicare applied inpatient deductible methods in accordance with current pricing methodologies as outlined in the Tennessee Medicaid program.

B. Transplant procedures performed in hospitals that are located out-of-state and outside the medical marketing area shall be subject to the Medicaid out-of-state reimbursement requirements as outlined in the Tennessee Medicaid State Plan.

D1099013

TN No. 89-1  
Supersedes  
TN No. 87-19

Approval Date 9/7/89

Effective Date 1-1-89

*Received 3/30/89*

HCFA ID: 1047P/0016P

521

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IV. Qualification of Facility and Medical Staff.

The hospital and physician performing the transplant must be recognized by the Medicaid Program as being competent to perform the transplant. A staffed and functioning unit at the hospital designed for and/or accustomed to performing transplants of the nature envisioned, recognized as competent by the medical community, will ordinarily be considered competent by the program.

TN No. 87-19  
Supersedes  
TN No. \_\_\_\_\_

Approval Date JUL 14 1987

Effective Date 6-1-87

HCFA ID: 1047P/0016P