

Chapter 24

Transplants



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COVERED SERVICES

NOTE: The covered services, limitations, and exclusions described in this chapter offer general guidance to providers. Specific information regarding covered services, limitations, and exclusions for transplants can be found in Policy 310-dd of the AHCCCS Medical Policy Manual and AHCCCS Administrative Rules A.A.C. R9-22-201 et. seq. In particular, AHCCCS Rule A.A.C. R9-22-206 deliniates covered and excluded transplants for Adults. Please direct questions to the AHCCCS Office of Medical Management at (602) 417-4627. The *AHCCCS Medical Policy Manual (AMPM)* is available on the AHCCCS Web site at www.azahcccs.gov.

AHCCCS covers medically necessary transplants for members. In order to be covered, a transplant must be medically necessary, not experimental, and not for the purposes of research, transplants must be Federally and State reimbursable. Although transplant coverage is limited for individuals age 21 and older (adults), AHCCCS covers all medically necessary, non experimental transplants for individuals under the age of 21 under the EPSDT Program. Transplants are excluded for individuals who are eligible for only emergency services under the Federal Emergency Services Program.

A. For individuals age 21 and older, the following transplants, under A are covered. . **No other transplants, besides the transplants listed in A, are covered for adults:**

- Heart
- Heart/Lung
- Lung (single and double)
- Liver
- Kidney (cadaveric and live donor)
- Simultaneous pancreas/kidney (SPK)
- Pancreas after Kidney (PAK)
- Autologous and allogeneic related and unrelated hematopoietic cell transplants
- Cornea
- Bone
- Tandem HSCT

B. Not covered transplants for individuals age 21 and older:

- Pancreas only
- Partial Pancreas (including autologous and allogeneic islet cell transplants)
- Visceral Transplantation
 - Intestine Alone
 - Intestine with Pancreas
 - Intestine with Liver
 - Intestine, Liver, Pancreas en bloc
- All other transplants not listed in A



For more detailed information regarding transplant coverage, please consult the AMPM Section 310-ddand AHCCCS Rules R9-22-206 and R9-22-213.

The following transplant and transplant-related services are not covered when the transplant procedure itself is not covered by AHCCCS:

- Artificial or mechanical hearts or xenografts
- Workups to evaluate the patient as a possible transplant candidate
- Hospitalization for the above procedures
- Organ procurement

NOTE:

The accompanying chart identifies AHCCCS covered transplants for adults as well as some of the transplants covered under the EPSDT Program for individuals under age 21. Note that cornea and bone transplants are covered for adults although they are not included in this chart.

FOR MEMBERS AGE 21 YEARS AND OLDER (ADULTS), AHCCCS LIMITS TRANSPLANTATION COVERAGE TO SPECIFIC TRANSPLANT TYPES. EXCEPT FOR CORNEA AND BONE TRANSPLANTS, THE FOLLOWING CHART BELOW IDENTIFIES COVERED TRANSPLANTS FOR ADULTS. ALL OTHER TRANSPLANT TYPES FOR ADULTS ARE EXCLUDED FROM AHCCCS REIMBURSEMENT.



Transplant Type	Covered for EPSDT members (under age 21)	Covered for adult members
Solid Organs		
Heart	X	X
Heart/Lung	X	X
Lung (single and double)	X	X
Liver	X	X
Kidney (cadaveric and live donor)	X	X
Simultaneous Pancreas/Kidney (SPK)	X	X
Pancreas after Kidney (PAK)	X	X
Visceral Transplantation <ul style="list-style-type: none"> • intestine alone • intestine with pancreas • intestine with liver • intestine, liver, pancreas en bloc • pancreas, liver 	X	Not covered
Pancreas Only	X	Not covered
Partial pancreas (including islet cell transplants)	Not covered	Not covered
Hematopoietic Stem Cell Transplants		
<ul style="list-style-type: none"> • Allogeneic Related 	X	X
<ul style="list-style-type: none"> • Allogeneic Unrelated 	X	X
<ul style="list-style-type: none"> • Autologous 	X	X
<ul style="list-style-type: none"> • Tandem HSCT 	X	X

BILLING REQUIREMENTS

- Billing for the acute care hospitalization in which the transplant occurred:
 - ✓ The provider must enter the proper ICD-9 procedure code identifying the transplant procedure in the primary procedure field (Field 74) on the UB-04.

AHCCCS contracts with providers to provide covered transplant services to eligible recipients.

- The contract specifies the inpatient, outpatient, and ancillary services that are included and the payment amount to be received for the services provided.
- The contract may include all services rendered by the following providers:
 - ✓ Hospitals
 - Inpatient and outpatient services before, during, and after the transplant
 - ✓ Physicians, surgeons, anesthesiologist, etc.
 - ✓ Laboratory
 - ✓ Pharmacy
 - ✓ Temporary housing
 - ✓ Clinics
 - Pre- and postoperative office visits
- The provider must notify the AHCCCS Division of Health Care Management (DHCM) that an AHCCCS recipient requires a transplant procedure.
- DHCM will negotiate the contract terms with the provider, unless there is a contract in place for the services to be provided.
- The services included in the terms of the contract shall be submitted to DHCM as separate case stages or as a package.
 - ✓ A transplant stage type is assigned to each transplant case.
 - ✓ Each stage has a set dollar value that determines the payment amount for specific dates of service.



- Services will be reimbursed based on the terms of the contract.
- DHCM will provide the Reinsurance Department with the payment requirements, including the provider name and number under which claims are to be submitted.
- DHCM will review the case stage or the package submitted, and the services will be paid according to the terms of the contract.
- All medically necessary services provided to the transplant recipient that are related to the transplant should be billed using the appropriate diagnosis codes, CPT and HCPCS procedure codes, and revenue codes to meet clean claim status.
- Fee-for-service transplant packages should be sent to:

AHCCCS Administration
ATTN: Reinsurance Finance Unit
Mail Drop 6600
P.O. Box 1700
Phoenix, AZ 85002

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