

State/Territory: District of Columbia

STANDARDS FOR THE COVERAGE OF ORGAN TRANSPLANT SERVICES

The D.C. Medicaid Program will cover hospital and physician expenses for the following organ transplantation procedures when the physician(s) and hospital have received prior approval from the State Agency:

- (a) Liver transplantation;
- (b) Heart transplantation;
- (c) Kidney transplantation; and
- (d) Allogeneic bone marrow transplantation

The D.C. Medicaid Program will reimburse for transplantation services only if the recipient has been determined eligible for benefits under the District of Columbia Medicaid Program prior to performance of the transplantation procedure and continues to be eligible throughout the period of hospitalization and follow-up treatment.

TRANSPLANTATION STANDARDS: GENERAL

The D.C. Medicaid Program shall apply the following general criteria for approval of all transplantation procedures:

- (a) The recipient shall be diagnosed and recommended by his/her physician(s) for an organ transplantation as the medically reasonable and necessary treatment for the patient's survival;
- (b) There is a reasonable expectation that the recipient possesses sufficient mental capacity and awareness to undergo the mental and physical rigors of post-transplantation rehabilitation, with adherence to the long-term medical regimen that may be required;
- (c) There is a reasonable expectation that the recipient shall recover sufficiently to resume physical and social activities of daily living;
- (d) Alternative medical and surgical therapies that might be expected to yield both short and long term survival must have been tried or considered and will not prevent progressive deterioration and death; and

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- (e) The recipient shall be diagnosed as having no other systemic disease, major organ disease, or condition considered likely to complicate, limit or preclude expected recuperation and rehabilitation after transplantation.

TRANSPLANTATION STANDARDS: SPECIFIC

In addition, to the general criteria stated above, the D.C. Medicaid Program shall apply the following specific criteria for certain types of transplantations.

A recipient requesting coverage for liver transplantation shall:

- (a) Be suffering from one or more of the following:
- (1) Progressive jaundice;
 - (2) Extrahepatic biliary atresia;
 - (3) Chronic active hepatitis caused by viral infections or drug reactions;
 - (4) Primary biliary cirrhosis;
 - (5) Inborn errors of metabolism which cause end-stage liver damage or irreversible extrahepatic complications;
 - (6) Budd-Chiari syndrome (hepatic vein thrombosis), when the patient has not responded to anticoagulation or appropriate surgery for portal decompression;
 - (7) Sclerosing cholangitis that may cause liver failure;
 - (8) Primary hepatic malignancy confined to the liver, but not amendable to resection;
 - (9) Alcohol-related liver cirrhosis and alcoholic hepatitis, if patient has established clinical indicators of fatal outcome;
 - (10) Cirrhosis and liver failure of uncertain etiology and there is no reason to believe that the disorder will recur in the transplanted liver; or
 - (11) Other metabolic disorders leading to hepatic failure or life-threatening illness which are not associated with serious and irreversible extrahepatic disease.
- (b) A recipient with one of the following contraindications shall generally be considered a poor candidate for a liver transplantation but shall not automatically be denied because the condition is present:

- (1) Myocardial infarction within six previous months;

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- (2) Intractable cardiac arrhythmias;
- (3) Severe chronic obstructive pulmonary disease; or
- (4) History of alcohol abuse within last two years.

A recipient requesting heart transplantation coverage shall:

- (a) Have a very poor prognosis as a result of poor cardiac status, (for example, less than a 25 percent likelihood of survival for six months); and
- (b) The patient shall be free of any of the following contraindications or provide acceptable justification as to why the contraindication does not preclude the transplantation:
 - (1) Active systemic infection, including viral;
 - (2) Severe pulmonary hypertension with vascular resistance above 5 wood units or pulmonary artery systolic pressure over 65 mm Hg;
 - (3) Renal or hepatic dysfunction not explained by the underlying heart failure and not deemed reversible;
 - (4) Cachexia, even in the absence of a major end-organ failure;
 - (5) The need for or prior transplantation of a second organ;
 - (6) Symptomatic peripheral or cerebrovascular disease;
 - (7) Chronic obstructive pulmonary disease or chronic bronchitis;
 - (8) Recent and unresolved pulmonary infarction, pulmonary roetgenographic evidence of infection, or of abnormalities of unclear etiology; or
 - (9) Systemic hypertension, either at transplantation or prior to development of end-stage heart disease, that required multi-drug therapy for even moderate control.

A recipient for kidney transplantation shall be diagnosed as having end-stage renal disease.