

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Department of Health Care Finance

Office of the Senior Deputy Director



Transmittal No. 15-04

To: DC Medicaid Providers-Hospitals  
From: Claudia Schlosberg, J.D.   
Acting Senior Deputy Director – State Medicaid Director  
Date: **JAN 29 2015**  
SUBJECT: Clarification of Prior Authorization for Organ Transplantation

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The purpose of this Transmittal is to provide an update to the DC Medicaid prior authorization procedure for organ transplantation requests for Medicaid Fee-For-Service and Managed Care Enrollees. On December 19, 2014, Dr. Robert Vowels retired from his position as the Medical Director for the Department of Health Care Finance (DHCF). This Transmittal clarifies the procedures for requesting prior authorization for organ transplant services and effective immediately, notifies that Dr. Thomas Calhoun, the Medical Director for Qualis Health will temporarily review all requests for these services until a full-time Medical Director is hired by DHCF.

**Procedures to Request Prior Authorization of Organ Transplantation**

1. At least ten (10) days prior to the transplant, the requesting DC Medicaid Provider shall submit to Cavella Bishop, Program Manager of the Department of Health Care Finance (DHCF):
  - a. A completed, signed and dated Transplant Prior Authorization Request Form;
  - b. Documentation needed to complete prior authorization review including;
  - c. Letter of Medical Necessity for the transplant signed by Transplant Program Director/Transplant Surgeon, including the following:
    - i. Organ transplant-related diagnosis (es);
    - ii. Summary of course of illness;
    - iii. Current medications;
    - iv. Smoking, alcohol and drug abuse history;

- v. Medical records, including physical examination, medical history, and family history; and
- vi. Laboratory assessments including serologist.

2. If applicable, Letter of Support for the need to have the transplant performed outside of the District of Columbia Service Area (DCMSA).

3. The DHCF shall:

- a. Receive requests for organ transplantation and date stamp each request.
- b. Determine if the requested organ transplantation is a Medicaid covered service pursuant to the Medicaid State Plan.
- c. If the requested organ transplantation is not a covered service, DHCF shall notify the referring DC Medicaid Provider in writing that the requested organ transplantation is not a covered service.
- d. If the requested organ transplantation is a covered service, DHCF confirms that the beneficiary is enrolled in the DC Medicaid program.
- e. If the beneficiary is not enrolled in DC Medicaid, DHCF shall notify the requesting provider in writing that the beneficiary is not enrolled in Medicaid.
- f. If the beneficiary is enrolled in DC Medicaid, DHCF shall determine if the beneficiary is enrolled in the DHCF Fee-For-Service program or a DC Medicaid MCO.
- g. If the beneficiary is enrolled in the DHCF Fee-For-Service program, the Qualis Medical Director shall proceed with the review of the request.
- h. If the beneficiary is enrolled in a DC Medicaid MCO, the Qualis Medical Director shall:
  - i. Notify the MCO's Medical Director that DHCF has received a request for transplant services for the MCO's member and, if approved, the MCO shall cover:
    - a) Costs up to the time of the transplant surgery, and
    - b) Costs after discharge from the hospital stay during which the transplant surgery occurred.
  - ii. Proceed with the review of the request.

- i. Review the Request for Organ Transplantation and submitted required documentation for its completeness.
- j. If the Request and Required Documentation is incomplete, the Qualis Medical Director notifies the referring DC Medicaid Provider in writing that the request is incomplete, the reason(s) why it is incomplete, and instructs the referring DC Medicaid Provider to submit the incomplete/missing documents/information.
- k. If the Request and Required Documentation is complete, the Qualis Medical Director attaches and prepares a Transplant Request Checklist (sample attached) to the full Request for Transplantation package and conducts a medical review.

4. Medical Review

- a. The Qualis Medical Director shall review the medical evidence and determine if the requested organ transplantation meets criteria for coverage as stated in the DC Medicaid State Plan.
- b. If the Qualis Medical Director determines that the requested organ transplant is coverable, s/he shall prepare a Letter of Approval for the DHCF Director's signature.
- c. If the Qualis Medical Director determines that the requested organ transplant is not coverable by the DC Medicaid program, s/he shall make a recommendation for a second clinical review to the DHCF Deputy Director of Medicaid.
- d. If the DHCF Deputy Director of Medicaid approves the recommendation, s/he shall direct that the case records be sent to the DHCF Utilization Management contractor for second clinical review.
- e. If the DHCF Deputy Director of Medicaid disapproves the recommendation for a second clinical review, s/he shall determine what additional actions are to be completed.

5. DHCF Senior Officials' Review and Decision

Upon completion of the coverage review process and receipt of the final coverage recommendations, the Qualis Medical Director shall prepare a DHCF Decision/Information Form, attach this form to the entire case record and forward the entire case record to the following approving DHCF Senior Officials for review and decision:

- a. Senior Deputy Director Medicaid
- b. Director of the DHCF

6. Notification of Requesting Provider of DHCF Determination
  - a. After the DHCF Director has reviewed and made a coverage determination for the requested organ transplant, s/he shall forward the determination to the DHCF Office of the Director Special Assistant for processing.
  - b. If the DHCF Director has made a determination to approve the requested organ transplant and signed the Letter of Approval, the DHCF Office of the Director Special Assistant shall mail the Letter of Approval to the requesting provider, provide courtesy copies of the Letter of Approval to the DHCF Deputy Director for Medicaid, the DHCF Deputy Director Medicaid, the DHCF Director of the Health Care Operations Administration, and the Qualis Medical Director.
  - c. If the DHCF Director has made a determination to disapprove or request additional information for the requested organ transplant, the DHCF Office of the Director Special Assistant shall forward the determination and case record to the Qualis Medical Director.
  - d. If the DHCF Director has made a determination to disapprove the requested organ transplant, the Qualis Medical Director shall notify the beneficiary in writing that the requested organ transplant is being denied, the reason it is being denied, the beneficiary's right to a fair hearing at the D.C. Office of Administrative Hearings (OAH), the time frame for requesting a hearing, the method by which they may obtain an evidentiary hearing, and that they may represent themselves or use legal counsel, a relative, a friend, or other spokesman.
7. Issuance of the Prior Authorization (PA) for Approval of the Requested Organ Transplant
  - a. Upon receipt of a courtesy copy of the signed Letter of Approval from the DHCF Office of the Director Special Assistant, the Qualis Medical Director shall notify the DHCF Utilization Management contractor staff to issue a PA number in the DHCF MMIS for the approved organ transplant.
  - b. The DHCF Utilization Management contractor shall issue a PA number in the DHCF MMIS and contact the requesting provider to provide the PA number for the approved organ transplant.
8. Organ Transplant Claims Receipt and Processing
  - a. The PA approval number must be included on all claims submitted for reimbursement.
  - b. Submission of original claims forms with the clinical information (discharge summary, operative report(s) and backroom organ prep report(s), must be submitted by first class mail or hand-delivered to the DHCF Office of the Medical Director at the address below. Copies and facsimiles will not be accepted.

c. Address for claims submissions:

District of Columbia Department of Health Care Finance  
Office of the Medical Director  
Attn: Transplant Prior Authorization  
441 4<sup>th</sup> Street, N.W.  
Suite 900 South  
Washington, DC 20001

If you have any questions about this transmittal or organ transplantation coverage or policy, please contact Cavella Bishop at (202) 724-8936 or by email at [cavella.bishop@dc.gov](mailto:cavella.bishop@dc.gov).