

STANDARDS FOR THE COVERAGE OF ORGAN TRANSPLANT SERVICES

1. The D.C. Medicaid program will provide coverage for physician and hospital services limited to the following transplantation procedures:
 - (a) Liver transplantation;
 - (a) Heart transplantation;
 - (b) Lung transplantation;
 - (c) Kidney transplantation;
 - (d) Allogeneic stem cell transplantation; and
 - (e) Autologous hematopoietic stem cell transplantation.
2. The D.C. Medicaid program will provide reimbursement for covered transplantation services only if the recipient has been deemed 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.
3. Medicaid reimbursable transplantation services must be performed by a transplant program/center that is:
 - (a) Located in a Medicare-enrolled hospital;
 - (b) Certified and is a member in good standing by the Organ Procurement and Transplantation Network (OPTN) for the specific organ/organs being transplanted;
 - (c) If located in the District, maintain the applicable Certificate of Need (CON) demonstrating a public need for transplantation services as issued by the D.C. Department of Health's, State Health Planning and Development Agency;
 - (d) If located outside of the District of Columbia, maintain any requirements of that particular state or jurisdiction for transplant program/centers; and
 - (e) Be enrolled in the D.C. Medicaid program.

TRANSPLANTATION STANDARDS: GENERAL

1. 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 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 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
 - (e) The recipient shall be diagnosed as having no other system disease, major organ disease, or condition considered likely to complicate, limit, or precluded expected recuperation and rehabilitation after transplantation
2. All transplantation procedures shall be prior authorized by the Department of Health Care Finance, or its designee, , and performed in accordance with the clinical standards established under the State Plan for Medical Assistance consistent with 42 C.F.R § 441.35.