

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Office of the Senior Deputy Director-Medicaid Director

Transmittal # 21-32

TO: District of Columbia Medicaid Providers

FROM: Melisa Byrd
Senior Deputy Director and State Medicaid Director, DHCF

DATE: August 11, 2021

SUBJECT: Living Donor Organ Transplantation Coverage for Fee-For-Service (FFS) and Managed Care Enrollees- Update on Coverage Policy and Clarification of Prior Authorization and Claims Processing Procedures

Purpose

The purpose of this Transmittal is to provide an update to the DC Medicaid coverage policies for organ transplantation for Medicaid FFS and Managed Care Enrollees. Effective **April 1, 2021**, the Centers for Medicare and Medicaid Services (CMS) approved coverage for Living Donor Kidney and Living Donor Liver Organ Transplantation within the District of Columbia (DC) Medicaid State Plan. This Transmittal describes the procedures for requesting and obtaining prior authorization and claims submission for living donor organ transplant services.

Coverage Policy

The DC Medicaid State Plan (at Attachment 3.1-E: “Standards for the Coverage of Organ Transplant Services”) authorizes the DC Medicaid Program Transplantation benefit to include coverage of the procedures and medical care required to retrieve an organ from a living donor, regardless of the living donor’s eligibility for Medicaid, if the following conditions are met:

1. The transplantation is for kidney or liver;
2. The organ recipient is an eligible Medicaid beneficiary. Children under age 21 will receive all medically necessary transplantations; and
3. The procedure and/or medical care is a necessary part of the organ transplantation process or is necessary as a result of the organ transplantation process.

Prior Authorization

To obtain a Prior Authorization (PA) for a living donor organ transplant the request should be submitted to the Quality Improvement Organization (QIO). The current QIO is Comagine Health. Requests for both FFS Medicaid and Managed Care enrollees must be submitted to the QIO.

The QIO will use DHCF clinical guidelines and standards for determining approval for all transplant requests. Providers must submit prior authorizations to the QIO at least ten (10) days in advance of the procedure for approval. The following documentation must be submitted by the DC Medicaid provider when requesting transplant services:

1. A completed **Transplant Prior Authorization Form**;
2. A completed **Organ Transplantation Request Checklist**; and
3. Supporting clinical documentation which should include:
 - a. Letter of medical necessity for the transplant (not the listing letter);
 - b. Medical Records including: 1) summary course of illness; and 2) a complete history and physical exam within the last 12 months;
 - c. Lab assessments and radiograph studies, including CXR and those specific to the organ requested; and
 - d. If applicable, a letter to support the need to have a transplant performed outside the District of Columbia Medical Service Area (DCMSA).

Claim(s) Submission

All transplant paper claim(s) shall be submitted to Conduent via first class mail. The submitted original claim(s) should include the following:

1. The PA approval number issued by the Quality Improvement Organization.
2. For services rendered to the transplant donor, please enter the *recipient's* name, date of birth, sex, and Medicaid ID number on the claim.
3. All post-transplant follow-up and complication services must be billed under the Medicaid recipient, as outlined in number 2, up to 90 days post donation.
4. Submit HCPCS modifier Q3 (Live Kidney Donor and Related Services) on each covered line of the claim that contains a HCPCS or CPT code.
5. On the CMS-1500 claim form, please identify that the claim is for services rendered to the donor by documenting "Organ Donor" in the Additional Claim Information field (Box 19).
6. Clinical information must include the discharge summary and operative report.
7. The following revenue code is required for reimbursement: Acquisition of Body Components– Living Donor (**0811**)

The address for first class mail claim submission is:

District Medicaid Claims Processing
P. O. Box 34693
Washington, DC 20043

Contact

If you have any questions about this transmittal, please contact Cavella Bishop, Program Manager, Division of Clinician, Pharmacy, and Acute Provider Services via telephone at (202) 724-8936, or via email at cavella.bishop@dc.gov or Qualis Health via telephone at (800) 251-8890.