

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Office of the Senior Deputy Director and Medicaid Director

Transmittal 24-02

TO: DC Medicaid Providers

FROM: Melisa Byrd *M.B.*
Senior Deputy Director and Medicaid Director

DATE: **January 25, 2024**

SUBJECT: Organ Transplantation Coverage for Fee-For-Service and Managed Care Enrollees – Update on Coverage Policies for Organ Transplant Services

Purpose

The purpose of this transmittal is to Provide an update to the DC Medicaid coverage policies for organ transplantation for Medicaid Fee-For-Service (FFS) and Managed Care Plan (MCP) enrollees. The Centers for Medicare and Medicaid Services (CMS) recently approved an update to the District of Columbia (DC) Medicaid State Plan. [The State Plan Amendment](#) includes the coverage of Pancreas Transplantation and Small Bowel Transplantation.

Coverage Policy

The DC Medicaid State Plan (at Attachment 3.1-E: “Standards for the Coverage of Organ Transplant Services”) states that the DC 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 Quality Improvement Organization (QIO):

- (a) Liver transplantation;
- (b) Heart transplantation;
- (c) Lung transplantation;
- (d) Kidney transplantation;
- (e) Allogeneic stem cell transplantation;
- (f) Autologous hematopoietic stem cell transplantation;
- (g) Small bowel transplantation; and
- (h) Pancreas transplantation.

The DC Medicaid Program will reimburse for transplantation services only if:

- 1) The recipient has been determined eligible for benefits under the DC Medicaid Program prior to performance of the transplantation procedure and continues to be eligible throughout the period of hospitalization and follow-up treatment; and
- 2) The following criteria are met:
 - a) The recipient shall be diagnosed and recommended by his/her physician(s) for 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 a reasonable expectation that the recipient shall recover sufficiently to resume physical and social activities of daily living;
 - d) Alternative medical 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 preclude expected recuperation and rehabilitation after transplantation.

All transplantation procedures shall be prior authorized by the DC Medicaid Quality Improvement Organization (QIO) and performed in accordance with the clinical standards established under the State Plan for Medical Assistance consistent with 42 CFR § 441.35.

Contact

If you have questions, please contact Cavella Bishop, Program Manager, Health Care Delivery Management Administration, Department of Health Care Finance (DHCF) at cavella.bishop@dc.gov or (202) 724-8936.

Cc: DC Behavioral Health Association
DC Coalition of Disability Service Providers
DC Health Care Association
DC Home Health Association
DC Hospital Association
DC Primary Care Association
Medical Society of the District of Columbia