

State/Territory: Vermont

STANDARDS FOR THE COVERAGE OF ~~ORGAN AND TISSUE~~ TRANSPLANTATION SERVICES

~~The following organ T~~ransplantation services are covered subject to the conditions contained in this section. ÷

- ~~Cornea~~
- ~~Kidney~~
- ~~Heart~~
- ~~Heart Lung (single procedure)~~
- ~~Liver~~
- ~~Bone Marrow~~

Reimbursement will be made for medically necessary health care services provided to an eligible recipient, live donor, and the harvesting, preservation and transportation of cadaver organs.

Coverage is limited to services that are medically necessary. Medical necessity is determined by the Medicaid program.

Medical necessity includes assurance that similarly situated recipients are treated alike; that any restriction on the facilities or practitioners which may provide service is consistent with the accessibility of high-quality care to eligible recipients; and that services for which reimbursement will be made are sufficient in amount, duration, and scope to achieve their purpose.

Prior Authorization

The Vermont Medicaid Fee Schedule lists the services that require prior authorization. See the VT Medicaid website.

~~Authorization prior to the initiation of services must be obtained from the Medicaid Division Director and the designated review authority.~~

~~This requirement is administered to assure consistent disposition of organ transplant requests; that similarly situated recipients are treated alike; that any restriction on the facilities or practitioners which may provide service is consistent with the accessibility of high quality care to eligible recipients; and that services for which reimbursement will be made are sufficient in amount, duration, and scope to achieve their purpose.~~

Conditions Standards for Coverage

~~The Medicaid Director and the designated review authority must receive from the recipient's attending or referring physician and the transplant center physician T~~he following conditions for coverage apply~~assurances~~:

1. The Medicaid ~~recipient~~ beneficiary has a condition for which ~~organ~~ transplantation is the appropriate treatment.
2. All other medically feasible forms of medical ~~and~~/or surgical treatment have been considered and the most effective and appropriate medically indicated alternative for the ~~recipient~~ beneficiary is ~~organ~~ transplantation.

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3. The Medicaid ~~recipient~~ beneficiary meets all medical criteria for the proposed type of ~~organ~~ transplantation service based upon the prevailing standards and current practices. These would include, but are not limited to:
 - a. Test lab results ~~which are~~ within identified limits to ~~assure~~ ensure successful transplantation and recovery.
 - b. Diagnostic evaluations of the ~~recipient's~~ beneficiary's medical and mental ~~conditions~~ health that ~~which~~ indicate there will be no significant adverse effect upon the outcome of the transplantation.
 - c. Assessment of other relevant factors which might affect the clinical outcome or adherence to an immunosuppressive regimen and rehabilitation program following the transplant.
 - d. The beneficiary, or an individual authorized to make health care decisions on the beneficiary's behalf, ~~recipient or the recipient's parent or guardian or spouse~~ has been fully informed of the risks and benefits of the proposed transplant including the risks of complications, ~~and~~ continuing care requirements, and the expected quality of life after the procedure.

4. The transplant ~~facility~~ center meets the following criteria:
 - a. Fully ~~certified~~ accredited as a transplant center by applicable state and federal agencies.
 - b. Is in compliance with all applicable state and federal laws which apply to organ acquisition and transplantation, including equal access and non-discrimination laws.
 - c. Has an interdisciplinary team to determine the suitability of candidates for transplantation on an equitable basis.
 - d. ~~Provides surgeons who have a minimum of one year of training and experience appropriate to the organ being transplanted which includes experience in transplant surgery, post-operative care and management of an immunosuppressive regimen.~~
 - e. At the time Medicaid coverage is requested, the center ~~must have performed at least ten transplants of the type requested during the previous twelve months and~~ must provide current documentation that it provides high quality care relative to other transplant centers.

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- f. Provides all medically necessary services required, including management of complications of the transplantation and late infection and rejection episodes. Failure of the transplant is considered a complication and re-transplantation ~~is~~ must be available at the center.

Liability of Other Parties

~~Medicaid is always the payer of last resort. Medicare and other insurance coverage for which a Medicaid recipient is eligible must discharge liability before a claim for payment will be accepted. Co-insurance and deductible amounts will be paid in an amount not to exceed the Medicaid rate for the service.~~

~~Any additional charges made to a recipient or recipient's family after payment by Medicaid is supplementation and is prohibited.~~

~~Providers of health care services which have been specifically funded by research or grant-moneys may not make claim for payment.~~

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