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ATTACHMENT 3.1-E

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#### STANDARDS FOR THE COVERAGE OF TRANSPLANTATION SERVICES

Transplantation services are covered subject to the conditions contained in this section.

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.

## Conditions for Coverage

The following conditions for coverage apply:

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

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TN No.: <u>89-18</u> Approval Date: <u>06/23/2023</u>

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### STANDARDS FOR THE COVERAGE OF TRANSPLANTATION SERVICES (Continued)

- 3. The Medicaid beneficiary meets all medical criteria for the proposed type of transplantation service based upon the prevailing standards and current practices. These would include, but are not limited to:
  - a. Test lab results within identified limits to ensure successful transplantation and recovery.
  - b. Diagnostic evaluations of the beneficiary's medical and mental health that 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, has been fully informed of the risks and benefits of the proposed transplant including the risks of complications, continuing care requirements, and the expected quality of life after the procedure.
- 4. The transplant facility meets the following criteria:
  - a. Fully 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.

e. At the time Medicaid coverage is requested, the center must provide current documentation that it provides high quality care relative to other transplant centers.

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# STANDARDS FOR THE COVERAGE OF TRANSPLANTATION SERVICES (Continued)

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

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