

	<p>Organ Tissue Transplant Guideline</p>	
<p>Guideline # 10142</p>	<p>Categories Administration / Non-Clinical →TCHP - Administration</p>	<p>This Guideline Applies To: Texas Children's Health Plan</p>
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GUIDELINE STATEMENT:

Texas Children's Health Plan (TCHP) performs authorization on ALL solid/non-solid organ and tissue transplants.

GUIDELINE

1. All requests for prior authorization of transplants are received via online submission, fax, phone or mail by the Utilization Management Department and processed during normal business hours.
2. The Utilization Management professional reviewing the request evaluates the submitted information to determine if the documentation supports the transplant as a medically necessary service.
3. **Organ (solid/non-solid) and tissue transplants** will be subject to the prior authorization requirements documented in the current Texas Medicaid Provider Procedures Manual.
 - 3.1. One 30 day spell-of-illness limitation does not apply to any member enrolled with TCHP.
 - 3.2. Expenses incurred for the procurement of a living donor's organ (solid/non-solid) are not a benefit of Texas Medicaid.
4. Benefits are not available for any experimental or investigational services (including xenotransplantation of solid organs, artificial/bioartificial liver transplants, and thymus transplants), supplies, or procedures in members 21 and older.
 - 4.1. Experimental or investigational transplant services will be reviewed on an individual basis for members 20 and younger by a TCHP Medical Director or their physician designee.

5. Transplant Facilities

- 5.1 A facility that renders organ transplants must be a designated children's hospital or a facility in continuous compliance with the criteria set forth by the following:
 - 5.1.1 Organ Procurement and Transportation Network (OPTN)
 - 5.1.2 United Network for Organ Sharing (UNOS)
 - 5.1.3 National Marrow Donor Program (NMDP) Facilities whose status of "good standing" has been suspended for any reason by the national credentialing bodies will not be reimbursed by Texas Medicaid for transplant services until the status of "good standing" is restored.
- 5.2 Coverage for other services needed as a result of complications of the transplant may be considered when medically necessary, reasonable, and federally allowable. Texas Medicaid will not pay for routine post-transplant services for transplant patients in facilities that are not approved by Texas Medicaid.
- 5.3 Out-of-state facilities may be reimbursed for transplants rendered to Texas Medicaid clients under certain conditions. In order for Texas Medicaid to reimburse for an out-of-state transplant, the out-of-state facility and professional providers must agree to accept Texas Medicaid reimbursement for these services.
 - 5.3.1 The Out of state transplant facilities must submit proof of transplant facility UNOS or NMDP certification as required by the Texas HHSC.
 - 5.3.2 Texas Medicaid does not cover transplant services provided out-of-state that are available in Texas.
6. Physicians who are licensed by the state of Texas may request prior authorization for transplant services to be performed at out-of-state facilities when all of the following criteria are met:
 - 6.1 The required organ transplant is not available in Texas
 - 6.2 The facility is nationally recognized as a Center of Excellence
 - 6.3 The services are medically necessary, reasonable, and federally allowable
 - 6.4 The pre-transplant evaluation must be performed by a Texas facility
 - 6.5 If it is medically necessary that the pre-transplant evaluation be performed at the out-of-state facility as well, the prior authorization request for the out-of-state pre-transplant evaluation must be submitted with a copy of the evaluation that was performed by the Texas facility. The documentation must support the need for an out-of-state pre-transplant evaluation.

7. Stem Cell Transplants

- 7.1 The facility must be accredited by the Foundation for the Accreditation of Cellular Therapy (FACT)
 - 7.2 Outcome data must be reported to the federal government and is publically available through SCTOD (Stem Cell Transplant Outcome Database).
8. All requests for Organ Transplant that do not meet the guidelines referenced here will be referred to a TCHP Medical Director/Physician Reviewer for review and the Denial Policy will be followed.

9. Preauthorization is based on medical necessity and not a guarantee of benefits or eligibility. Even if preauthorization is approved for treatment or a particular service, that authorization applies only to the medical necessity of treatment or service. All services are subject to benefit limitations and exclusions. Providers are subject to State and Federal Regulatory compliance and failure to comply may result in retrospective audit and potential financial recoupment.

REFERENCES:**Government Agency, Medical Society, and Other Publications**

Texas Medicaid Provider Procedures Manual Volume 2: Inpatient and Outpatient Hospital Services Handbook Accessed June 29, 2023. [TMPPM.book \(tmhp.com\)](http://tmppm.book(tmhp.com))

Texas Medicaid Provider Procedures Manual Volume 2 Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook Accessed June 29, 2023. [TMPPM.book \(tmhp.com\)](http://tmppm.book(tmhp.com))

Foundation for the Accreditation of Cellular Therapy. <http://www.factwebsite.org/>

Center for International Blood and Marrow Transplant Research.
<https://www.cibmtr.org/About/WhatWeDo/SCTOD/Pages/index.aspx>

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