

State: Alabama

## STANDARDS FOR THE COVERAGE OF ORGAN TRANSPLANT SERVICES

**Effective Date: 02/01/01**

Transplant services and associated immunosuppressive drugs are covered by the Alabama Medicaid Agency as defined below:

Group I includes medically necessary corneal transplants and does not require prior approval. These services are limited to routine benefit and payment limitations.

Group II includes medically necessary heart, lung, heart/lung, liver, liver/small bowel, small bowel, kidney, pancreas, and pancreas/kidney transplants. All transplants in this group require prior approval based on medical criteria contained in the Alabama Medicaid Transplant Manual. In order to be approved, transplants must be therapeutically proven effective and considered nonexperimental, and are limited to within the geographic boundaries of the State of Alabama. If there is no in-state transplant facility that has the medical expertise/staffing to perform the transplant, Medicaid may approve the transplant to be performed out of state.

Group III includes medically necessary bone marrow transplants which require prior approval. Approval is based on medical criteria contained in the Alabama Medicaid Transplant Manual. Bone marrow transplants must be therapeutically proven effective and considered nonexperimental, and are limited to within the geographic boundaries of the State of Alabama. If there is no in-state transplant facility which has the medical expertise/staffing to perform the transplant, Medicaid may approve the transplant to be performed out of state.

Group IV includes any medically necessary nonexperimental EPSDT-referred organ transplants. These include transplants which have been determined to be nonexperimental and necessary to treat or ameliorate a condition identified in a screening.

Procedures must be performed at a transplant center in which transplants are routinely performed by an integrated team of surgeons and medical support staff and which is in compliance with all applicable federal, state or local laws regarding organ acquisition and transplantation, equal access and nondiscrimination.

Payment methodology for bone marrow, liver, liver/small bowel, small bowel, lung, heart/lung, heart, kidney, pancreas, and pancreas/kidney transplants is outlined in Attachment 4.19-B in the State Plan.

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As an alternative, Medicaid may use an approved Prime Contractor. Medicaid's approved Prime Contractor will be responsible for the coordination and reimbursement for all Medicaid reimbursable organ transplants with the exception of cornea transplants as described in Attachment 4.19B in the State Plan. The Alabama Medicaid Agency's approved Prime Contractor must meet the following requirements:

1. Be certified for participation in the Medicare/Medicaid Program.
2. Be licensed as a hospital by the state of Alabama in accordance with current rules contained in the Alabama Administrative Code Chapter 420-5-7.
3. Be an established in-state transplant facility.
4. Capable of performing all Medicaid-covered transplants with the exception of cornea transplants.
5. Have the necessary physicians and other medical support personnel with the expertise to provide coordination and reimbursement for each type of Medicaid-covered transplant.
6. Be in compliance with applicable federal, state, or local laws or UNOS guidelines regarding organ acquisition and transplantation, equal access, and nondiscrimination.

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Payment shall be made to the hospital providing the transplant and shall represent an aggregate of all services including pre-transplant evaluation; organ procurement; inpatient transplant services including hospital rooms, board, and ancillaries; professional fees; and normal post operative care.

**Effective Date: 01/01/87**

4. Cornea Transplant

Although this procedure is technically a transplant, common usage does not ordinarily regard it in the category as true "organ transplants."

It is mentioned here only for completeness and the requirements are only that a defect, diagnosed by an ophthalmologist, exists that can be corrected by a transplant. Nor prior authorization is required.