



# Florida Medicaid

## **Transplant Services Coverage Policy**

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Agency for Health Care Administration

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## 1.0 Introduction

Florida Medicaid provides transplant services to replace bone marrow or vital solid organs that are no longer functional with organs or bone marrow from a human donor.

### 1.1 Florida Medicaid Policies

This policy is intended for use by providers that render transplant services to eligible Florida Medicaid recipients. It must be used in conjunction with Florida Medicaid's general policies (as defined in section 1.3) and any applicable service-specific and claim reimbursement policies with which providers must comply.

Note: All Florida Medicaid policies are promulgated in Rule Division 59G, Florida Administrative Code (F.A.C.). Coverage policies are available on the Agency for Health Care Administration's (AHCA) Web site at <http://ahca.myflorida.com/Medicaid/review/index.shtml>.

### 1.2 Statewide Medicaid Managed Care Plans

Florida Medicaid managed care plans must comply with the service coverage requirements outlined in this policy, unless otherwise specified in the AHCA contract with the Florida Medicaid managed care plan. The provision of services to recipients enrolled in a Florida Medicaid managed care plan must not be subject to more stringent service coverage limits than specified in Florida Medicaid policies.

Intestine/multi-visceral transplant services are not a covered service in the Statewide Medicaid Managed Care program.

### 1.3 Legal Authority

Transplant services are authorized by the following:

- Title XIX of the Social Security Act (SSA)
- Title 42, Code of Federal Regulations (CFR), Parts 440, 441, and 482
- Section 409.905, Florida Statutes (F.S.)
- Rule 59B-12.001 Florida Administrative Code (F.A.C.)

### 1.4 Definitions

The following definitions are applicable to this policy. For additional definitions that are applicable to all sections of Rule Division 59G, F.A.C., please refer to the Florida Medicaid Definitions Policy.

#### 1.3.1 Agency for Health Care Administration-Designated Transplant Center

A transplant center that has been approved for a specific organ transplant program by the Centers for Medicare and Medicaid Services (CMS) or the Foundation of the Accreditation of Cellular Therapy (FACT), and the Agency for Health Care Administration (AHCA).

#### 1.3.2 Claim Reimbursement Policy

A policy document found in Rule Division 59G, F.A.C. that provides instructions on how to bill for services.

#### 1.3.3 Coverage and Limitations Handbook or Coverage Policy

A policy document found in Rule Division 59G, F.A.C. that contains coverage information about a Florida Medicaid service.

#### 1.3.4 General Policies

A collective term for Florida Medicaid policy documents found in Rule Chapter 59G-1, F.A.C. containing information that applies to all providers (unless otherwise specified) rendering services to recipients.

#### 1.3.5 Global Payment Methodology

An all-inclusive payment to include the facility and physician fees for the transplant surgery, complications, and related follow-up care for 365 days post-discharge.

**1.3.6 Medically Necessary/Medical Necessity**

As defined in Rule 59G-1.010, F.A.C.

**1.3.7 Provider**

The term used to describe any entity, facility, person, or group enrolled with AHCA to furnish services under the Florida Medicaid program in accordance with the provider agreement.

**1.3.8 Recipient**

For the purpose of this coverage policy, the term used to describe an individual enrolled in Florida Medicaid (including managed care plan enrollees).

**2.0 Eligible Recipient**

**2.1 General Criteria**

An eligible recipient must be enrolled in the Florida Medicaid program on the date of service and meet the criteria provided in this policy.

Provider(s) must verify each recipient's eligibility each time a service is rendered.

**2.2 Who Can Receive**

Florida Medicaid recipients requiring medically necessary transplant services. Some services may be subject to additional coverage criteria as specified in section 4.0.

**2.3 Coinsurance, Copayment, or Deductible**

There is no coinsurance, copayment, or deductible for this service.

**3.0 Eligible Provider**

**3.1 General Criteria**

Providers must meet the qualifications specified in this policy in order to be reimbursed for Florida Medicaid transplant services.

**3.2 Who Can Provide**

Services must be rendered by one of the following:

- Practitioners licensed in accordance with Section 458, F.S. and working within their scope of practice.
- County health departments administered by the Department of Health in accordance with Chapter 154, F.S.
- Federally qualified health centers approved by the Public Health Service
- Rural health clinics certified by Medicare

**4.0 Coverage Information**

**4.1 General Criteria**

Florida Medicaid covers services that meet all of the following:

- Are determined medically necessary
- Do not duplicate another service
- Meet the criteria as specified in this policy

**4.2 Specific Criteria**

Florida Medicaid covers for the following transplant services performed in an AHCA-designated transplant center in accordance with the American Medical Association Current Procedural Terminology and the applicable Florida Medicaid fee schedule(s):

- Bone marrow (cord blood and stem cell transplants as synonymous with bone marrow transplants)

- Cornea
- Heart
- Heart/lung
- Intestine/multi-visceral
- Kidney
- Kidney/pancreas
- Liver
- Lung
- Pancreas

#### **4.2.1 Living Donors**

Florida Medicaid covers transplant procedures for recipients involving living donors for the following:

- Adult and pediatric kidney
- Pediatric liver

#### **4.2.2 Medication**

Florida Medicaid covers medications, including anti-rejection medications prescribed specifically for use in preventing organ rejection, that are approved by the Federal Drug Administration (FDA) in accordance with the Florida Medicaid pharmacy coverage policy even if the transplant procedure was not reimbursed by Florida Medicaid.

#### **4.2.3 Ventricular Assist Devices**

Florida Medicaid covers ventricular assist device (VAD) procedures performed in either:

- Facilities that are approved by CMS for VAD destination therapy
- Facilities designated as Florida Medicaid heart transplant centers using FDA-approved devices.

### **4.3 Early and Periodic Screening, Diagnosis, and Treatment**

As required by federal law, Florida Medicaid provides services to eligible recipients under the age of 21 years, if such services are medically necessary to correct or ameliorate a defect, a condition, or a physical or mental illness. Included are diagnostic services, treatment, equipment, supplies, and other measures described in section 1905(a) of the SSA, codified in Title 42 of the United States Code 1396d(a). As such, services for recipients under the age of 21 years exceeding the coverage described within this policy or the associated fee schedule may be approved, if medically necessary. For more information, please refer to Florida Medicaid's General Policies on authorization requirements.

## **5.0 Exclusion**

### **5.1 General Non-Covered Criteria**

Services related to this policy are not covered when any of the following apply:

- The service does not meet the medical necessity criteria listed in section 1.0
- The recipient does not meet the eligibility requirements listed in section 2.0
- The service unnecessarily duplicates another provider's service

### **5.2 Specific Non-Covered Criteria**

Florida Medicaid does not cover the following as part of this service benefit:

- Cadaveric or living donor expenses
- Experimental surgery (except as outlined in Rule 59B-12.001, F.A.C.)
- Organ procurement costs, tissue typing, searches and matches, separately
- Procedures involving artificial hearts

- Services not listed in the fee schedule
- Telephone communications with recipients, their representatives, caregivers, and other providers, except services rendered in accordance with the Florida Medicaid telemedicine policy
- Transplant services for recipients aged 21 years and older who have elected hospice care
- VAD devices, separately

## 6.0 Documentation

### 6.1 General Criteria

For information on general documentation requirements, please refer to Florida Medicaid's Recordkeeping and Documentation Requirements Policy.

### 6.2 Specific Criteria

There is no coverage-specific documentation requirement for this service.

## 7.0 Authorization

### 7.1 General Criteria

The authorization information described below is applicable to the fee-for-service delivery system. For more information on general authorization requirements, please refer to Florida Medicaid's Authorization Requirements Policy.

### 7.2 Specific Criteria

Providers must obtain authorization from the quality improvement organization for out-of-state transplantation surgery.

## 8.0 Reimbursement

### 8.1 General Criteria

The reimbursement information below is applicable to the fee-for-service delivery system.

### 8.2 Specific Criteria

#### 8.2.1 Global Reimbursement Package

Providers must submit a global reimbursement package for services that are reimbursed with a global payment (as specified in section 8.6.1) containing the following information to AHCA at the address below:

- Completed Global Reimbursement Form
- Original UB-04 and/or CMS-1500 claim forms
- Transplant operative and discharge summary reports

Agency for Health Care Administration  
Attn: Transplant Coordinator  
2727 Mahan Drive, MS 38  
Tallahassee, Florida 32308

### 8.3 Claim Type

- Professional (837P/CMS-1500)
- Institutional (837I/UB-04)

### 8.4 Billing Code, Modifier, and Billing Unit

Providers must report the most current and appropriate billing code(s), modifier(s), and billing unit(s) for the service rendered, as incorporated by reference in Rule 59G-4.002, F.A.C.

**8.5 Diagnosis Code**

Providers must report the most current and appropriate diagnosis code to the highest level of specificity that supports medical necessity, as appropriate for this service.

**8.6 Rate**

For a schedule of rates, as incorporated by reference in Rule 59G-4.002, F.A.C., visit the AHCA Web site at <http://ahca.myflorida.com/Medicaid/review/index.shtml>.

**8.6.1 Global Payment**

Florida Medicaid reimburses providers with a global payment for the following:

- Adult heart, liver, lung, and intestine/multi-visceral transplants (must include small intestine as one of the organs transplanted)
- Pediatric lung and intestine/multi-visceral transplants (must include small intestine as one of the organs transplanted)

For global reimbursement transplant fees visit

[http://ahca.myflorida.com/Medicaid/organ\\_transplant/index.shtml](http://ahca.myflorida.com/Medicaid/organ_transplant/index.shtml).

Globally reimbursed providers must notify the Agency of the following by email at [TransplantCoordinator@ahca.myflorida.com](mailto:TransplantCoordinator@ahca.myflorida.com) within 3 days of the transplantation surgery taking place:

- Date of birth
- Date of transplantation surgery
- Facility/staff contact information
- Medicaid identification number
- Organ transplanted
- Recipient's name

**8.6.2 Re-transplantation**

Florida Medicaid reimburses providers for re-transplantation of the same organ type as follows:

- 25% of the global transplant fee if occurring within the initial transplant hospitalization period
- 75% of the global transplant fee if occurring within 365 days of hospital discharge after the initial transplant