

Review of Applications for Transplant

Objective:

Determine the medical necessity of hematopoietic stem cell (from marrow or peripheral blood), heart, lung, liver and small bowel transplants. Ensure that transplant beneficiaries receive quality care that meets professionally recognized standards of care.

Performed By:

Quality Manager (QM)

Quality Review Nurse/Transplant Case Manager (QRN/TCM)

Medical Director (MD) and/or Associate Medical Director (AMD)

Policy:

All provider/physician requests for pre-transplant approval of medical necessity of hematopoietic stem cell (from marrow or peripheral blood performed outpatient or inpatient), heart, lung, liver, and small bowel transplants are reviewed by HealthSystems of Mississippi (HSM) utilizing transplant type specific criteria that were developed collaboratively with the Division of Medicaid (DOM). Kidney transplants do not require pre-transplant review approval. All pre-transplant review requests are reviewed by QRN/TCM's and referred to the Medical Director (MD) and/or Associate Medical Director (AMD) for determination of medical necessity.

Once a transplanting facility has completed the evaluation of a patient and determined that the patient is a candidate for a transplant, the clinical information should be sent to HSM. Medical necessity of all transplant procedures must be approved by HSM prior to admission for the procedure. No retrospective reviews will be conducted for these types of review requests. All transplant applications must be submitted by FAX or mail. No telephonic reviews will be conducted.

Once HSM completes a pre-transplant review request, the determination is sent to the Division of Medicaid (DOM). DOM issues the provider/DOM authorization agreement. HSM receives a copy of the agreement to maintain on file. HSM notifies the transplant facility/physician one month prior to the expiration of the agreement to ensure timely submission of a request for an extension of benefits. Extension of benefits authorization agreements are also issued by DOM. If a transplant is denied, DOM issues the notification letter that outlines the procedure and timeframes for requesting reconsideration.

Procedure: Pre-Transplant Review

1. Facilities/Physicians submit an application via letter of medical necessity from the transplanting physician for pre-transplant review with all supportive clinical documentation prior to admission for the transplant via FAX or mail.
2. Upon receipt of the request, HSM's QRN/TCM verifies beneficiary eligibility. Facility and attending physician identification is also verified by the QRN/TCM, including telephone and FAX numbers. If the beneficiary is not eligible, the QRN/TCM notifies the facility/physician via telephone and with written follow-up, (Notice of Receipt of Certification Request - Non-Medicaid Beneficiary) and this ends the review process.

3. If the beneficiary has private insurance coverage, the requestor must submit the denial/approval letter from the insurance company to HSM/DOM. If the insurance company has approved the transplant, HSM will not perform the review and will notify the requestor. If the insurance company denied the transplant, HSM will forward the denial letter to DOM to determine if HSM will proceed with the review. If the beneficiary has both Medicare A and B, HSM will not review the case and the requestor is notified.
4. The facility must bill all donor acquisition costs under the transplant beneficiary's Medicaid number.
5. The QRN/TCM verifies that the facility at which the transplant will be performed is currently on the Medicare approved transplant facility list if the beneficiary is an adult. For pediatric beneficiaries, the QRN/TCM verifies the facility's experience with the type of transplant being requested.
6. The QRN/TCM verifies the existence of other financial resources (i.e., fundraisers, and trust funds). If there are fundraising activities or other financial resources present, the QRN/TCM establishes whether the funds are being used for payment of medical costs associated with the transplant. If the funds are intended for payment of medical costs, DOM is notified.
7. If the beneficiary is eligible for Medicaid, the QRN/TCM will assess the case to determine if there is sufficient clinical information to make a determination (i.e., all necessary information was provided). If not, the QRN/TCM requests additional information via telephone and in writing (Request for Additional Information) within twenty-four (24) hours [one (1) business day of receipt of the request]. The facility/physician has sixty (60) calendar days to submit the requested information.
8. If the requested information is not received by HSM within the sixty (60) calendar day timeframe, the QRN/TCM will close the case. A Notice of Incomplete Information – Certification Review Suspended is sent to the facility/physician informing each party that the case has been closed. If the information is received after the sixty (60) calendar day timeframe, a new approval request and updated clinical information must be submitted.
9. Once all available information has been received, the QRN/TCM evaluates the information utilizing established criterion specific to the type of transplant being requested.
10. The QRN/TCM refers the case to the MD or AMD for review determination whether or not the criteria are met.
11. The MD or AMD reviews the case and all available information and, if necessary, contacts the attending physician to obtain additional information. The MD or AMD makes a review determination based on practice standards, his/her clinical experience, judgment, and transplant specific criteria within three (3) business days of receipt of all necessary information.
12. HSM's review determination is sent to DOM via fax for their review.
13. If the transplant is approved, DOM issues the authorization agreement letter to the transplant facility. HSM receives a copy of the letter.

14. If the transplant is not approved, DOM issues a denial letter to the facility/physician that includes the procedure and timeframe for requesting reconsideration.
15. If the transplant is not performed within the specified timeframe of the written DOM/provider agreement, HSM will issue a notification letter of impending expiration to the facility/physician one (1) month prior to the expiration date.
16. The facility/physician should submit a request for an extension of benefits prior to the expiration date of the authorization agreement. The request must be submitted to HSM following the same process as a new request for pre-transplant review; however, the extension request should only include information obtained since the prior review along with a new letter of medical necessity from the transplanting physician. The following types of information must be submitted: clinic progress notes/exam notes, lab and test results, hospitalization summaries, medications and treatments.