



## PROVIDER POLICIES & PROCEDURES

---

### ORGAN TRANSPLANT

The primary purpose of this document is to outline the requirements for the prior authorization of organ transplant procedures.

The Organ procurement and Transplantation Network (OPTN) is a unique public-private partnership that links all professionals involved in the U.S. donation and transplantation system. The United Network for Organ Sharing (UNOS) was first awarded the national OPTN contract in 1986 by the U.S Department of Health and Human Services. UNOS maintains a database of all individuals waiting for kidney, heart, liver, lung, intestine, pancreas, and multiple organ transplants.

#### Waiting List

There is no ranking or order of individuals until there is a donor, as each donor's blood type, size and genetic characteristics are different.

#### When a donor is entered into the national database:

1. All transplant candidates on the waiting list that are **incompatible** with the donor because of blood type, height, weight and other medical factors are automatically **screened out** as a potential match.
2. A computer application then determines the order that the other candidates will receive offers, according to national policies.
3. Local candidates are screened for compatibility when an organ becomes available in their community.

There are 58 organ procurement organizations (OPOs) and 11 geographic regions in the U.S that are used for organ allocation.

1. With the exception of perfectly-matched kidneys and the most urgent liver cases, first priority goes to the individuals at transplant hospitals located within the OPO. Connecticut is currently serviced by two OPOs: (1) Life Choice Donor Services; and (2) New England Organ Bank.
2. Next in priority are the individuals in areas served by nearby OPOs within the same geographical region.
3. Finally, if no individuals in these communities can use the organ, it is offered to individuals in other regions throughout the U.S.

#### Multiple Waiting Lists

National policy allows an individual to register for a transplant at more than one transplant hospital. However, each hospital may have its own rules for allowing its patients to be on the list at another hospital. If an individual is put on the transplant wait list at more than one hospital, they will be considered for donor organs per OPO guidelines.

Please note that authorization is based on medical necessity at the time the authorization is issued and is not a guarantee of payment. Payment is based on the individual having active coverage, benefits and policies in effect at the time of service.

To determine if a service or procedure requires prior authorization, CMAP Providers may refer to the *Benefit and Authorization Grids* summaries on [www.ct.gov/husky](http://www.ct.gov/husky) by clicking on "For Providers" followed by "Benefit Grids". For a definitive list of benefits and service limitations, CMAP Providers may access the CMAP provider fee schedules and regulations at [www.ctdssmap.com](http://www.ctdssmap.com).

Individuals may switch to a different transplant hospital and transfer their waiting time to that hospital. Waiting time from the original center is added to the time collected at the new hospital.

Being listed in more than one area does not guarantee an organ will become available faster than for individuals registered at only one transplant hospital. Generally, each hospital will require the individual to go through a separate evaluation, even if the individual is already listed at another hospital.

## **POLICY**

Organ transplant may be considered medically necessary when:

- A. The individual meets the selection criteria of the transplanting facility; and
- B. The transplant is regarded as standard treatment by the medical community; and
- C. The individual does not have a contraindication for solid organ transplant (subject to the judgement of the transplanting facility). This *typically* includes:
  - Metastatic cancer or other active malignancies, additionally recent malignancies with a high rate of recurrence or a history of cancer with a moderate risk of recurrence
  - Systemic illness or comorbidities that would be expected to substantially negatively impact the successful completion and/or outcome of transplant surgery or would be exacerbated by immunosuppression
  - Non-compliance or the inability to comply with medical treatment plans pre- and post-surgery
  - Chronic or untreated systemic infection making immunosuppression unsafe
  - Psychosocial conditions or chemical dependency affecting ability to adhere to therapy

## **PROCEDURE**

Prior authorization is required for organ transplants. A separate authorization is needed for each facility that an individual will be wait listed on.

**The following information is needed to review requests for organ transplants:**

1. Completed Organ Transplant Prior Authorization Request Form;
2. History of presenting illness;
3. Transplant team selection criteria notes/minutes including a discussion of possible contraindications;
4. If transplant not considered standard medical therapy, additional information supporting the transplant request; and
5. Additional information as outlined on the Organ Transplant Prior Authorization Request Form or as requested by CHNCT.

## **EFFECTIVE DATE**

This Policy is effective for individuals covered under the HUSKY Health Program beginning May 1, 2015.

## **DEFINITIONS**

1. **HUSKY A:** Connecticut children and their parents or a relative caregiver; and pregnant women may qualify for HUSKY A (also known as Medicaid). Income limits apply.
2. **HUSKY B:** Uninsured children under the age of 19 in higher income households may be eligible for

2

Please note that authorization is based on medical necessity at the time the authorization is issued and is not a guarantee of payment. Payment is based on the individual having active coverage, benefits and policies in effect at the time of service.

To determine if a service or procedure requires prior authorization, CMAP Providers may refer to the *Benefit and Authorization Grids* summaries on [www.ct.gov/husky](http://www.ct.gov/husky) by clicking on "For Providers" followed by "Benefit Grids". For a definitive list of benefits and service limitations, CMAP Providers may access the CMAP provider fee schedules and regulations at [www.ctdssmap.com](http://www.ctdssmap.com).

HUSKY B (also known as the Children’s Health Insurance Program) depending on their family income level. Family cost-sharing may apply.

3. **HUSKY C:** Connecticut residents who are age 65 or older or residents who are ages 18-64 and who are blind, or have another disability, may qualify for Medicaid coverage under HUSKY C (this includes Medicaid for Employees with Disabilities (MED-Connect), if working). Income and asset limits apply.
4. **HUSKY D:** Connecticut residents who are ages 19-64 without dependent children and who: (1) do not qualify for HUSKY A; (2) do not receive Medicare; and (3) are not pregnant, may qualify for HUSKY D (also known as Medicaid for the Lowest-Income populations).
5. **HUSKY Health Program:** The HUSKY A, HUSKY B, HUSKY C, HUSKY D and HUSKY Limited Benefit programs, collectively.
6. **HUSKY Limited Benefit Program or HUSKY, LBP:** Connecticut’s implementation of limited health insurance coverage under Medicaid for individuals with tuberculosis or for family planning purposes and such coverage is substantially less than the full Medicaid coverage.
7. **Medically Necessary or Medical Necessity:** (as defined in Connecticut General Statutes § 17b-259b) Those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1) Consistent with generally-accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease; (3) not primarily for the convenience of the individual, the individual's health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition.
8. **Prior Authorization:** A process for approving covered services prior to the delivery of the service or initiation of the plan of care based on a determination by CHNCT as to whether the requested service is medically necessary.

## REFERENCES

- Health Resources and Services Administration. Organ Donor Outreach Materials. Available at: <https://www.organdonor.gov/awareness/materials.html>
- United Network for Organ Sharing (UNOS). <https://unos.org/>
- U.S. Department of Health and Human Services Organ Procurement and Transplantation Network. <https://optn.transplant.hrsa.gov/>
- U.S. Department of Health and Human Services Organ Procurement Network. About Transplantation: How organ allocation works. Available at: <https://optn.transplant.hrsa.gov/learn/about-transplantation/how-organ-allocation-works/>

## PUBLICATION HISTORY

Status	Date	Action Taken
Original Publication	May 1, 2015	Approved by DSS on April 6, 2015.
Reviewed	June 15, 2015	Clinical Quality Subcommittee Review. Approved at the June 15, 2015 Clinical Quality Subcommittee meeting.

Please note that authorization is based on medical necessity at the time the authorization is issued and is not a guarantee of payment. Payment is based on the individual having active coverage, benefits and policies in effect at the time of service.

To determine if a service or procedure requires prior authorization, CMAP Providers may refer to the *Benefit and Authorization Grids* summaries on [www.ct.gov/husky](http://www.ct.gov/husky) by clicking on “For Providers” followed by “Benefit Grids”. For a definitive list of benefits and service limitations, CMAP Providers may access the CMAP provider fee schedules and regulations at [www.ctdssmap.com](http://www.ctdssmap.com).

Updated	August 2015	Updated definitions for HUSKY A, B, C and D programs at request of DSS.
Updated	March 2016	Updates to language throughout policy to reflect importance of person-centeredness. Changes approved at the March 21, 2016 Clinical Quality Subcommittee meeting. Approved by DSS on April 26, 2016.
Updated	March 2017	Update to Procedure section. Added need for living donor Information if living donor is covered under the HUSKY Health Program. Change approved at the March 8, 2017 Medical Review Policy Committee. Approved by Clinical Quality Subcommittee on March 20, 2017. Approved by DSS On March 27, 2017.
Updated	April 2018	Medical Policy Committee review. Update to Multiple Waiting Lists section. Added <i>CMAP enrolled</i> in front of <i>hospital</i> in the following sentence: <i>Sometimes individuals choose to register for a transplant at more than one <b>CMAP</b> hospital.</i> Approved by CHNCT Medical Policy Review Committee on February 14, 2018. Approved by CHNCT Clinical Quality Subcommittee on March 19, 2018. Approved by DSS on April 5, 2018.
Updated	February 2019	Update to Information Needed for Review section, removed "Living donor Information, If donor is covered by HUSKY Health Program" as CHNCT does not receive donor information.  Change approved at the February 13, 2019 Medical Review meeting.  Change approved by the CHNCT Clinical Quality Subcommittee on March 18, 2019.  Approved by DSS on March 27, 2019.
Updated	April 2020	Updated introductory paragraphs  <i>Removed special accommodations are given to children under certain circumstances from Transplant Evaluation section</i>  <i>Added All requests are reviewed by a CHNCT physician Reviewer to Procedure section</i>  Updated references.  All changes approved at the February 12, 2020 Medical Reviewer meeting. Approved by the CHNCT Clinical Quality Subcommittee on March 16, 2020. Approved by DSS on April 16, 2020.
Updated	August 2020	Change to policy title from Organ Transplant Waiting List to

Please note that authorization is based on medical necessity at the time the authorization is issued and is not a guarantee of payment. Payment is based on the individual having active coverage, benefits and policies in effect at the time of service.

To determine if a service or procedure requires prior authorization, CMAP Providers may refer to the *Benefit and Authorization Grids* summaries on [www.ct.gov/husky](http://www.ct.gov/husky) by clicking on "For Providers" followed by "Benefit Grids". For a definitive list of benefits and service limitations, CMAP Providers may access the CMAP provider fee schedules and regulations at [www.ctdssmap.com](http://www.ctdssmap.com).

		Organ Transplant. Updates to introductory paragraphs to streamline content. Medical necessity criteria added in Policy section. Updates to information required for review in Procedure section. Changes approved by at the August 12, 2020 Medical Reviewer Meeting. Changes approved by the CHNCT Clinical Quality Subcommittee on September 21, 2020. Approved by DSS on October 7, 2020.
Reviewed	September 2021	Reviewed and approved without changes at the August 11, 2021 CHNCT Medical Reviewer Meeting. Reviewed and approved without changes by the CHNCT Clinical Quality Subcommittee on September 20, 2021. Approved by DSS on September 30, 2021.
Updated	June 2022	Removed <i>All requests are reviewed by a CHNCT Physician reviewer</i> . Requests not meeting medical necessity criteria or out-of-network, out-of-state requests will be sent to a CHNCT physician reviewer for second level review. Change approved at the April 27, 2022 CHNCT Medical Reviewer meeting. Change approved by the CHNCT Clinical Quality Subcommittee on June 20, 2022. Approved by DSS on July 5, 2022.
Reviewed	June 2023	Reviewed and approved without changes at the April 12, 2023, CHNCT Medical Reviewer Meeting. Reviewed and approved without changes by the CHNCT Clinical Quality Subcommittee on June 19, 2023. Approved by DSS on June 28, 2023.

Please note that authorization is based on medical necessity at the time the authorization is issued and is not a guarantee of payment. Payment is based on the individual having active coverage, benefits and policies in effect at the time of service.

To determine if a service or procedure requires prior authorization, CMAP Providers may refer to the *Benefit and Authorization Grids* summaries on [www.ct.gov/husky](http://www.ct.gov/husky) by clicking on "For Providers" followed by "Benefit Grids". For a definitive list of benefits and service limitations, CMAP Providers may access the CMAP provider fee schedules and regulations at [www.ctdssmap.com](http://www.ctdssmap.com).