

State of Mississippi

STANDARDS FOR THE COVERAGE OF TRANSPLANT SERVICES

Mississippi Medicaid covers cornea, heart, heart/lung, liver, kidney, small intestine, and bone marrow (includes peripheral stem cell) transplants if all four of the following criteria are satisfied:

- 1) The medical necessity for the procedure is established in accordance with the Division of Medicaid's medical criteria for coverage.
- 2) Prior approval is obtained when required by the Division of Medicaid.
- 3) The transplant procedure is not experimental/investigative.
- 4) The transplant procedure is performed in a Mississippi Medicaid approved transplant facility.

The Division of Medicaid will monitor procedures which are experimental/investigative or in clinical trials and will base future determinations regarding coverage on approved standards of medical care.

Similarly situated individuals are treated alike and any restriction on the facilities that may, or practitioners who may, provide those procedures is consistent with the accessibility of high quality care to individuals eligible for the procedures under this plan.

For procedures requiring prior approval, the medical necessity review will be coordinated with the Division of Medicaid's Utilization Management/Quality Improvement Organization (UM/QIO) contractor. Specific medical criteria approved by the Division of Medicaid must be satisfied along with a psychosocial evaluation of the beneficiary and/or family if the candidate is a child. It must be documented that the beneficiary/family understand risks and benefits, gives informed consent, and has the capacity to and will comply with needed care. After the medical necessity review is complete, the Division of Medicaid provides coverage and reimbursement information to the transplant facility.

Medicaid reimbursement is available only to the extent that these services are not covered by other third party payers.

Routine Mississippi Medicaid benefits are applicable to transplant services. For services not available in Mississippi, the Division of Medicaid may pay an enhanced reimbursement rate for the transplant services to ensure access to care for adults and children. The transplant reimbursement rate may be inclusive of all charges for covered hospital and physician services provided during the transplant admission (inpatient or outpatient).