

TRANSPLANT SERVICES

ND Medicaid covers transplants for members who have been evaluated by a transplant program and determined to be qualified for the transplant.

DEFINITIONS

“*Organs*” include heart, lungs, liver, pancreas, kidneys, multi-visceral and intestines.

“*Tissues*” include corneas, skin, veins, heart valves, tendons, ligaments, and bones.

“*Stem Cell/Bone Marrow*” includes autologous bone marrow, allogeneic bone marrow, and umbilical cord blood transplants.

PROVIDERS

Organ and bone marrow transplants must occur in a hospital that has a Medicare provider agreement and comply with all Medicare requirements for organ transplants.

The Medicare requirements do not apply to transplants only tissue or stem cell. The provider/facility performing the transplant must be enrolled in ND Medicaid.

COVERED SERVICES

Medicaid coverage is limited to approved services rendered during periods when the member is eligible for ND Medicaid.

Coverage requirements apply to solid organ, tissue, and bone marrow/stem cell transplants. Coverage includes medically necessary transplants and related services which includes preoperative evaluation, member and donor surgery, cadaveric expenses, tissue typing, and searches and matches. Expenses related to the donor are to be billed under the member’s ID number.

ND Medicaid does not cover costs associated with organ removal from a Medicaid-eligible member living donor and provided to another individual. Costs in these situations are the responsibility of the entity covering the organ transplant surgery.

Procedure must be performed in order to prolong life, maintain, or improve quality of life, and must be ethically acceptable.

All transplant services must be medically necessary, not experimental, and must ensure similarly situated individuals are treated alike.

REFERRALS AND SERVICE AUTHORIZATIONS

Transplants that occur within North Dakota must follow Primary Care Case Management program referral requirements¹.

Prior authorization is required for transplants that occur outside of North Dakota.

A referral from an enrolled in-state Medicaid practitioner must be made for the member to be evaluated at an out of state transplant facility. After the out of state transplant facility completes its evaluation of the member and determines the member is a qualified candidate for the transplant, an enrolled Medicaid practitioner must make a referral for the transplant procedure and request authorization from ND Medicaid.

AFTERCARE

Each out of state after care appointment requires authorization.

¹ The Primary Care Case Management (PCCM) program ended 12/31/2023. Information contained in this policy applies to dates of service prior to 01/01/2024.