

TRANSPLANT SERVICES

PURPOSE

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

APPLICABILITY

ELIGIBLE PROVIDERS

To receive payment from ND Medicaid, the eligible servicing and billing provider National Provider Identifiers (NPI) must be enrolled on the date of service with ND Medicaid. Servicing providers acting as a locum tenens provider must enroll in ND Medicaid and be listed on the claim form.

Transplant services can be provided by the following enrolled providers as allowed by their scope of their licensure:

- Medicare Approved Transplant Center

A transplant program is defined as a component within a transplant hospital that provides transplantation of a particular type of organ to include heart, lung, liver, kidney, pancreas or intestine.

Transplants must occur in a center that has a Medicare provider agreement and comply with all Medicare requirements for organ transplants.

If Medicare has not designated a certified center, the transplant must be performed by a program that is participating with the Organ Procurement and Transplantation Network (OPTN) for the specific organ being transplanted. More information can be found on the [CMS Transplant webpage](#).

ELIGIBLE MEMBERS

Providers are responsible for verifying a member's eligibility before providing services. Eligibility can be verified using the [ND Medicaid MMIS Portal](#) or through the through the Automated Voice Response System by dialing 1.877.328.7098.

COVERED SERVICES AND LIMITS

General Provider Policies The [General Provider Policies](#) details basic coverage requirements for all services. Basic coverage requirements include:

- The provider must be enrolled in ND Medicaid;
- Services must be medically necessary;
- The member must be eligible on the date of service; and
- If applicable, the service has an approved service authorization.

TRANSPLANT COVERED SERVICES

ND Medicaid transplant coverage includes medically necessary transplants and related services, including:

- Transplant evaluation,
- Member surgery;
- Donor surgery, including:
 - Donor's physician charges;
 - Donor's hospital charges; and
 - Donor's laboratory charges
- Cadaveric expenses,
- Tissue typing, and
- Searches and matches.

Procedure must be performed in order to prolong life, maintain, or improve quality of life, and must be performed using a human organ and FDA approved.

SERVICE AUTHORIZATION REQUIREMENTS

Service authorization is required for transplants that occur outside of North Dakota. Providers must submit [SFN 769 Request for Service Authorization for Out of State Services](#) and supporting medical documentation.

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 using [SFN 769](#) and supporting medical documentation.

Each out of state after care appointment requires authorization using [SFN 769](#) and supporting medical documentation. Refer to the [Out of State Services policy](#) for more information.

NON-COVERED SERVICES

GENERAL NON-COVERED SERVICES

The [Noncovered Services Policy](#) contains a general list of services that are not covered by North Dakota Medicaid.

TRANSPLANT NON-COVERED SERVICES

ND Medicaid does not cover costs associated with organ removal from a Medicaid-eligible member living donor provided to another individual. Costs in these situations are the responsibility of the entity covering the organ transplant surgery. Other non-covered services include non-human organs such as animals.

DOCUMENTATION REQUIREMENTS

GENERAL REQUIREMENTS

Providers must keep legible medical and financial records that fully justify and disclose the extent of services provided and billed to ND Medicaid. Records must be retained for at least 7 years after the last date the claim was paid or denied. Providers must follow the documentation requirements in the [Provider Requirements Policy](#).

REIMBURSEMENT METHODOLOGY AND CLAIM INSTRUCTIONS

TIMELY FILING

ND Medicaid must receive an original Medicaid primary claim within one hundred eighty (180) days from the date of service. The time limit may be waived or extended by ND Medicaid in certain circumstances. The [Timely Filing Policy](#) contains additional information.

THIRD-PARTY LIABILITY

Medicaid members may have one or more additional source of coverage for health services. ND Medicaid is generally the payer of last resort. Providers must pursue the availability of third-party payment sources. The [Third Party Liability Policy](#) contains additional information.

CLIENT SHARE (RECIPIENT LIABILITY)

Client share (recipient liability) is the monthly amount a member must pay toward the cost of medical services before the Medicaid program will pay for services received. The [Client Share Policy](#) contains additional information.

REIMBURSEMENT

A claim for services must be submitted at the provider's usual and customary charge. Payment for services is limited to the lesser of the provider's usual and customary charge or the ND Medicaid calculated reimbursement.

Transplant services are reimbursed according to the reimbursement methodology associated with the provider delivering services. Refer to the appropriate [provider billing and policy manual](#) for more information.

CLAIM FORM

Transplant services must be billed using the appropriate claim form or electronic transaction associated with the provider delivering services. Detailed claim instructions are available on the ND Medicaid Provider Guidelines, Policies & Manual [webpage](#).

CLAIM REQUIREMENTS

DONOR EXPENSES

Covered services related to the donor must be billed under the member's North Dakota Medicaid ID number.

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 stem cell/bone marrow, allogeneic stem cell/bone marrow, and umbilical cord blood transplants.

REFERENCES

- [North Dakota Administrative Code](#)
- [North Dakota Century Code](#)
- [Code of Federal Regulations](#)

RELATED POLICIES

- [Service Authorizations](#)
- [Out of State Services](#)

CONTACT

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POLICY UPDATES

May 2025

| Section | Summary |
|---------|---|
| | Format changes and clarifications added throughout. |