

ADDENDUM

STATE: Ohio	BUSINESS UNIT: Buckeye Health Plan of Ohio
PRODUCT TYPE: Medicaid	P&P NAME: Transplant Service Authorizations
P&P NUMBER: CC.UM.18	REGULATOR MOST RECENT APPROVAL DATE: N/A

BACKGROUND:

In compliance with Ohio Medicaid, Buckeye Health Plan must ensure coverage for organ transplants and related services. As such, the MCO will adhere to the process, procedures and decisions of the Ohio Solid Organ Transplantation Consortium and the Ohio Hematopoietic Stem Cell Transplant Consortium.

Procedure

- Central Transplant Unit processes requests for office visits, evaluations and/or HLA typing.
- Each provider of an extra-renal, solid organ transplant service shall participate in a prospective, statewide review process for each patient prior to listing for transplant. See: <https://codes.ohio.gov/ohio-administrative-code/rule-3701-84-20>
- To be considered for transplant for extra-renal transplant in Ohio, a patient must be evaluated using the Ohio Solid Organ Transplantation Consortium patient selection criteria by one of the following member hospitals: Cincinnati Children’s Hospital, Cleveland Clinic, Nationwide Children’s Hospital, Wexner Medical Center, UC Health and University Hospitals.
- Potential transplant candidates must be reviewed by the respective organ-specific Patient Selection Committee. Each Patient Selection Committee consists of one representative from each appropriate member hospital, a representative from the Ohio Department of Health, an ethicist or bioethicist, and a lay representative who may be an attorney. Upon hospital approval for transplantation, a representative of the hospital’s organ specific pre-transplantation department will submit the clinical summary to the Consortium for review and decision making.
- The voting members of the Consortium review the submitted request and documentation from the facility.
- Once all the members of the Consortium review committee have voted, a majority approval is required for the patient to be accepted as a transplant candidate for listing with UNOS. The referring hospital program is notified via mail of the determination.
- The referring hospital program will submit the approval documentation along with the transplant listing to Buckeye Health Plan for care coordination and care planning with internal and external partners.
- The Ohio Hematopoietic Stem Cell Transplant Consortium reviews and recommends coverage for bone marrow and stem cell transplants. Criteria for review is established by Ohio experts in the field of bone marrow transplant and authorization from the Ohio Department of Medicaid prior authorization unit.
- Buckeye Health Plan acknowledges the respective Consortium’s decision(s) are final.
- The Ohio Consortium does not review or approve kidney transplants.
- For Kidney transplants, Buckeye Health Plan will review all medical documentation submitted to support the transplantation.
- InterQual Criteria Procedures, Subset Transplantation, Renal is used for medical necessity criteria
- Buckeye Health Plan will facilitate transplant listing with United Network Organ Sharing (UNOS) and listing extensions if necessary.
- Duration of Authorizations is 6 months and listings will be approved for 12 months from the date of the request when notification and documentation requirements are met.
- Continuity of Care Requests and previously approved services are accepted in transition of care with associated documentation (open authorizations, copy of the member’s United Network for Organ Sharing (UNOS) listing).

To contact the Ohio Consortium:

- Ohio Solid Organ Transplantation Consortium

9200 Memorial Drive
Plain City, OH 43064

REFERENCES:

Ohio Administrative Code 5160-26-03.1 Managed health care programs: primary care and utilization management
 Ohio Administrative Code 3701-84-18 through 3701-84-21 Solid Organ Transplant Service
 Ohio Administrative Code 3701-84-24 through 3701-84-27 Bone Marrow Transplantation Service Standards
 CC.UM.18 Policy Transplant Service Authorizations