

State/Territory: New Hampshire

STANDARDS FOR THE COVERAGE OF ORGAN TRANSPLANT SERVICES

Covered Organ Transplants:

Organ transplants from human donor to human recipient are a covered service subject to the following conditions and limitations:

1. Covered transplants include kidney, bone marrow, heart, heart-lung, lung, liver, pancreas, and pancreas-kidney, as well as tissue transplants to include cornea, bone grafts and skin transplants with the exception of hairplasty.
2. Except for kidney and tissue transplants which are covered without prior authorization, prior authorization for organ transplants in item #1 above must be requested of and obtained from the Office of Medicaid Business and Policy (OMBP) prior to the service being rendered. Evaluation of prior authorization requests will include (a) a review of other treatment options explored, and (b) application of the most current, evidence-based clinical criteria as specified by OMBP in its rules at He-W 531 in order to determine the recipient's suitability as a candidate for the specified organ transplant(s).
3. The organ transplant procedure and organ procurements must be performed by a NH Title XIX enrolled provider, at a NH Title XIX enrolled provider facility.

Non-Covered Organ Transplants:

Non-covered organ transplantation and procurement services include physician services for the surgery, inpatient hospital services for the surgical admission(s), and organ procurement related to the following types of transplants: any other organ transplant not specified in item #1 above, more than two transplants of the same type of organ per recipient per lifetime, and organ transplants that require prior authorization but which are not prior authorized.

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