

	Organ Tissue Transplant Guideline	
Guideline # 10142	Categories Administration / Non-Clinical →TCHP - Administration	This Guideline Applies To: Texas Children's Health Plan
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GUIDELINE STATEMENT:

Texas Children's Health Plan (TCHP) performs authorization on ALL (solid/non-solid organ and tissue) transplants.

DEFINITIONS:**GUIDELINE**

1. All requests for prior authorization of transplants are received via online submission, fax, phone or mail by the Utilization Management Department and processed during normal business hours.
2. The Utilization Management professional reviewing the request evaluates the submitted information to determine if the documentation supports the transplant as a medically necessary service.
3. All organ (solid/non-solid) and tissue transplants will be subject to the prior authorization requirements documented in the current Texas Medicaid Provider Procedures Manual – Volume 2: Inpatient and Outpatient Hospital Services Handbook Section 3.2.5 Organ and Tissue Transplant Services and Volume 2: Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook Section 9.2.48 Organ/Tissue Transplants.
 - 3.1. 30 day spell-of-illness limitation does not apply to any member enrolled in TCHP.
4. Benefits are not available for any experimental or investigational services (including xenotransplantation and artificial/bioartificial liver transplants), supplies, or procedures in members 21 and older.
 - 4.1. Experimental or investigational transplant services will be reviewed on an individual basis for members 20 and younger by a TCHP Medical Director or their physician designee.

5. Preauthorization is based on medical necessity and not a guarantee of benefits or eligibility. Even if preauthorization is approved for treatment or a particular service, that authorization applies only to the medical necessity of treatment or service. All services are subject to benefit limitations and exclusions. Providers are subject to State and Federal Regulatory compliance and failure to comply may result in retrospective audit and potential financial recoupment.

REFERENCES:**Government Agency, Medical Society, and Other Publications:****Last approval by the Clinical & Administrative Advisory Committee (CAAC):**

- *Texas Medicaid Provider Procedures Manual Volume 2: Inpatient and Outpatient Hospital Services Handbook*

http://www.tmhp.com/Manuals_PDF/TMPPM/TMPPM_Living_Manual_Current/2_Inpatient_Outpatient_Hosp_Srvs.pdf

- *Texas Medicaid Provider Procedures Manual Volume 2 Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook*

http://www.tmhp.com/Manuals_PDF/TMPPM/TMPPM_Living_Manual_Current/2_Med_Specs_and_Phys_Srvs.pdf

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