	POLICIES AND PROCEDURES
Policy #: 404-1723	Lead Department: Utilization Management
Title: Major Organ Transplant Authorization Process	
Original Date: 03/01/2009	Date Published: 04/15/2025
Approved by: Utilization Management Work Group (UMWG)	

Purpose:

To describe Central California Alliance for Health's (the Alliance) process for authorization of Major Organ Transplants (MOT).


Policy:

The Alliance refers, coordinates, and authorizes the delivery of the MOT benefit and all medically necessary services associated with MOTs, including, but not limited to, pre-transplantation assessments and appointments, organ procurement costs, hospitalization, surgery, discharge planning, readmissions from complications, post-operative services, medications not otherwise covered by the Alliance, and care coordination for transplants that the Alliance is responsible for. Effective January 1, 2022, all Medi-Cal managed care plans (MCPs) are required to cover the Major Organ Transplant (MOT) benefit for adult and pediatric transplant recipients and donors, including related services such as organ procurement and living donor care. The Alliance covers all medically necessary services for both living donors and cadaver organ transplants as of the January 1, 2022 effective date.

The Alliance only authorizes MOTs to be performed in approved transplant programs located within a hospital that meets the Department of Health Care Services' (DHCS) criteria. Members identified as potential candidates for Major Organ Transplant are referred to approved Transplant Centers for evaluation. The Alliance will refer all eligible patients to Alliance-contracted facilities whenever possible.

The Alliance provides the Major Organ Transplant (MOT) benefit for adult and pediatric transplant recipients and donors, including related services such as organ procurement and living donor care, effective January 1, 2022. The Alliance will cover all medically necessary major organ transplants as outlined in the Medi-Cal Provider Manual, including all updates and amendments to the Provider Manual.

The Alliance is responsible for oversight and monitoring of its MOT network and will ensure adult members receive covered benefits at a facility designated as a Medi-Cal approved Center of Excellence (COE). If the Alliance becomes aware that a contracted transplant program is no longer active, has lost its Medi-Cal approved COE status, or is no longer on DHCS' COE or SCC list, the Alliance will notify any beneficiary who has an active referral to the transplant program no later than 30 days prior to the planned inactivation date. The Alliance will coordinate the referral and transfer of beneficiaries to a different approved transplant program.

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The Alliance maintains contracts with as many Centers of Excellence as needed to cover the following organs for adult beneficiaries:

- Bone Marrow
- Heart
- Intestine
- Liver
- Lung
- Simultaneous kidney-pancreas


The Alliance contracts with hospitals that have approved transplant programs to serve its adult beneficiaries, as well as with Special Care Centers to serve pediatric beneficiaries:

- Bone marrow
- Heart-lung
- Heart
- Liver

Definitions:

The Alliance contracts with hospitals that have approved blood, tissue and solid organ transplant programs to serve adult members, as well as with SCCs to serve pediatric members. The Alliance ensures access to the following MOTs through contracted entities:

1. Bone marrow
2. Heart
3. Liver
4. Lung
5. Pancreas
6. Heart/lung
7. Combined liver/kidney
8. Combined liver/small bowel

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9. Combined pancreas/kidney

10. Small Bowel

Kidney, corneal, and autologous islet cell transplants are not required to be performed in a COE or Special Care Center (SCC). For these organs, the Alliance will ensure members are referred to a transplant program that is approved by Centers for Medicare and Medicaid Services (CMS) to perform transplants for the respective organ and is a current Organ Procurement and Transplantation Network (OPTN) member.

California Children's Services: CCS is a state program for children with certain diseases or health problems. Through this program, children up to 21 years of age can get the health care and services they need for CCS-eligible conditions. CCS also provides medical therapy services that are delivered at public schools through their Medical Therapy Unit (MTU).

Whole Child Model (WCM): The purpose of the WCM program is to incorporate services covered by the CCS Program into Medi-Cal managed care for Medi-Cal-eligible CCS Program members. Managed care plans (MCPs) operating in WCM counties will integrate Medi-Cal managed care and CCS Program administrative functions to provide comprehensive treatment of the whole child and care coordination in the areas of primary, specialty, and behavioral health for CCS-eligible and non-CCS-eligible conditions.


Procedures:

1. Criteria Used for Identification


The criteria used to identify members as potential transplant candidates are the State of California Medi-Cal criteria, MCG care guidelines, and other relevant criteria as outlined in Alliance Policy 404-1112 – *Medical Necessity - The Definition and Application of Medical Necessity Provision to Authorization Requests*.

2. Referrals for Members 21 and Older

- a. When a member is identified as a potential candidate for one of the covered transplant procedures (other than renal transplants), the primary care provider (PCP) provides a referral with all medical information to the designated transplant center for a transplant evaluation.


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- b. The Alliance will directly refer adult members or authorize referrals to a transplant program that meets DHCS criteria for an evaluation within 72 hours of a member's PCP or specialist identifying the member as a potential candidate for the MOT and receiving all of the necessary information to make a referral or authorization. The Alliance will authorize the request for the MOT after the transplant program confirms the MOT candidacy of the member.
 - c. Once the transplant program confirms that the member is a suitable transplant candidate, the Alliance will authorize the request for the MOT. Expedited authorizations are required if the organ that the member will receive is at risk of being unusable due to any delay in obtaining prior authorization or if the transplant program can provide immediate transplant services that would benefit the member's condition. Expedited authorizations will be completed no later than 72 hours from request.
 - d. Members will, whenever possible, be directed to contracted tertiary care facilities for the specific organ transplantation that is being requested.
 - e. Members who have been approved for an organ transplant remain assigned to their PCP during the evaluation process. The Alliance remains responsible for the provision of all medically necessary services, including all services related to the transplant, for members approved for an organ transplant. For more information on medical necessity, please see Alliance Policy 404-1112 – *Medical Necessity*.
 - f. The Alliance's Complex Care Management Department (CCM) provides case management services as needed.
 - g. In order to facilitate continuity of care, the PCP or specialist forwards all pertinent medical information and medical records to the Transplant Center and to the Alliance UM staff.
 - h. For new or existing Alliance members that are already on the transplant list of a non-contracted tertiary care facility, the Alliance will help transition member to a contracted facility by initially dual-listing the member and then by transitioning the member to the new contracted facility altogether, when clinically appropriate.
- 3. Request for Authorization (members under 21 years of age):
 - a. All providers perform appropriate baseline health assessments and diagnostic evaluations that provide sufficient clinical detail to establish, or raise a reasonable likelihood, that a member has a CCS eligible medical condition. Providers will refer potential CCS-eligible

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members to the CCS program per Alliance Policy 404-1305 – *Screening and Referral of Medically Eligible Children to California Children's Services (CCS) Program*.

- b. Health Services staff will screen for California Children Services (CCS) eligibility. Health Services staff members will refer potential CCS-eligible members to the CCS program per Alliance Policy 404-1305 – *Screening and Referral of Medically Eligible Children to California Children's Services (CCS) Program*.
 - c. The Alliance will provide case management and utilization management responsibility of the CCS-eligible condition under the CCS WCM. The Alliance is responsible for the provision of medically necessary services for both the CCS and non-CCS eligible conditions and will monitor and ensure the coordination of services and joint case management between the PCPs, and the CCS specialty providers.
 - d. The Alliance will directly refer pediatric members or authorize referrals to a transplant program for an evaluation within 72 hours of the member's Primary Care Provider or specialist identifying the member as a potential candidate for the MOT and receiving all of the necessary information to make a referral or authorization. The Alliance will authorize the request for the MOT after the transplant program confirms the MOT candidacy for the member.
 - e. Once the transplant program confirms that the member is a suitable transplant candidate, the Alliance will authorize the request for the MOT. Expedited authorizations are required if the organ that the member will receive is at risk of being unusable due to any delay in obtaining prior authorization or if the transplant program can provide immediate transplant services that would benefit the member's condition. Expedited authorizations will be completed no later than 72 hours from request.
4. For CCS WCM members,
- a. Prescription: The prescribing physician must be CCS paneled and approved to treat the member's CCS eligible condition
 - b. Most pediatric conditions requiring organ transplants qualify as a CCS-eligible condition. As such blood, tissue or solid organ transplants for pediatric members are required to be performed only in a CCS-approved Specialty Care Center (SCC), that has the current CCS approval to transplant the specified blood, tissue or solid organ transplants in the Member's age group (i.e. pediatric vs adult). SCCs are within CCS-approved hospitals that provide comprehensive, coordinated health care to CCS-eligible members. If the CCS


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program determines that the member is not eligible for the CCS program, but the transplant is medically necessary, the Alliance will be responsible for authorizing the transplant, as appropriate. A list of approved SCCs can be found on the DHCS website.

- c. Lodging and transportation services are available to California Children's Services (CCS)-eligible members as covered under the Maintenance and Transportation (M&T) benefit. More information may be found in the following Alliance policies: 404-1702 - Meals and Lodging (Maintenance) for Members with CCS Eligibility; 404-1726 - Non-Emergency Medical Transportation; 200-2010 – Non-Medial Transportation
5. CCS blood, tissue and solid organ transplant Authorization Requests are typically authorized for one year. Non-CCS Treatment Authorization Requests (TARs) are authorized according to the type of transplant in the table below:

TRANSPLANT	DURATION OF TAR AUTHORIZATION
LIVER WITH HEPATOCELLULAR CARCINOMA	4 MONTHS
CIRRHOSIS	6 MONTHS
BONE MARROW	6 MONTHS
HEART	6 MONTHS
LUNGS	6 MONTHS
ALL ELSE	1 YEAR


6. The Alliance will authorize appropriate non-emergency medical transportation and/or non-medical transportation services and related travel expenses related to MOT for transplant recipients and living donors to obtain medically necessary services.
7. The Alliance will be responsible for the cost of medically necessary MOT-related physician-administered drugs billed on medical claim, unless the member has other primary insurance or Medicare. Prior authorization requests will be reviewed per Alliance Policy 403-1103 – *Pharmacy Authorization Request Review Process* and 403-1141 – *Physician/Facility-Administered Drugs Requiring Prior Authorization*.
8. Upon Medi-Cal Rx implementation on January 1, 2022, pharmacy services billed as pharmacy claims are carved out to Fee-For-Service under Medi-Cal Rx. Medi-Cal Rx is responsible for

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formulary management, prior authorization, and claims processing for MOT-related prescription drugs billed on pharmacy claims.

9. The Alliance will ensure coordination of care between all providers, organ donation entities, and transplant programs to ensure the MOT is completed as expeditiously as possible. Care coordination must be provided to the transplant recipients as well as the living donors.

10. The Alliance ensures all MOT procedures are performed in an approved transplant program which operates within a hospital setting, is certified and licensed through CMS, and meets Medi-Cal state and federal regulations consistent with 42 CFR, parts 405, 482, 488, 498 and Section 1138 of the Social Security Act (SSA). Additionally, the Alliance ensures that all contracted hospitals within which transplant programs are located, meet DHCS' criteria and the hospital is enrolled to participate in the Medi-Cal program.
 - a. A transplant program is a unit within a hospital that has received approval from CMS to perform transplants for a specific type of organ and is a current member of the OPTN, which is administered by the United Network for Organ Sharing (UNOS).
 - b. The Alliance may authorize MOTs to be performed in a transplant program that meets DHCS' criteria.
 - c. Solid organ transplant programs must meet the CMS Conditions of Participation for the specific organ type and must maintain an active membership with OPTN administered by UNOS.
 - d. Bone marrow transplant programs must have current accreditation by the Foundation for the Accreditation of Cellular Therapy.
 - e. The Alliance may authorize MOTs to be performed in a transplant program located outside of California if the reason for the MOT to be provided out-of-state is advantageous to the member (i.e., the facility is closer to where the member resides, or the member is able to obtain the transplant sooner than the in-state facility). In addition, the member must consent to receiving the MOT out-of-state. In such cases, the Alliance will ensure that the process for directly referring, authorizing referrals and coordinating transplants for members to out-of-state transplant programs is not more restrictive than for in-state transplant programs and the facility is designated by CMS to perform transplants for a specific type of organ and is a current member of the OPTN. The Alliance will also ensure that out-of-state transplant programs meet the above criteria and that the out-of-state transplant program is enrolled as a Medi-Cal provider.


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11. The transplant program is responsible for placing members on the National Waitlist maintained by OPTN, administered by HRSA, once it has determined that the member is a suitable transplant candidate.
 - a. The Alliance will refer members and/or authorize referrals to the appropriate transplant program for an evaluation if the member's primary care physician (PCP) or specialist identifies the member to the Alliance as a potential transplant candidate.
12. The Alliance will directly refer members and/or authorize referrals to a transplant program that meets DHCS criteria for an evaluation within 72 hours of receiving notification from a member's PCP or specialist identifying the member as a potential candidate for the MOT.
 - a. The Alliance will authorize the request for the MOT after the transplant program confirms the MOT candidacy of the member.
 - b. Once the transplant program confirms that the member is a suitable transplant candidate, the Alliance will authorize the request for the MOT.
 - c. Expedited authorizations are required if the organ that the member will receive is at risk of being unusable due to any delay in obtaining prior authorization or if the transplant program has the ability to provide immediate transplant services that would benefit the member's condition. The expedited authorizations are required to be completed no later than 72 hours.
13. Members with MOT authorization requests are referred internally for Case Management and care coordination support, which would include explanation on disenrollment services for qualifying members who require out-of-network transplant services. However, the Alliance reviews and approves requests for out-of-network transplant services based on medical necessity, in accordance with Alliance Policy 404-1310 Authorization Process for Referrals to Out of Network and Non-Contracted Specialty Providers.

References:

Alliance Policies:

- 200-2010 – Non-Medical Transportation
- 403-1103 – Pharmacy Authorization Request Review Process
- 403-1141 – Physician/Facility-Administered Drugs Requiring Prior Authorization.
- 404-1112 – Medical Necessity - The Definition and Application of Medical Necessity Provision to Authorization Requests
- 404-1305 – Screening and Referral of Medically Eligible Children to California Children's

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Services (CCS) Program
 404-1310 Authorization Process for Referrals to Out of Network and Non-Contracted Specialty Providers
 404-1726 – Non-Emergency Medical Transportation
 404-1732 – Meals and Lodging (Maintenance) for Members with CCS Eligibility
 Impacted Departments:
 Claims
 Community Care Coordination
 Member Services
 Provider Services
 Regulatory:
 Legislative:
 Senate Bill, SB-586 Whole Child Model – Children’s Services
 Contractual (Previous Contract):
 Medi-Cal Contract Exhibit A, Attachment 11, Provision 10.A.5
 Medi-Cal Contract Exhibit A, Attachment 18, Provision 11.X.2
 Medi-Cal Contract Exhibit E, Attachment 3, Provision 5
 Contractual (2024 Contract):
 Medi-Cal Contract Exhibit A, Attachment III. Section 5.3.7.F.4
 DHCS All Plan Letter:
 Policy Letter: 97-07, Item II.A. COHS
 Policy Letter: 96-10
 DHCS APL 21-015 Benefit Standardization and Mandatory Managed Care Enrollment Provisions of the California Advancing and Innovating Medi-Cal (CalAIM) Initiative Attachment 1; Major Organ Transplants (MOT) Requirements
 DHCS APL 23-034 - CALIFORNIA CHILDREN’S SERVICES WHOLE CHILD MODEL PROGRAM

 NCQA:
 Supersedes:
 Other References:
 Attachments:


Lines of Business This Policy Applies To

- ☐ DSNP
- ☒ Medi-Cal
- ☒ Alliance Care IHSS

LOB Effective Dates

(01/01/2026 – present)
 (01/01/1996 – present)
 (07/01/2005 – present)

Revision History:

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Reviewed Date	Revised Date	Changes Made By	Approved By
05/17/2019	05/14/2019	Tammy Brass, RN UM Manager, Prior Auth	UMWG
05/08/2020	05/08/2020	Lorna Metzger, RN Prior Auth Supervisor	UMWG
01/18/2022	01/07/2022	Tammy Brass, RN UM/CCM Manager	UMWG
01/30/2023	01/30/2023	Paige Harris, Regulatory Reporting Supervisor	UMWG
10/23/2023	10/23/2023	Danah Hernandez, Regulatory Reporting Supervisor	UMWG
3/19/2024	3/19/2024	Tammy Brass, RN, UM Director	UMWG
03/28/2025	03/28/2025	Lorna Metzger, RN, PA Supervisor	UMWG