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STANDARDS FOR THE COVERAGE OF ORGAN TRANSPLANT SERVICES

The Wyoming Medicaid Program will review all cases presented for bone marrow/stem cell and organ transplantation for recipients under the age of 21. Bone marrow/stem cell, kidney and liver transplants are covered and reviewed for recipients over 21 years of age.

1. Prior Authorization is required

- A. All cases presented for transplantation (with the exception of Cornea) require prior authorization.
- B. Each case receives individualized review and is evaluated for medical necessity. The medical necessity criteria that substantiates transplantation must include:
 - i. Diagnostic confirmation by clinical laboratory studies of the underlying pathological process.
 - ii. Clinical and physiological verification of end stage failure that is unresponsive to applied treatment regimens.
 - iii. Transplantation is the best available definitive treatment for the underlying pathological process and end stage functional failure.
 - iv. Long range prognosis will be considered.
 - v. Each case is reviewed for confirmation that no coexisting conditions are present to contraindicate undertaking transplantation.
 - vi. Management of the procedures at a medical center of expertise providing high quality care through all necessary support systems and trained experienced staff is required.

2. Patient Selection Criteria

Before providing covered transplant services, the facility is required to submit its patient selection criteria, including medical-physical indications and contra-indications and psycho-social criteria.

3. Evaluation and treatment at a Transplant Center

All cases must undergo evaluation, study, and staging at a medical center specializing in transplantation. Medicaid clients may receive treatment only in approved Medicaid/Medicare facilities.

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