

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Post Office Box 8206
Columbia, South Carolina 29202-8206
www.scdhhs.gov

June 27, 2007

MEDICAID BULLETIN

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TO: Providers of Professional and Hospital Services

SUBJECT: Revised Procedures for Organ Transplant Services

Effective July 1, 2007, the South Carolina Department of Health and Human Services (SCDHHS) will modify the process for approval and reimbursement of organ transplant services to beneficiaries covered by Medicaid.

All potential transplants, cadaver or living donor, listed on the attachment, must be authorized by the Medical University Hospital Association (MUHA) before the services are performed. Upon request, MUHA will review all Medicaid referrals for organ transplants and issue an approval or denial based upon uniform professional and administrative guidelines as to medical necessity. If the transplant is approved, the approval letter will serve as authorization for pre-transplant services (72 hours pre-admission), the transplant event (hospital admission through discharge), and post-transplant services up to 90 days from the date of discharge. The letter will also contain an authorization number that must be entered in the prior authorization field of the UB-04 and the CMS-1500 claim forms.

MUHA may refer patients to certified transplant facilities that are contracted with SCDHHS within the state as well as certified transplant facilities that are located outside of the South Carolina medical service area (> 25 miles of the South Carolina borders). Reimbursement to a certified in-state transplant facility will be made directly to the provider, facility and professional, upon submission of the claims and cost information (cost reports for facilities) to SCDHHS. Facilities that are outside of the South Carolina medical service area must continue to submit all claims to MUHA. However, payment will be made directly to the out-of-state facility and professional group upon completion of the required enrollment documents and signed Letter of Agreement.

Transplant evaluations performed outside of the South Carolina medical service area must be authorized by SCDHHS, using the out-of-state referral process. Approval from SCDHHS for the evaluation for transplant does not guarantee coverage of the actual transplant event without authorization by MUHA.

Questions regarding the process for requesting approval for transplant services may be directed to Ms. Katherine Taylor, Transplant Coordinator, at the Medical University Hospital Authority (843) 792-2123 or you may call your program manager in Hospital Services (803) 898-2665 or Physician Services (803) 898-2660.

/s/

Susan B. Bowling
Acting Director

SSB/gvb

Attachment

NOTE: To receive Medicaid bulletins by email, please send an email to bulletin@scdhhs.gov indicating your email address and contact information.
To sign up for Electronic Funds Transfer of your Medicaid payment, please go to the following link for instructions. <http://www.scdhhs.gov/dhhsnew/serviceproviders/eft.asp>

Attachment

Medicaid Covered Transplants

Blood and Marrow

- **Allogenic Related**
- **Allogenic Unrelated**
- **Autologous – Inpatient**
- **Autologous – Outpatient**
- **Cord**
- **Mismatched**

Heart

Kidney/Pancreas

Liver

Liver/Small Bowel

Liver Pancreas

Liver/Kidney

Lung

Multivisceral

Pancreas

Small Bowel