

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 08-034	2. STATE Montana
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 10/04/08	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN X <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: N/A		7. FEDERAL BUDGET IMPACT: a. SFY 10 \$3,642,643 b. SFY 11 \$3,828,243	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Page 1 and 2 Attachment 3.1 E Organ Transplant Services		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Page 1 and 2 Attachment 3.1 E Organ Transplant Services	
10. SUBJECT OF AMENDMENT: The purpose of this amendment is to update standards for coverage of organ transplant services.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT X <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO: Montana Dept of Public Health and Human Services Mary Dalton Attn: Jo Thompson PO Box 4210 Helena MT 59604	
13. TYPED NAME: Mary Dalton			
14. TITLE: Acting State Medicaid Director			
15. DATE SUBMITTED: 3-17-09			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: Original 9/30/08 revision 3/17/09		18. DATE APPROVED: 6/18/09	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/4/08		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Richard C. Allen		22. TITLE: Associate Regional Administrator	
23. REMARKS:			

STANDARDS FOR THE COVERAGE OF ORGAN AND TISSUE TRANSPLANT SERVICES

The following limitations apply to organ and tissue transplantation services:

Services considered experimental and/or investigational are not a benefit of the Montana Medicaid program.

EXPERIMENTAL AND/OR INVESTIGATIONAL SERVICES INCLUDE:

1. Procedures and items including prescription drugs, considered experimental and/or investigational by the U.S. Department of Health and Human Services or any other appropriate federal agency.
2. Procedures and items, including prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item, prescribed drug, or procedure is safe and effective in caring, preventing, correcting, or alleviating the effects of certain medical conditions.
3. Procedures and items, including prescribed drugs, which may be subject to question, but are not covered in #1 and #2 above, will be evaluated by the Department or the Department's designated medical review organization to determine whether they are experimental and/or investigational.

Standards for the Coverage of Organ and Tissue Transplant Services

General requirements for Medicaid coverage of transplantations are as follows:

1. Prior Authorization
 - (a) All cases presented for organ or tissue transplantation require, with the exception of corneal transplantation, prior authorization from the Department's designated review organization.

2. Medically Necessary

- (a) Medicaid will only cover medically necessary organ or tissue transplants.
 - 1. Complies with Medicare coverage guidelines for organ or tissue transplant service.
 - 2. If Medicare guidelines are not available, the transplant surgery will be reviewed to determine whether it is experimental and/or investigational.

3. Transplant Program Standards

- (a) Organ transplants must be performed in a Medicare certified center. If Medicare has not designated a certified center, the transplant must be performed by a program that is located in a hospital or parts of a hospital certified by the Organ Procurement and Transplantation Network (OPTN) for the specific organ being transplanted.
- (b) Tissue transplants such as corneal, bone marrow, and peripheral stem cell transplants must meet Medicare coverage guidelines.