

Transplant General Guidelines

Procedures considered experimental or investigational are not covered (**317:30-5-41.2**). Transplant procedures, except kidney and cornea, must be prior authorized to be compensable. Donor search and procurement services are covered for transplants consistent with the methods used by the Medicare program for organ acquisition costs. Listing of a member with UNOS is a medical decision of the treating physicians. It is not based upon approval or review of a Prior Authorization Request.

DOCUMENTATION REQUIRED (must be current-within past 6 months):

- Letter of Medical Necessity from the Transplant Team Evaluation
- History and Physical
- Significant co-morbidities
- Relevant diagnostic test results
- Current pertinent labwork
- Documentation to show this member is currently in remission (if applicable)
- MELD or PELD score (if applicable)
- Drug / UTOX screening results, including nicotine/cotinine (if applicable)
- If results are positive, notes must reflect causation for the positive results.
- Psychosocial Evaluation (current update required for new PA Request)
 - Documented presence of medical compliance
 - History and current status of substance abuse
 - Documented absence of substance abuse by negative random screens and participation in treatment program, if applicable
 - History of smoking with documented smoking cessation, if applicable
 - Social/family support systems, indicating primary caregiver post-transplant
- Dental Clearance
 - A LMN (letter of medical necessity) indicating member has no dental issues is not sufficient
 - Preference is a dental evaluation by a Dentist
 - A Panorex result may be accepted if unable to obtain a dental evaluation due to hospitalization
 - Comprehensive dental services are covered for members aged 0-20
 - The following dental services are covered for all adults and do not require prior authorization if performed by a SoonerCare Dentist: limited oral evaluation D0140, panoramic x-ray (one every 3 years) D0330, & medically necessary extractions.
 - To request additional limited dental services, submit a dental treatment plan and supporting documentation **with the transplant prior-authorization request**.

Documentation should include: X-rays or images of tooth/teeth involved, six point periodontal charting, narratives and comprehensive treatment plan. Additional dental services that may be authorized:

- A comprehensive oral evaluation
 - Two radiographic bitewings
 - Prophylaxis
 - Fluoride application
 - Limited restorative procedures, and
 - Periodontal scaling/root planning.
- The request for additional dental services will be reviewed by the OHCA and the Dental Unit will contact the dental provider with the status of the request.