

State/Territory: Commonwealth of Pennsylvania

STANDARDS FOR THE COVERAGE OF ORGAN TRANSPLANT SERVICES

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- (f) The Department determines recipient eligibility for compensable transplant procedures in accordance with written standards which are applied uniformly to similarly situated individuals. Compensable transplant procedures must be certified by a qualified physician as being reasonable and necessary. Any participating qualified physician and any licensed hospital that has a Certificate of Need to perform transplants is eligible to receive payment for the procedure. To obtain a Certificate of Need to perform transplants, a facility must meet certain general standards and criteria as cited in Chapter 42(b) of the State Health Plan.

Organ transplant services are available under EPSDT if medically necessary.

Payment will be made for transplants if the Department agrees that the procedure is medically necessary and no alternative common medical treatment as recognized by the medical community is available. The transplant must be utilized for the management of diseases as a recognized standard treatment in the medical community and must not be of an investigational or research nature and must be used for end-stage diseases, not as prophylactic treatment. The Department currently makes payment for kidney, heart, heart/lung, lung (both single and double), liver, pancreas, and bone marrow transplants.

General medical indications for specific organ transplants are as follow:

Kidney

End Stage Renal Disease.

Heart

Cardiomyopathy which is end-stage or irreversible where medical management can no longer restore patient to activities of daily living. Homogenic transplants only (no artificial devices or primates).

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(f) Continued

Heart/Lung

Severe, irreversible, benign lung disease with secondary cardiac failure where lung transplant alone would not restore adequate cardiac function.

Lung

Single – Severe, irreversible, benign lung disease that is severely restricting activities of daily living and no longer amenable to standard medical treatment. Cardiac failure may or may not be present.

Double – Severe, irreversible, benign lung disease that is severely restricting activities of daily living and no longer amenable to standard medical treatment. The significant factor is the presence of a disease that typically includes infection of a chronic nature, for example, Cystic Fibrosis.

Liver

End Stage Liver Disease, non-malignant in etiology.

1. Acute, fulminant liver neucrosis/failure such as seen in certain toxic states, for example, acetaminophen ingestion in toxic amounts.
2. Chronic liver failure where the complications of encephalopathy for ascites and/or variceal bleeding or other complications are no longer amenable to or controlled by recognized medical management.

Pancreas

Type I Insulin Dependent Diabetes Mellitus (IDDM) secondary to traumatic or surgical removal of the pancreas where alternative medical management is no longer possible in order to permit reasonable activities of daily living. Suitable documentation showing this status

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(F) continued

Pancreas continued

must be provided. The presence of associated progressive life threatening complications of Type I IDDM, such as retinopathy and peripheral vascular disease, would impact consideration and would have to be individually evaluated.

Bone Marrow

For the treatment of certain diseases where it has come to represent a standard approach to treatment of the disease such as lymphomas and leukemias. Not approved for the treatment of diseases which the Department considers to still be of an investigative or research nature.