



## PROVIDER POLICIES & PROCEDURES

### ORGAN TRANSPLANT WAITING LIST

The primary purpose of this document is to outline the requirements for the listing of individuals covered under the HUSKY Health Program on multiple organ transplant waiting lists.

Over 100,000 individuals are currently waiting to receive an organ transplant. In 1984, the National Organ Transplant Act (NOTA) called for an Organ Procurement and Transplantation Network (OPTN) to be created and run by a private, non-profit organization under a federal contract. OPTN is a national organ sharing system to guarantee fairness in the allocation of organs for transplant.

The United Network for Organ Sharing (UNOS) was first awarded the national OPTN contract in 1986 by the U.S. Department of Health and Human Services. UNOS maintains a database of all individuals waiting for kidney, heart, liver, lung, intestine and multiple-organ transplants.

#### Transplant Evaluation

Prior authorization is not required for transplant evaluations if providers and facility are enrolled in the Connecticut Medical Assistance Program (CMAP). Individuals are evaluated by a transplant team who determines if the individual is an appropriate candidate for the transplant wait listing. The rules governing the waiting list vary by organ.

Note: Special accommodations are given to children under certain circumstances.

#### Waiting List

There is no ranking or order until there is a donor, as each donor's blood type, size and genetic characteristics are different. When a donor is entered into the national computer system:

- All transplant candidates on the waiting list that are **incompatible** with the donor because of blood type, height, weight and other medical factors are automatically **screened out** as a potential match.
- A computer application then determines the order that the other candidates will receive offers, according to national policies.
- Local candidates are screened for compatibility when an organ becomes available in their community.

There are 58 organ procurement organizations (OPOs) and 11 geographic regions in the U.S that are used for organ allocation.

1. With the exception of perfectly-matched kidneys and the most urgent liver cases, first priority goes to the individuals at transplant hospitals located within the OPO. Connecticut is currently serviced by two OPOs: (1) Life Choice Donor Services; and (2) New England Organ Bank.
2. Next in priority are the individuals in areas served by nearby OPOs within the same geographical region.

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3. Finally, if no individuals in these communities can use the organ, it is offered to individuals in other regions throughout the U.S.

### **Multiple Waiting Lists**

Sometimes individuals choose to register for a transplant at more than one hospital. If an individual is put on the transplant wait list at more than one hospital, they will be considered for donor organs per OPO guidelines.

Individuals may switch to a different transplant hospital and transfer their waiting time to that hospital. Waiting time from the original center is added to the time collected at the new hospital.

### **POLICY**

National policy allows an individual to register for a transplant at more than one transplant hospital. However, each hospital may have its own rules for allowing its patients to be on the list at another hospital. If an individual is considering listing at multiple facilities, it is their responsibility to inquire at the transplant hospital if this is allowed. Being listed in more than one area does not guarantee an organ will become available faster than for individuals registered at only one transplant hospital. Generally, each hospital will require the individual to go through a separate evaluation, even if the individual is already listed at another hospital. Per the Connecticut Department of Social Services (DSS), individuals may be listed on multiple waiting lists with the following limitations:

- Each hospital must be located within a **different** organ procurement organization (OPO).
- All hospitals and providers must be enrolled in the Connecticut Medical Assistance Program (CMAP).
- The individual must confirm that each hospital allows multiple listings.
- The individual must be able to be transported to the donating facility within the required time frame for transplantation.

### **PROCEDURE**

The Community Health Network of CT, Inc. (CHNCT) Intensive Care Manager (ICM) will inform each hospital when an individual is listed on other hospital waiting lists.

Prior authorization is required for organ transplant wait listing.

#### **The following information is needed for review:**

- Letter of medical necessity;
- Supporting clinical documentation; and
- Living donor information if donor is covered by HUSKY Health Program.

### **EFFECTIVE DATE**

This Policy is effective for individuals covered under the HUSKY Health Program beginning May 1, 2015.

### **DEFINITIONS**

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1. **HUSKY A:** Connecticut children and their parents or a relative caregiver; and pregnant women may qualify for HUSKY A (also known as Medicaid). Income limits apply.
2. **HUSKY B:** Uninsured children under the age of 19 in higher income households may be eligible for HUSKY B (also known as the Children’s Health Insurance Program) depending on their family income level. Family cost-sharing may apply.
3. **HUSKY C:** Connecticut residents who are age 65 or older or residents who are ages 18-64 and who are blind, or have another disability, may qualify for Medicaid coverage under HUSKY C (this includes Medicaid for Employees with Disabilities (MED-Connect), if working). Income and asset limits apply.
4. **HUSKY D:** Connecticut residents who are ages 19-64 without dependent children and who: (1) do not qualify for HUSKY A; (2) do not receive Medicare; and (3) are not pregnant, may qualify for HUSKY D (also known as Medicaid for the Lowest-Income populations).
5. **HUSKY Health Program:** The HUSKY A, HUSKY B, HUSKY C, HUSKY D and HUSKY Limited Benefit programs, collectively.
6. **HUSKY Limited Benefit Program or HUSKY, LBP:** Connecticut’s implementation of limited health insurance coverage under Medicaid for individuals with tuberculosis or for family planning purposes and such coverage is substantially less than the full Medicaid coverage.
7. **Medically Necessary or Medical Necessity:** (as defined in Connecticut General Statutes § 17b-259b) Those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1) Consistent with generally-accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease; (3) not primarily for the convenience of the individual, the individual's health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition.
8. **Prior Authorization:** A process for approving covered services prior to the delivery of the service or initiation of the plan of care based on a determination by CHNCT as to whether the requested service is medically necessary.

## REFERENCES

- U.S. Department of Health and Human Services Organ Procurement Network. About Transplantation: How organ allocation works. Available at: <http://optn.transplant.hrsa.gov/learn/about-transplantation/how-organ-allocation-works/> Accessed on March 29, 2015.
- United Network for Organ Sharing. Organ Procurement and Transplantation Network (OPTN). Available at: <http://www.unos.org/donation/index.php?topic=optn> Accessed on March 29, 2015.
- U.S. Department of Health and Human Services. Organ Procurement Organizations. Available at: <http://organdonor.gov/materialsresources/materialsopolist.html> Accessed on March 30, 2015.

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## PUBLICATION HISTORY

Status	Date	Action Taken
Original Publication	May 1, 2015	Approved by DSS on April 6, 2015.
Reviewed	June 15, 2015	Clinical Quality Subcommittee Review. Approved at the June 2015 Clinical Quality Subcommittee meeting.
Updated	August 2015	Updated definitions for HUSKY A, B, C and D programs at request of DSS.
Updated	March 2016	Updates to language throughout policy to reflect importance of person-centeredness. Changes approved at the March 21, 2016 Clinical Quality Subcommittee meeting. Approved by DSS on April 26, 2016.
Updated	March 2017	Update to Procedure section. Added need for living donor Information if living donor is covered under the HUSKY Health Program. Change approved at the March 8, 2017 Medical Review Policy Committee. Approved by Clinical Quality Subcommittee on March 20, 2017. Approved by DSS On March 27, 2017.

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