STANDARDS FOR THE COVERAGE OF ORGAN TRANSPLANT SERVICES

~~The following organ and tissue transplant procedures are covered:~~

~~1. bone marrow~~
~~2. stern cells~~
~~3. cornea~~
~~4. heart~~
~~5. kidney~~
~~6. liver~~
~~7. lung~~
~~8. simultaneous pancreas kidney (SPK)~~
~~9. pancreas after kidney (PAK)~~
~~10. heart-lung.~~

The following ~~conditions must be met~~ standards and limitations apply to organ transplant services:

a. all transplantation services, except kidney and cornea, must be prior authorized;
b. all procedures are reviewed and prior authorization is based upon appropriate medical criteria;
c. all organ transplants must be performed at a Medicare approved transplantation center;
d. procedures considered experimental or investigational are not covered.*; and
e. donor search and procurement services are covered for transplants consistent with the methods used by the Medicare program for organ acquisition costs.

*~~(Transplantations~~ Organ and tissue transplant procedures which are considered experimental and/or investigational procedures by the Federal Department of Health and Human Services (DHHS) are not covered ~~by the Agency's medical programs.)~~

~~Transplantations which are determined no longer experimental and/or investigational by DHHS will be reviewed by the Agency's Medical Advisory Committee and approved by the Agency's Board prior to coverage by the Agency's medical programs.~~