



Policy: FF.1005a  
Title: **Special Payments – Bone Marrow Transplant and Major Organ Transplant**  
Department: Claims Administration  
Section: Not Applicable

CEO Approval: /s/ Michael Hunn 04/04/2024

Effective Date: 01/01/2007

Revised Date: 04/01/2024

Applicable to: ☒ Medi-Cal  
☐ OneCare  
☐ PACE  
☐ Administrative

## I. PURPOSE

This policy describes the process by which CalOptima Health shall pay for a Covered Service related to a Bone Marrow Transplant, or Major Organ Transplant (MOT), rendered to a Health Network Member that is not included in the Health Network's Capitation Payment.

## II. POLICY

- A. CalOptima Health shall pay a Department of Health Care Services (DHCS)-approved Transplant Center or California Children's Services (CCS)-approved Special Care Center for Medically Necessary Covered Services related to an evaluation for a Bone Marrow Transplant, MOT, or related services for a Health Network Member, except a Member assigned to Kaiser, in accordance with the terms and conditions of this Policy.
  - 1. If the DHCS-approved Transplant Center has a letter of agreement or contract with CalOptima Health, CalOptima Health shall pay the DHCS-approved Transplant Center in accordance with the rates set forth in such letter of agreement or contract.
- B. CalOptima Health shall continue to capitate Kaiser Foundation Health Plan, Inc. (Kaiser) for Covered Services related to a Bone Marrow Transplant or MOT, for a Member assigned to Kaiser in accordance with the terms and conditions of this Policy.

## III. PROCEDURE

- A. Bone Marrow and Organ Transplant Reimbursement
  - 1. Transplant Evaluation Payment
    - a. CalOptima Health shall pay a DHCS-approved Transplant Center or CCS-approved Transplant Special Care Center for Covered Services related to an evaluation for a Bone Marrow Transplant, or MOT, or related services for a Health Network Member, except a Member assigned to Kaiser, that meet the following criteria:
      - i. The Health Network Member meets all criteria for transplant coverage as set forth in CalOptima Health Policy GG.1105: Coverage of Organ and Tissue Transplants; and

- ii. CalOptima Health authorized such Covered Services, in accordance with CalOptima Health Policies GG.1313: Coordination of Care for Transplant Members and GG.1508: Authorization and Processing of Referrals.
- b. A DHCS-approved Transplant Center or CCS-approved Transplant Special Care Center shall submit claims to CalOptima Health using the appropriate CMS1500, or UB04, Form, in accordance with CalOptima Health Policy FF.2001: Claims Processing for Covered Services for which CalOptima Health is Financially Responsible, and shall mail such claim to:  
  
 ATTN: Special Claims Unit  
 CalOptima Health  
 505 City Parkway West  
 Orange CA 92868
- c. CalOptima Health shall pay such claims, in accordance with CalOptima Health Policy FF.2001: Claims Processing for Covered Services for which CalOptima Health is Financially Responsible.
- d. A DHCS-approved Transplant Center or CCS-approved Transplant Special Care Center shall submit claims for Covered Services that are not related to the transplant evaluation to the Member's Health Network, in accordance with policies established by the Health Network.

#### **IV. ATTACHMENT(S)**

- A. CMS1500 Claims Form
- B. UB04 Claims Form

#### **V. REFERENCE(S)**

- A. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
- B. CalOptima Health Contract for Health Care Services
- C. CalOptima Health Policy FF.1003: Payment for Covered Services Rendered to a Member for which CalOptima Health is Financially Responsible
- D. CalOptima Health Policy FF.1007: Health Network Reinsurance Coverage
- E. CalOptima Health Policy FF.2001: Claims Processing for Covered Services for which CalOptima Health is Financially Responsible
- F. CalOptima Health Policy GG.1105: Coverage of Organ and Tissue Transplants
- G. CalOptima Health Policy GG.1313: Coordination of Care for Transplant Members
- H. CalOptima Health Policy GG.1508: Authorization and Processing of Referrals
- I. Department of Health Care Services (DHCS), All Plan Letter (APL) 21-015: Benefit Standardization and Mandatory Managed Care Enrollment Provisions of the California Advancing and Innovating Medi-Cal Initiative (Revised 10/14/2022)

#### **VI. REGULATORY AGENCY APPROVAL(S)**

<b>Date</b>	<b>Regulatory Agency</b>	<b>Response</b>
09/15/2010	Department of Health Care Services (DHCS)	Approved as Submitted
12/10/2010	Department of Health Care Services (DHCS)	Approved as Submitted

<b>Date</b>	<b>Regulatory Agency</b>	<b>Response</b>
05/03/2022	Department of Health Care Services (DHCS)	File and Use Attestation

## **VII. BOARD ACTION(S)**

None to Date

## **VIII. REVISION HISTORY**

<b>Action</b>	<b>Date</b>	<b>Policy</b>	<b>Policy Title</b>	<b>Program(s)</b>
Effective	11/01/2001	FF.1107	Bone Marrow & Organ Transplant Reimbursement	Medi-Cal
Retired	01/01/2007	FF.1107	Bone Marrow & Organ Transplant Reimbursement	Medi-Cal
Revised	01/01/2007	FF.1005a	Special Payments – Bone Marrow Transplant and Solid Organ Transplant	Medi-Cal
Revised	08/01/2010	FF.1005a	Special Payments – Bone Marrow Transplant and Solid Organ Transplant	Medi-Cal
Revised	03/01/2012	FF.1005a	Special Payments – Bone Marrow Transplant and Solid Organ Transplant	Medi-Cal
Revised	03/01/2019	FF.1005a	Special Payments – Bone Marrow Transplant and Solid Organ Transplant	Medi-Cal
Revised	08/01/2020	FF.1005a	Special Payments – Bone Marrow Transplant and Solid Organ Transplant	Medi-Cal
Revised	06/01/2021	FF.1005a	Special Payments – Bone Marrow Transplant and Solid Organ Transplant	Medi-Cal
Revised	04/01/2022	FF.1005a	Special Payments – Bone Marrow Transplant and Major Organ Transplant	Medi-Cal
Revised	02/01/2023	FF.1005a	Special Payments – Bone Marrow Transplant and Major Organ Transplant	Medi-Cal
Revised	04/01/2024	FF.1005a	Special Payments – Bone Marrow Transplant and Major Organ Transplant	Medi-Cal

## IX. GLOSSARY

Term	Definition
Bone Marrow Transplant	A procedure in which a patient's bone marrow is destroyed by chemotherapy or radiotherapy and replaced with new bone marrow from a Donor. The Donor may be the patient, a sibling with human histocompatibility antigens (HL-A) identical to the patient's, or a matched unrelated donor (MUD) with human histocompatibility antigens (HL-A) that meet Department of Health Care Services (DHCS) standards.
Capitation Payment	The monthly amount paid to a Health Network by CalOptima Health for delivery of Covered Services to Members, which is determined by multiplying the applicable capitation rate by a Health Network's monthly enrollment based upon Aid Code, age, and gender.
Covered Services	<p>Those health care services, set forth in W&amp;I sections 14000 et seq. and 14131 et seq., 22 CCR section 51301 et seq., 17 CCR section 6800 et seq., the Medi-Cal Provider Manual, the California Medicaid State Plan, the California Section 1115 Medicaid Demonstration Project, this Contract, and APLs that are made the responsibility of Contractor pursuant to the California Section 1915(b) Medicaid Waiver authorizing the Medi-Cal managed care program or other federally approved managed care authorities maintained by DHCS.</p> <p>Covered Services do not include:</p> <ol style="list-style-type: none"> <li>1. Home and Community-Based Services (HCBS) program as specified in Exhibit A, Attachment III, Subsections 4.3.15 (Services for Persons with Developmental Disabilities), 4.3.20 (Home and Community-Based Services Programs) regarding waiver programs, 4.3.21 (In-Home Supportive Services), and Department of Developmental Services (DDS) Administered Medicaid Home and Community-Based Services Waiver. HCBS programs do not include services that are available as an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) service, as described in 22 CCR sections 51184, 51340 and 51340.1. EPSDT services are covered under this Contract, as specified in Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services), Subsection F4 regarding services for Members less than 21 years of age. Contractor is financially responsible for the payment of all EPSDT services;</li> <li>2. California Children's Services (CCS) as specified in Exhibit A, Attachment III, Subsection 4.3.14 (California Children's Services), except for Contractors providing Whole Child Model (WCM) services;</li> <li>3. Specialty Mental Health Services as specified in Exhibit A, Attachment III, Subsection 4.3.12 (Mental Health Services);</li> <li>4. Alcohol and SUD treatment services, and outpatient heroin and other opioid detoxification, except for medications for addiction treatment as specified in Exhibit A, Attachment III, Subsection 4.3.13 (Alcohol and Substance Use Disorder Treatment Services);</li> <li>5. Fabrication of optical lenses except as specified in Exhibit A, Attachment III, Subsection 5.3.7 (Services for All Members);</li> <li>6. Direct Observed Therapy for Treatment of Tuberculosis (TB) as specified in Exhibit A, Attachment III, Subsection 4.3.18 (Direct Observed Therapy for Treatment of Tuberculosis);</li> <li>7. Dental services as specified in W&amp;I sections 14131.10, 14132(h), 14132.22, 14132.23, and 14132.88, and EPSDT dental services as described in 22 CCR section 51340.1(b). However, Contractor is responsible for all Covered</li> </ol>

Term	Definition
	<p>Services as specified in Exhibit A, Attachment III, Subsection 4.3.17 (Dental) regarding dental services;</p> <p>8. Prayer or spiritual healing as specified in 22 CCR section 51312;</p> <p>9. Educationally Necessary Behavioral Health Services that are covered by a Local Education Agency (LEA) and provided pursuant to a Member's Individualized Education Plan (IEP) as set forth in Education Code section 56340 et seq., Individualized Family Service Plan (IFSP) as set forth in California Government Code (GC) section 95020, or Individualized Health and Support Plan (IHSP). However, Contractor is responsible for all Medically Necessary Behavioral Health Services as specified in Exhibit A, Attachment III Subsection 4.3.16 (School-Based Services);</p> <p>10. Laboratory services provided under the State serum alpha-feto-protein-testing program administered by the Genetic Disease Branch of California Department of Public Health (CDPH);</p> <p>11. Pediatric Day Health Care, except for Contractors providing Whole Child Model (WCM) services;</p> <p>12. State Supported Services;</p> <p>13. Targeted Case Management (TCM) services as set forth in 42 USC section 1396n(g), W&amp;I sections 14132.48 and 14021.3, 22 CCR sections 51185 and 51351, and as described in Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services). However, if Members less than 21 years of age are not eligible for or accepted by a Regional Center (RC) or a local government health program for TCM services, Contractor must ensure access to comparable services under the EPSDT benefit in accordance with APL 23-005;</p> <p>14. Childhood lead poisoning case management provided by county health departments;</p> <p>15. Non-medical services provided by Regional Centers (RC) to individuals with Developmental Disabilities, including but not limited to respite, out-of-home placement, and supportive living;</p> <p>16. End of life services as stated in Health and Safety Code (H&amp;S) section 443 et seq., and APL 16-006; and</p> <p>17. Prescribed and covered outpatient drugs, medical supplies, and enteral nutritional products when appropriately billed by a pharmacy on a pharmacy claim, in accordance with APL 22-012.</p>
Department of Health Care Services (DHCS)-approved Transplant Center	<p>Facilities that are approved by the Department of Health Care Services (DHCS) to provide specific Transplant services. For renal transplants, a DHCS-approved Transplant Center is a facility that:</p> <ol style="list-style-type: none"> <li>1. Is certified for, and participates in, the Medicare program; and</li> <li>2. Meets standards established by DHCS and is certified by DHCS to participate in the Medi-Cal program.</li> </ol>
Donor	For the purposes of this policy, refers to an individual who undergoes a surgical operation for the purpose of donating a body organ or human tissue or cells for Transplant.
Health Network	A Physician Hospital Consortium (PHC), physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima Health to provide Covered Services to Members assigned to that Health Network.
Health Network Member	A Member who is enrolled in or receives Covered Services from a Health Network.

<b>Term</b>	<b>Definition</b>
Major Organ Transplant	<p>A transplant for:</p> <ol style="list-style-type: none"> <li>1. Heart;</li> <li>2. Heart and lung;</li> <li>3. Lung;</li> <li>4. Bone marrow;</li> <li>5. Liver;</li> <li>6. Small bowel;</li> <li>7. Kidney;</li> <li>8. Pancreas;</li> <li>9. Autologous islet cell;</li> <li>10. Combined liver and kidney;</li> <li>11. Combined liver and small bowel; and/or</li> <li>12. Combined kidney and pancreas.</li> </ol>
Medically Necessary or Medical Necessity	<p>Reasonable and necessary Covered Services to protect life, to prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, as required under W&amp;I Code 14059.5(a) and Title 22 CCR Section 51303(a). Medically Necessary services shall include Covered Services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity.</p> <p>For Members under 21 years of age, a service is Medically Necessary if it meets the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standard of medical necessity set forth in Section 1396d(r)(5) of Title 42 of the United States Code, as required by W&amp;I Code 14059.5(b) and W&amp;I Code Section 14132(v). Without limitation, Medically Necessary services for Members under 21 years of age include Covered Services necessary to achieve or maintain age-appropriate growth and development, attain, regain or maintain functional capacity, or improve, support or maintain the Member's current health condition. CalOptima Health shall determine Medical Necessity on a case-by-case basis, taking into account the individual needs of the child.</p>
Member	<p>A Medi-Cal eligible beneficiary as determined by the County of Orange Social Services Agency, the California Department of Health Care Services (DHCS) Medi-Cal Program, or the United States Social Security Administration, who is enrolled in the CalOptima Health program.</p>