

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 3.1-E

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STANDARDS FOR THE COVERAGE OF ORGAN TRANSPLANT SERVICES

- A. Transplants and associated fees to be reimbursed by Nevada Medicaid:
1. Corneal;
 2. Kidney;
 3. Liver; and
 4. Bone marrow.
- B. The following transplants are not covered by Nevada Medicaid and associated fees relating to the transplants are not to be reimbursed by Nevada Medicaid.
1. Heart;
 2. Heart/Lung;
 3. Heart/Liver
 4. Pancreas; nor
 5. Post surgical care, which directly and unequivocally relates to the transplant, will not be reimbursed. For example:
 - a. Hospital admission for transplant;
 - b. Physician fees for transplant;
 - c. All other ancillary charges included for acute care related to the original admission for transplant; or
 - d. Capture of live or cadaveric organ for any transplant.
- C. The Quality Improvement Organization-like vendor under contract with Nevada Medicaid will be responsible for transplant approval for program eligibles based on written Medicare criteria when appropriate, the following Medicaid criteria, and on medical judgment of recipient appropriateness.

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Transplants will not be approved if they are not medically necessary and if:

1. The procedure is specified as experimental by the National Institutes of Health;
2. Another procedure costing less or which is less risky will achieve the same result;
3. The transplant will not make a difference in the recipient's health and performing the transplant will merely serve an academic purpose.
4. The transplant is relatively unsafe given the age and prognosis of the recipient;
and
5. The transplant does not meet appropriate Medicare criteria.

Determination of acceptability for transplants will not be made on the basis of race, color, sex, national origin, handicapping condition, or age except as given in the above criteria.

- D. In the absence of a familial or unrelated organ donor, organs must be procured from an Organ Procurement Organization meeting the requirements of 42 CFR 486. Organ donor search and match services will be approved for payment by Nevada Medicaid or its vendor(s) at negotiated rates.

If transplant services are not available in Nevada, out-of-state services may be approved, including transportation, evaluation, transplant, and follow-up services.

Payment for transportation will be prior authorized by Nevada Medicaid or its vendor(s) to and from an approved transplant facility for all covered medically necessary transplant services.

State/Territory: NevadaCitation 3.1
42 CFR 431.110(b)
AT-78-90(g) Participation by Indian Health Service Facilities

Indian Health Service facilities are accepted as providers, in accordance with 42 CFR 431.110(b), on the same basis as other qualified providers.

1902 (e) (9) of
the Act,
P.L. 99-509
(Section 9408)(h) Respiratory Care Services for Ventilator-Dependent Individuals

Respiratory care services, as defined in section 1902 (e) (9) (C) of the Act, are provided under the plan to individuals who

(1) Are medically dependent on a ventilator for life support at least six hours per day;

(2) Have been so dependent as inpatients during a single stay or a continuous stay in one or more hospitals, SNFs or ICFs for the lesser of –

 X 30 consecutive days;

 days (the maximum number of inpatient days allowed under the State plan);

(3) Except for home respiratory care, would require respiratory care on an inpatient basis in a hospital, SNF or ICF for which Medicaid payments would be made;

(4) Have adequate social support services to be cared for at home; and

(5) Wish to be cared for at home.

 X Yes. The requirements of section 1902 (e) (9) of the Act are met.

 Not applicable. These services are not included in the plan.