


<b>MEDICAL POLICY STATEMENT</b>		
Effective Date	Next Annual Review Date	Last Review / Revision Date
4/14/2004	7/2012	7/2011
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CSMG Medical Policy Statements are derived from literature based and supported clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services are those health care services or supplies which are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative and are not provided mainly for the convenience of the member or provider.

## **A. SUBJECT**

Accommodation During Transplant Surgery

## **B. BACKGROUND**

Transplant services frequently require regional or long distance travel due to requirements of CareSource's participation in a transplant network. To facilitate transplant services at a network facility, accommodations may be required for an accompanying family member. CareSource will reimburse according to the following policy.

## **C. POLICY**

**For Special Needs Plan members, reference the below link to search for Applicable National Coverage Descriptions (NCD) and Local Coverage Descriptions (LCD):**

Reimbursement will be provided for accommodations of one immediate family member of a CareSource member undergoing transplant surgery when the member is directed to an approved network transplant center. The following conditions apply:

- Prior authorization is required
- The transplant facility is located outside the local area of the member and family
- Housing not covered by transplant network reimbursement agreements will be arranged and provided by CareSource
- All existing resources for low cost or no-cost accommodation will be explored first, such as Ronald McDonald house, hospital housing, etc.
- Accommodations will be capped at a per-diem rate and time limitation that will be determined and adjusted annually
- Accommodations for additional family members will not be reimbursed
- Travel arrangements are addressed under a separate policy

All receipts must be submitted and will be reviewed to determine reimbursement level.

**If there is no LCD or NCD present reference the CSMG Policy for coverage.**

## **D. REVIEW / REVISION HISTORY**

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Date Issued: 4/14/2004

Date Revised: 7/2007

Date Reviewed: 7/1/2009, 7/2011

## **E. REFERENCES**

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1. Ohio Provider Agreement for Managed Care Plans Appendix G 2.b.vi.; Ohio Administrative Code (OAC) 5101:3-2-03; OAC 5101:3-2-07.1
2. MDCH Contract Statement of Work Section II – H.12; MDCH Provider Manual; Billing and Reimbursement for Institutional Providers Section 5.14

The Medical Policy Statement detailed above has received due consideration as defined in the Medical Policy Statement Policy and is approved.