



# NETWORK *Notification*

**Notice Date:** December 30, 2020  
**To:** CareSource Providers  
**From:** CareSource  
**Subject:** Transplant Services Reimbursement

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## **Summary**

CareSource occasionally receives questions regarding how we reimburse transplant services. The follow summary provides information about current reimbursement processes for transplant claims. Note that these processes are not changes to current practice.

## **Importance**

### **Ohio Medicaid Transplants**

CareSource follows all processing requirements as stated in the [Ohio Administrative Code \(OAC\)](#) and UB04 Billing Manual.

Below are a few highlights for OH Medicaid claims. Additional detail may be found in the OAC rules or the [UB04 Billing Manual](#).

- The Ohio Department of Medicaid (ODM) requires prior authorization for transplants. As stated in the ODM Office of Policy, Hospital Billing Guidelines, prior authorization for transplants must be requested directly from the appropriate consortium; Ohio Solid Organ Transplantation Consortium or Ohio Hematopoietic Stem Cell Transplant Consortium.
- In order to receive reimbursement for organ acquisition charges, the charges must be reported using revenue center code 081x for the transplant procedure that performed according to Medicare guidelines. Please note that kidney transplants are not subject to additional reimbursement for organ acquisition.

### **Ohio MyCare and Medicare Transplants**

Ohio MyCare and Medicare transplants follow CMS rules for billing and reimbursement.

Below are a few highlights:

- All transplants require authorization.
- In order to receive reimbursement for organ acquisition charges, the charges must be reported using revenue center code 810 – Organ Acquisition, General Classification or for Medicare the appropriate revenue center code.
- CareSource recommends submitting the D4 Worksheet (CMS-2552-10) with the transplant claim to ensure appropriate organ reimbursement amounts. Documents and/or claims can be submitted through the provider portal or sent via standard mail.
- CareSource applies the most recently received D4 Worksheet submitted by providers to process and price the claim.

- If no D4 Worksheet exists, for current claim or any prior transplant claims, the claim line for the organ charge is denied. The claim will process using the MS DRG payment.
- The following HIPAA compliant codes will be used to indicate no D4 Worksheet on file.
  - CARC = A1 Claim/Service denied
  - RARC = N806 Payment is included in the Global transplant allowance

**Ohio Marketplace Transplants**

- Marketplace transplants must be approved, priced, and submitted by:
  - Cigna
  - Optum
  - LifeTrac
  - 6 Degrees
- Claims will reimburse per provided pricing and plan benefit.

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