



NETWORK *Notification*

Notice Date: March 11, 2021
To: Ohio Providers
From: CareSource
Subject: Transplant Services Reimbursement Update

Summary

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

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 Ohio 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: the Ohio Solid Organ Transplantation Consortium or the 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 was performed according to Medicare guidelines. Please note that kidney transplants are not subject to additional reimbursement for organ acquisition.
- If the recipient and donor are Medicaid-eligible, claims should be submitted and reimbursed under the recipient Medicaid ID. If the donor is not Medicaid eligible, claims should still be submitted under the recipient's Medicaid ID.

Ohio MyCare and Medicare Transplants

Ohio MyCare and Medicare transplants follow Centers for Medicare & Medicaid Services (CMS) rules for billing and reimbursement.

Below are a few highlights for Ohio MyCare and Medicare claims:

- All transplants require authorization.
- In order to receive reimbursement for organ acquisition charges, the charges must be reported using revenue center code 8010 – 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
- If the recipient and donor are Medicaid-eligible, claims should be submitted and reimbursed under the recipient Medicaid ID. If the donor is not Medicaid eligible, claims should still be submitted under the recipient's Medicaid ID.

Ohio MyCare and Medicare Transplants

Below are a few highlights for Ohio Marketplace claims:

- Marketplace transplants must be approved, priced, and submitted by:
 - Cigna
 - Optum
 - LifeTrac
 - 6 Degrees
- Claims will reimburse per provided pricing and plan benefit.
- If the recipient and donor are Medicaid-eligible, claims should be submitted and reimbursed under the recipient Medicaid ID. If the donor is not Medicaid eligible, claims should still be submitted under the recipient's Medicaid ID.

Questions

For questions, please contact Provider Services at **1-800-488-0134** (Monday through Friday, 8 a.m. to 6 p.m. EST).

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