



PROVIDER Update



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Follow Organ Transplant Referral and Authorization Process to Avoid Delays

Transplant centers submit requests for authorization to the Centene Centralized Transplant Unit (CTU)

Physicians and other providers must follow the below organ transplant referral and authorization processes for each specified line of business.

Medi-Cal organ transplant process for members under age 21

All transplant services for CalViva Health Medi-Cal members under age 21 are coordinated through California Children's Services (CCS). The Plan is not responsible for payments related to any transplant or post-transplant care for Medi-Cal members under age 21, as these services are carved out to the CCS program.

Medi-Cal members under age 21 with CCS-eligible conditions who require transplants must be referred to CCS. The Plan assists to ensure timely referral to the CCS program.

A primary care physician (PCP) or specialist who identifies a member as a potential candidate for transplant services must submit a referral to the appropriate CCS program office and request prior authorization for a pre-transplant evaluation at a CCS-approved facility. If the CCS program office deems the member to be a potential candidate, the transplant physician must submit a Service Authorization Request (SAR) in a timely manner to the appropriate CCS program office and coordinate services with the CCS case manager. If the CCS program determines that the member is not eligible for the CCS program, but the transplant service is medically necessary, the Plan will be responsible for authorizing the transplant service, as appropriate.

Medi-Cal organ transplants for members ages 21 and over

All organ transplants are covered under the Plan Medi-Cal contract. **There is no participating physician group (PPG) delegation for Medi-Cal transplant services.**

The Plan covers the cost of medically necessary, non-experimental and non-investigative organ and stem cell transplants at Medi-Cal approved, Plan Transplant Performance Centers (Centers). Service requests are evaluated on a case-by-case basis and **must be prior authorized through the Plan.**

THIS UPDATE APPLIES TO:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

PROVIDER SERVICES

888-893-1569
www.healthnet.com

PROVIDER PORTAL

provider.healthnetcalifornia.com

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Referral process for solid organ transplant and bone marrow transplant for members ages 21 and over

A PCP, specialist or PPG who identifies a member as a potential candidate for transplant services must provide applicable medical records to a Medi-Cal approved, Plan Transplant Performance Center (Center) for transplant evaluation.

The Center must submit a prior authorization request for the evaluation to the Centene Centralized Transplant Unit (CTU) through the provider portal, or via fax directly to the CTU at 833-769-1141. On receipt of a request for a transplant, the CTU contacts the Center to request any necessary medical records to complete the clinical review. Once complete medical records are received, a review is performed to establish medical necessity. If approved, the Center is notified and provided an authorization number for the evaluation.

Once a member has completed an evaluation, and is approved by the Center for transplant, the Center must submit a prior authorization request for listing to the Centene CTU through the provider portal, or via fax directly to the CTU at 833-769-1141. On receipt of a request for a listing, the CTU contacts the Center or other provider to request any necessary medical records to complete the clinical review. Once complete medical records are received, a review is performed to establish medical necessity. If approved, the Center is notified and provided an authorization number.

Submit CAR-T cell therapy, corneal transplant, tissue transplant, pancreatic islet cell auto-transplant after pancreatectomy, or parathyroid auto-transplant after thyroidectomy requests directly to the Plan.

Additional information

Relevant sections of the provider operations manuals have been revised to reflect the information contained in this update as applicable. Provider operations manuals are available electronically in the Provider Library after logging in to the provider website at provider.healthnetcalifornia.com > *Provider Library* under Quick Links, or go directly providerlibrary.healthnetcalifornia.com.

Providers are encouraged to access the provider portal online at provider.healthnet.com for real-time information, including eligibility verification, claims status, prior authorization status, plan summaries, and more.

If you have questions regarding the information contained in this update, contact CalViva Health at 888-893-1569.