

Division of Medicaid State of Mississippi Provider Policy Manual	New: Revised: X Current:	Effective Date: 12/01/10
Section: Transplants	Section: 28.15	
Subject: Reimbursement	Pages: 1	Cross Reference:

The Division of Medicaid will pay routine benefits for all covered medically necessary solid organ and hematopoietic stem cell transplants. These include, but are not limited to: autologous, syngeneic, or allogeneic hematopoietic stem cells (whether derived from marrow or peripheral blood), cornea, heart, heart/lung, kidney, liver, and lung. Transplant services will be reimbursed only when provided in a DOM approved facility. All transplants require prior approval with the exception of kidney, cornea, and bone marrow/peripheral stem cell transplants. Benefits are provided in accordance with the Mississippi Medicaid program. A kidney transplant done in conjunction with a pancreas transplant will be reimbursed as a kidney transplant only. Pancreas transplants are not covered.

For services not available in Mississippi, the Division of Medicaid may pay a reasonable enhanced reimbursement for the transplant services to ensure access to care for adults and children. The transplant reimbursement rate may be inclusive of all charges for covered hospital and physician services provided during the transplant admission (inpatient or outpatient).

The days included in the transplant hospital stay will not count against the thirty (30) day limit for inpatient hospital care.