Transplant Prior Authorization Form Guide & FAQs

The purpose of this form is to streamline the authorization process and standardize all the information needed in one easy-to-use format. This form is designed to support you with requesting a complete and accurate prior authorization (PA), allowing for timely processing of your request so that you can focus on our shared priority - providing high-quality care to your Neighborhood patients.

All supporting documents must be attached to the request. Failure to include supporting documentation or respond to requests for additional documentation may result in a delay in processing or denial.

Out-of-network and in-network providers should use the Transplant Prior Authorization Form, not the Out of Network Prior Authorization Form.

Avoid the most common errors that can result in processing delays or denial of PA requests:

- Insufficient or missing supporting documentation review.
- Illegible or incomplete request form and/or supporting documentation.
- Requesting services without supporting medical necessity.

Be sure to write legibly.

1. **Member Information:** This section must be filled out completely.
2. **Referring Provider Information:** This section must be filled out completely. Ensure the fax number is the number where the authorization approval/denial can be faxed to.
3. **Transplant Facility Information:** This section must be filled out completely. Ensure the fax number is the number where the authorization approval/denial can be faxed to.
4. **Transplant Coordinator Information:** This section must be filled out completely. Ensure the contact information provided is to someone that will be available to answer questions over the next 3-7 days.
5. **Clinical Information:**
    a. **Diagnosis & Diagnosis Code(s):** Primary diagnosis associated with the reason for the transplant.
    b. **Transplant institution's selection criteria has been met:** Indicate whether the member has been approved by the interdisciplinary team at the transplant facility for the requested transplant(s) in accordance with their regulatory and accreditation standards.
    c. **Date & Type of previous transplant:** If applicable, indicate any previous transplant procedure(s) the member has undergone and date(s).
6. **Transplant Information:**
    a. **Date(s) of Service:** This section must be filled out.
    b. **Date of Transplant:** Anticipated date the requested transplant will be performed.
    c. **If this is related to an existing authorization, please provide the authorization number:** Indicate any previous authorizations obtained from Neighborhood related to this transplant.
    d. **Type of Transplant:** Select the type of transplant being performed. If for more than one organ, please select the Multi-organ option and specify the organs.
7. **Setting & Request Type:** Choose **ONE** option under Outpatient ***or*** Inpatient. **Do not choose more than a TOTAL OF ONE OPTION** – authorizations cannot be built to cover inpatient and outpatient services in the same authorization.
    See the FAQ's section for guidance on what each authorization covers.

a. **Evaluation:** Combination of office visits and diagnostic testing to evaluate the member for transplant candidacy.
   NOTE: If member is inpatient, these codes will pay as part of the inpatient claim if there is an approved inpatient authorization in place.
b. **Listing:** Select once member has been deemed appropriate by the clinical team for transplant services and needs to be listed or annually renewed on the applicable transplant waitlist.
c. **Transplant Procedure:** Select once member is admitted inpatient to undergo the transplant procedure and/or the blood or marrow treatment protocol.
d. **Post-Transplant Follow-Up:** Select once transplant procedure is complete. This will be an outpatient authorization that will allow for coverage of post-op office visits and diagnostic testing for 1 year after the transplant.

e. **If INPATIENT is chosen as the setting, please specify:**
   i. Indicate if the member is currently inpatient at the transplant facility.
   ii. Indicate if the requested service (eval, transplant, etc.) is being done during the current admission.
   iii. Provide the actual or planned admission date.

   *****If the member does not receive the transplant while inpatient, and continued follow-up for evaluation or listing is required, a new outpatient transplant prior authorization must be requested upon facility discharge.*****

8. **CPT/HCPCS Codes:** Indicate any specific CPT/HCPCS codes and units needed beyond the in-scope routine office visits, diagnostic testing, minor procedures, and genetic testing (applicable to the transplant).
9. **Clinical Trial, Investigational, Experimental Treatment Details:**
   a. Indicate if transplant services will be administered within context of an investigational, experimental or research protocol/clinical trial. If yes, complete the additional fields in the section.
      i. **Clinical Trial Number:** Use actual clinical trial number assigned. If there is an IDE #, please append it to the clinical trial number. **Attach copy of protocol(s).**
      ii. **Study's Sponsor**
   b. Indicate if investigational and/or (non-FDA approved) technology, device(s), services, or treatments (non- routine care) will be utilized. If yes, please specify.
10. **Required Information/Documentation:** Specifies the supporting documentation to submit with the authorization request depending on request type.

Frequently Asked Questions

What is changing with the Transplant prior notification/authorization process?

A transplant program notification process is required for all potential and deemed transplant candidates. The transplant program will be required to submit a completed Transplant Prior Authorization Form that provides specific clinical information at the time of:

1. EVALUATION: Prior to the first scheduled visit for a potential transplant candidate's evaluation period

AND

2. LISTING/PROCEDURE: When the evaluation period is completed and the member has been approved by the interdisciplinary team at the transplant facility for the requested transplant(s) in accordance with their regulatory and accreditation standards.
    a. LISTING (INITIAL AND RECERTIFICATION): The member will be placed or annually renewed on the national waiting list.
    b. PROCEDURE: The member is admitted to the facility to undergo the transplant procedure or started on the blood or marrow treatment protocol.

AND

3. POST TRANSPLANT COMPLETION: Select once transplant procedure is complete for ongoing outpatient follow-up care.

What are the goals for this process?

The goal for this process is to clarify and align the health plan administrative process with the actual clinical care process.

- Transplant center decision support.
- Transparency in clinical trial participation
- Administrative process alignment with clinical care process

Does the transplant facility have to be a Medicare-Approved Transplant Program to provide transplant services to a Neighborhood member?

Transplants for **INTEGRITY for Duals and Dual CONNECT** members must be performed in a facility with a Medicare-Approved Transplant Program for the type of transplant anticipated, if offered. Transplants involving more than one organ must be performed in a facility that offers a Medicare-Approved Transplant Program for each organ transplanted, if offered. If Medicare does not offer an approved program for a certain type of organ transplant procedure, this requirement does not apply, and you may use a facility that performs the procedure.

How long does Neighborhood take to decision an authorization request?

The answer to this depends on what plan the member is enrolled in and whether it is an inpatient admission or an outpatient authorization. In accordance with our regulatory requirements and accreditation standards, Neighborhood must decide on authorizations within the following timeframes from date of receipt:

	INTEGRITY for Duals Dual CONNECT	Medicaid	Commercial
Standard	7 Calendar Days	7 Calendar Days	15 Calendar Days
Expedited*	72 Hours	3 Calendar Days	3 Calendar Days
Inpatient Admission	3 Calendar Days	3 Calendar Days	1 Calendar Day
Post Service	N/A – Post Service requests are not allowed	30 Calendar Days	30 Calendar Days

* Requests should only be marked expedited (urgent) if applying the standard timeframe could seriously jeopardize the member's:

- Life or health, or
- Life, health, or safety of the member or others due to the member's psychological state, or
- Ability to regain maximum function based on a prudent layperson's judgement.

Non-urgent requests marked urgent will delay processing. Neighborhood does not recognize scheduling conflicts and procedural oversights as an urgent request.

What services are covered with each type of *Outpatient* Transplant authorization?

An **approved** outpatient authorization related to a transplant covers all the services below as long as the claims will be billed with the same servicing provider NPI that is on the authorization (which is usually the facility). **NOTE: Neighborhood does not cover Experimental and Investigational services, items, etc.**

Request Type	Solid Organ(s)	BMT
Evaluation	• Office Visits • Simple Diagnostic Procedures • Minor Outpatient Surgeries and Procedures (i.e., HLA Typing, etc.)	• Office Visits • Simple Diagnostic Procedures • Minor Outpatient Surgeries and Procedures • Genetic Testing (i.e., Chimerism, tissue cultures, chromosome analysis, STR markers, etc.)
Listing and/or Procedure	• Office Visits • Simple Diagnostic Procedures • Minor Outpatient Surgeries and Procedures • Transplant Procedure	• Office Visits • Simple Diagnostic Procedures • Minor Outpatient Surgeries and Procedures • Genetic Testing • Transplant Procedure
Post Transplant Follow-Up	• Office Visits • Simple Diagnostic Procedures • Simple Outpatient Surgeries and Procedures • Genetic Testing	• Office Visits • Simple Diagnostic Procedures • Simple Outpatient Surgeries and Procedures • Genetic Testing

What services are covered with *Inpatient* Transplant authorizations?

An **approved** inpatient level of care authorization covers all visits, services, testing, and procedures done during the inpatient stay only as long as the claims will be billed with the same servicing provider NPI on the authorization (which is usually the facility). If ongoing visits, testing, procedures, etc. are needed before or after admission, then a separate outpatient authorization is required.

NOTE: Neighborhood does not cover Experimental and Investigational services, items, etc.

Will the authorization cover visits, consults, testing, etc. with other specialists related to the transplant?

Yes, if the claims will be billed with the same servicing provider NPI on the authorization (which is usually the facility) the authorization will cover visits, consults, testing, etc. with other specialists related to the transplant. Please note that authorizations are built specifically to the provider NPI. Therefore, an authorization for Facility A will not cover services done at Facility B. A separate authorization must be obtained for Facility B.

- For example: An authorization with Boston Children's Hospital's NPI, will not cover services performed at Dana Farber Cancer Institute (DFCI), even if related to the same transplant. DFCI would need their own authorization.

How long are authorizations approved for?

The length of the approval depends on whether it is outpatient or inpatient and the request type.

Request Type	Outpatient	Inpatient Admission
Evaluation	1 year	Only for the days the member is inpatient
Listings and/or Procedure	1 year	
Post Transplant Follow-Up	1 year	N/A

The member has an approved transplant listing authorization, what needs to be done for the member to be admitted to inpatient level of care for the transplant procedure?

If the member has an approved transplant listing authorization, then the next notification Neighborhood needs is the notification of admission from the transplant facility once the member admits to inpatient level of care to undergo the transplant procedure.

Will an approved outpatient authorization still be valid if the member goes inpatient but does not have the transplant procedure?

Yes, the members outpatient authorization will remain valid until the provided expiration date.

Does Neighborhood's transplant authorization cover services that would normally be authorized by Evolent or New Century Health?

Neighborhood's transplant authorization does **not** cover services that would normally be authorized by Evolent or New Century Health. Separate authorizations will be required for those services from the applicable vendor.

Why does chimeric antigen receptor T-cell therapy (CAR-T) require an approved pharmacy authorization before we can submit for the medical authorization?

An approved pharmacy authorization for the biologic is required before authorization will be given for any CAR-T associated clinical services. This is because Neighborhood's pharmacy team and physicians must verify the clinical appropriateness of the treatment before the associated services can also be approved.

Information on Neighborhood's pharmacy prior authorization process and links to their forms can be found here: Pharmacy Information, Forms, & Resources.

If the authorization expires and a new authorization is needed, do you need all updated clinical information along with the authorization form again?

As clinical reviewers we understand that the member's condition is not going to improve without transplant. However, we do need updated clinical information whenever possible and/or formal communication that:

- You had a prior existing authorization; and
- You are submitting the same clinical you submitted the first time because there was no organ match available during the previous authorization period; and
- There has been no significant change.

What are the next steps if a transplant request is denied?

Do not submit additional clinical information or resubmit for authorization because we cannot accept these during the appeal window for the member's plan. Instead, submit for an appeal/reconsideration. Please refer to the appeal rights section of the denial letter for instructions on how to ask for an appeal/reconsideration. You may also see the Neighborhood Provider Manual for appeal/reconsideration instructions and procedures. The member may also submit for an appeal/reconsideration by calling Neighborhood member services.

How does the member connect with their care manager at Neighborhood for transplant-related needs?

Members may contact Neighborhood's member services department for assistance connecting with a care manager. The member services phone number for the member's plan is on the back of their Neighborhood card.