

Organ Transplants

Benefit Coverage

Members 1-20 years of age who are determined to be potential transplant candidates will be referred to California Children's Services (CCS) Program for evaluation and treatment.

Benefits include:

1. Coverage for medically necessary organ transplants and bone marrow transplants which are not experimental or investigational in nature;
2. Reasonable medical and hospital expenses of a donor or an individual identified as a prospective donor if these expenses are directly related to the transplant for a subscriber;
3. Charges for testing of relatives for matching bone marrow transplants;
4. Charges associated with the search and testing of unrelated bone marrow donors through a recognized Donor Registry; and
5. Charges associated with the procurement of donor organs through a recognized Donor Transplant Bank, if the expenses are directly related to the anticipated transplant of a subscriber.

Benefit Exclusions

Those procedures that are deemed experimental in nature. Procedures that are covered by CCS.

Examples of Covered Benefits

All medically necessary transplants.

Orthotics and Prosthetics

Benefit Coverage

Orthotics and prosthetics, including replacement prosthetic devices, and replacement orthotic devices are covered when prescribed by a licensed provider acting within the scope of his or her licensure, and when prior authorized by the IPA or the hospital, if applicable, and orthotic appliances necessary for the restoration of function or replacement of body parts are covered when provided by a prosthetist, orthotist, or a licensed practitioner, and when prior authorization is obtained from the IPA or hospital, if applicable.

Benefit Exclusion

Prosthetic and orthotic appliances that have not been prescribed by a physician, or prior authorized are not covered.

Examples of Covered Benefits

1. External breast prosthesis, including support brassieres following medically necessary mastectomy.
2. Breast implants after medically necessary mastectomy.
3. Standard prosthetic artificial limbs (e.g., arm, hand, leg, foot).
4. Prosthetic shoe when all or a substantial portion of the front part of the foot is missing.
5. Eye Prosthesis.
6. Therapeutic footwear for diabetics.

Examples of Non-Covered Benefits

1. Cosmetic corrective devices.
2. Corrective shoes and arch supports.
3. Elastic stockings (TED HOSE).
4. Electronic voice producing machines.

See: **Appendix A**
Durable Medical Equipment and Supplies and Payment Source

Outpatient Services

Benefit Coverage

Diagnostic, therapeutic and surgical services are covered when performed at a hospital or outpatient facility. Physical, occupational and speech therapy are covered as well as those hospital services, which can reasonably be provided on an ambulatory basis. Related services and supplies in connection with these services including: operating room, treatment room, ancillary services, and medications, which are supplied by the hospital or facility for use during the subscriber's stay at the facility.

Outpatient services in connection with dental procedures when the use of a hospital or outpatient facility is required because of an underlying medical condition and clinical status or because of the severity of the dental procedure. IEHP shall coordinate such services with the subscriber's participating dental plan.

Benefit Exclusions

Those services considered experimental in nature and any procedures done without obtaining prior authorization. Services performed by a dentist or oral surgeon.

Examples of Covered Benefits

1. Physical, occupational and speech therapy as appropriate.
2. Cataract Surgery.
3. Lithotripsy.

Examples of Non-Covered Benefits

1. Non-authorized elective outpatient surgery.
2. Non-authorized elective therapeutic procedures, e.g., Acupuncture.