

Organ Transplants, Major

Benefit Coverage

Major organ transplants, with the exception of kidney transplants are not covered through the Medi-Cal Managed Care Program.

Benefit Exclusions

Major organ transplant procedures are not a covered benefit. When a patient is identified as possibly requiring a transplant, he/she will be referred to a Medi-Cal approved transplant center. If the transplant center physician determines that the patient is a suitable candidate for a transplant, an authorization request will be submitted to either the Medi-Cal Field Office (for adults) or California Children's Services (CCS) (for children) for approval. Once authorization for the transplant has been obtained, disenrollment from the Medi-Cal Managed Care Program should be initiated.

Examples of Covered Benefits

1. Cornea transplants with cadaver harvesting (not a major organ).
2. Kidney transplants.

Examples of Non-Covered Benefits

Major organ transplants are not covered, including the following:

1. Bone marrow transplants.
2. Heart transplants.
3. Liver transplants.
4. Lung transplants.
5. Heart/lung transplants.
6. Combined liver and kidney transplants.
7. Combined liver and small bowel transplants.

Revised: December 1995

Approval: W.M.L.

Ostomy Supplies

See: Medical Supplies

Revised: December 1995

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Outpatient Diagnostic Services

See: **Hospital Services - Outpatient**

Revised: May 1996
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Outpatient Surgery/Therapeutic Procedures

Benefit Coverage

Outpatient surgical and therapeutic procedures at contracting hospital and outpatient surgical centers, in lieu of inpatient care, are covered subject to prior authorization procedures of contracted IPA, if applicable.

Benefit Exclusion

Those surgeries and therapeutic procedures considered experimental in nature and any procedures done without obtaining prior authorization.

Examples of Covered Benefits

1. Medically necessary, elective outpatient surgery and/or therapeutic procedures when authorized.
 - a. Cardiac Catheterization.
 - b. Diagnostic Laparoscopy.
 - c. Lithotripsy.
 - d. Cataract Surgery.

Examples of Non-Covered Benefits

1. Non-authorized elective outpatient surgery.
2. Non-authorized elective therapeutic procedures.
3. Cosmetic surgery.

See: Hospital Services - Outpatient