

**Contract Amendment Language Changes CY41 10/01/2022**

9.3. Bill all medically necessary services provided to the transplant recipient that are related to the transplant using the appropriate **claim form types**, diagnosis codes, CPT and HCPCS procedure codes, and revenue codes to meet clean claim status.

7.5

Hematopoietic Stem Cell (bone marrow, peripheral blood or cord blood) Transplant (HSCT)

Harvest Tissue harvesting for autologous, or allogeneic related donor case types, or invoice charges billed by the National Bone Marrow Donor Program (NMDP) for allogeneic unrelated donor types. **This also includes Donor Leukocyte Infusions (DLI). DLI using frozen cells are not reimbursed under the transplant contract.**

Follow Up Care 1-30 First 30 days of post-transplant follow up care in an inpatient, skilled nursing facility and/or outpatient hospital setting including laboratory, diagnostic imaging, and pharmacy services; including immunosuppressant medication, **unless otherwise indicated in the transplant rate matrices**; any AHCCCS covered service that is related to the transplant until the Member is released by the transplant team.

Follow Up Care 31-60 Second 30 days of post-transplant follow up care in an inpatient, skilled nursing facility and/or outpatient hospital setting including laboratory, diagnostic imaging and pharmacy services including immunosuppressant medication, **unless otherwise indicated in the transplant rate matrices**; any AHCCCS covered service that is related to the transplant until the Member is released by the transplant team. Billed only after the first 30 days of care is complete.

Living Donor Liver Transplant (pediatric Members only)

Follow Up Care 1-30 First 30 days of post-transplant follow up care in an inpatient, skilled nursing facility and/or outpatient hospital setting including laboratory, diagnostic imaging and pharmacy services including immunosuppressant medication, **unless otherwise indicated in the transplant rate matrices**; any AHCCCS covered service that is related to the transplant until the Member is released from the transplant team.

Follow Up Care 31-60 Second 30 days of post-transplant follow up care in an inpatient, skilled nursing facility and/or outpatient hospital setting including laboratory, diagnostic imaging and pharmacy services including immunosuppressant medication, **unless otherwise indicated in the transplant rate matrices**; any AHCCCS covered service that is related to the transplant until the Member is released by the transplant team. Billed only after the first 30 days of care is complete.

All Other Solid Organ Transplants (refer to the AMPM for a list of covered transplants)

Follow Up Care 1-30 First 30 days of post-transplant follow up care in an inpatient, skilled nursing facility and/or outpatient hospital setting including laboratory, diagnostic imaging and pharmacy services including immunosuppressant medication, **unless otherwise indicated in the transplant rate matrices**; any AHCCCS covered medically necessary service that is related to the transplant until the Member is released from the transplant team.

Follow Up Care 31-60 Second 30 days of post-transplant follow up care in an inpatient, skilled nursing facility and/or outpatient hospital setting including laboratory, diagnostic imaging and pharmacy services including immunosuppressant medication, **unless otherwise indicated in the transplant rate matrices**; any AHCCCS covered service that is related to the transplant until the Member is released by the transplant team. Billed only after the first 30 days of care is complete.

Heart Transplants

Follow Up Care 1-30: First 30 days of post-transplant follow up care in an inpatient, skilled nursing facility and/or outpatient hospital setting including laboratory, diagnostic imaging and pharmacy services including immunosuppressant medication, **unless otherwise indicated in the transplant rate matrices**; essentially, any AHCCCS covered service ordered by the transplant team.