State/Territory: Iowa

STANDARDS FOR THE COVERAGE OF ORGAN TRANSPLANT SERVICES

Payment will be made only for the following organ and tissue transplant services:

- Kidney, cornea, skin, and bone transplants.
- Allogeneic bone marrow transplants for the treatment of aplastic anemia, severe combined immunodeficiency disease (SCID), Wiskott-Aldrich syndrome, or the following types of leukemia: acute myelocytic leukemia (AML) in relapse or remission, chronic myelogenous leukemia (CML), acute lymphocytic leukemia (ALL) in remission. Chronic lymphocytic leukemia (CLL) is not a covered diagnosis for allogenic bone marrow transplant.
- Autologous bone marrow transplants for treatment of the following conditions: acute leukemia in remission with a high probability of relapse when there is no matched donor; resistant non-Hodgkin's lymphomas; lymphomas presenting poor prognostic features; recurrent or refractory neuroblastoma; or advanced Hodgkin's disease when conventional therapy has failed and there is no matched donor.
- Liver transplants for people with extrahepatic biliary artesia or any other form of end-stage liver disease, except that coverage is not provided for people with a malignancy extending beyond the margins of the liver.

  Liver transplants require preprocedure review by the Iowa Foundation for Medical Care. Covered liver transplants are payable only when performed in a facility which meets the requirements set forth by the Department.

  Living donor liver transplantation is not specifically excluded. Its appropriateness is reviewed for a given Medicaid recipient as part of the normal preprocedure review process. Criteria for live donor liver transplantation include, but are not limited to, unavailability of a cadaver liver and seriousness of the recipient's disease state relative to anticipated wait for a cadaver liver.
- Heart transplants. Artificial hearts and ventricular assist devices, either as a permanent replacement for a human heart or as a temporary life-support system until a human heart becomes available for transplants, are not covered.

  Heart transplants and heart-lung transplants require preprocedure review by the Iowa Foundation for Medical Care. Covered heart transplants are payable only when performed in a facility which meets Department requirements.

State/Territory: Iowa

STANDARDS FOR THE COVERAGE OF ORGAN TRANSPLANT SERVICES

- Lung transplants for people having end-stage pulmonary disease. Lung transplants require preprocedure review by the Iowa Foundation for Medical Care. Covered transplants are payable only when performed in a facility which meets Department requirements. Heart-lung transplants are covered consistent with coverage criteria for heart transplants, as stated above.
- Pancreas transplants for people with type I diabetes mellitus, as follows: Simultaneous pancreas-kidney (SPK) transplants and pancreas after kidney (PAK) transplants are covered consistent with Medicare coverage criteria.

  Subject to preprocedure review by the Iowa Foundation for Medical Care, pancreas transplants alone (PTA) may be covered on a case-by-case basis for people exhibiting:
  - A history of frequent, acute, and severe metabolic complications (hypoglycemia, hyperglycemia, ketoacidosis) requiring medical attention;
  - Clinical problems with exogenous insulin therapy that are so severe as to be incapacitating; and
  - Consistent failure of insulin-based management to prevent acute complications.

  Covered transplants are payable only when performed in a facility which meets Department requirements. Transplantation of islet cells or partial pancreatic tissue is not covered, consistent with current Medicare coverage criteria.

All transplants must be medically necessary and meet other general requirements for physician and hospital services. No payment is made for any transplant not specifically listed above.

Donor expenses incurred directly in connection with a covered transplant are payable. Expenses incurred for complications that arise with respect to the donor are covered only if they are directly and immediately attributed to surgery. Expenses of searching for a donor are not covered.

The facility criteria in place for heart, liver, lung, and pancreas transplant centers are consistent with the accessibility of high quality care to recipients eligible for the procedures under this plan. Criteria for recipient selection and education, staffing and resource commitment,, experience and survival rates, organ procurement, maintenance of date, research, review and evaluation, and application procedures are published in the Iowa Administrative Code.