

## **Table of Contents**

**State/Territory Name:** Michigan

**State Plan Amendment (SPA)#:** 22-0004

This file contains the following documents in the order listed

- 1) Approval Letter
- 2) CMS 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 East 12th Street, Suite 0300  
Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

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June 21, 2022

Ms. Farah Hanley  
Medicaid Director  
Medical Services Administration  
400 S Pine St 7th Fl  
Lansing, MI 48933-2250

RE: State Plan Amendment (SPA) Transmittal Number 22-0004

Dear Ms. Hanley:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0004. This amendment updates the Medicaid State Plan language pertaining to the coverage of medically necessary organ and tissue transplant procedures and related services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 441.35. This letter is to inform you that MI Medicaid SPA 22-0004 was approved on June 21, 2022 with an effective date of 4/1/2022.

If you have any questions, please contact Keri Toback at 312 353 1754 or via email at [keri.toback@cms.hhs.gov](mailto:keri.toback@cms.hhs.gov).

Sincerely,

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Erin Black, MDHHS

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>22</u> — <u>0004</u>	2. STATE <u>MI</u>
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3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

3. PROPOSED EFFECTIVE DATE  
April 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION  
42 CFR 441.35


6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2022 \$0  
b. FFY 2023 \$0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
  
Attachment 3.1-E, Page 1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
  
Attachment 3.1-E, Pages 1, 1a, 1b, 1c, 1d, 1e, 1f (TN 87-11)

9. SUBJECT OF AMENDMENT  
  
This SPA updates the Medicaid State Plan language pertaining to the coverage of medically necessary organ and tissue transplant procedures and related services.

10. GOVERNOR'S REVIEW (Check One)  
 GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  
 OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL  
  


11. TYPED NAME  
Kate Massey

12. TITLE  
Director, Behavioral and Physical Health and Aging Services Administration

13. DATE SUBMITTED  
April 4, 2022

15. RETURN TO  
Behavioral and Physical Health and Aging Services Administration  
Office of Strategic Partnerships & Medicaid Administrative Services – Federal Liaison  
Capitol Commons Center – 7<sup>th</sup> Floor  
400 South Pine  
Lansing, Michigan 48933  
  
Attn: Erin Black

**FOR CMS USE ONLY**

16. DATE RECEIVED <b>04/04/2022</b>	17. DATE APPROVED <b>06/21/2022</b>
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
**04/01/2022**

20. TYPED NAME OF APPROVING OFFICIAL  
**James G. Scott**

19. SIGNATURE OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL  
**Director, Division of Operations**

22. REMARKS

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Michigan

### ***Standards for the Coverage of Organ Transplant Services***

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#### **Coverage of Organ and Tissue Transplant Services**

Organ and tissue transplant services, including inpatient and outpatient pre-and post-operative medical, surgical, hospital, and related transportation services, are covered for eligible beneficiaries when medically necessary. For purposes of this coverage, the term organ is defined as kidney, liver, heart, lung, pancreas, intestine (including the esophagus, stomach, small and/or large intestine, or any portion of the gastrointestinal tract), any vascularized composite allograft, or other organ defined in The National Organ Transplant Act of 1984, as amended, and Hematopoietic stem/progenitor cells, cornea, bone, and skin.

#### **Coverage Criteria**

Medically necessary transplant services are covered when the transplant is likely to prolong life and restore a range of physical and social function to activities of daily living. All other medical and surgical therapies that might be expected to affect short- and long-term survival must have been tried or considered. The following criteria must be satisfied for the coverage of organ transplant services:

- Transplant services meet the requirements contained in Section 1138(b) of the Social Security Act, Hospital Protocols for Organ Procurement, Food and Drug administration regulations, and Standards for Organ Procurement Agencies.
- Transplant services meet the general requirements for physician and hospital services.
- In making the selection of beneficiaries undergoing the procedure, similarly situated individuals are treated alike.
- Transplant Services must be reasonable in amount, duration, and scope to achieve their purpose.

#### **Facility Requirements**

Transplant services for organs defined in the national organ transplant act of 1984, as amended, must be provided in a facility that is a member of the organ procurement and transplantation network (OPTN) where applicable to the transplanted organ.

#### **Prior Authorization**

Prior authorization for organ transplant services is required for all beneficiaries, donors, and potential donor services related to organ transplants, with the exception of cornea and kidney. Prior authorization for transplant services, where applicable, is reviewed on a case-by-case basis. Approval is based on critical medical need for transplantation and a maximum likelihood of successful clinical outcomes.

#### **Organ Procurement Services**

Donor expenses, including facility costs and physician services, lodging, and transportation, incurred directly in connection with and immediately attributed to the transplant surgery, may be covered. The donor must exhaust all possible insurance sources before Medicaid is billed for the services.

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of Michigan

***Standards for the Coverage of Organ Transplant Services***

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TN NO.: 22-0004

Approval Date: 06/21/2022 Effective Date: 04/01/2022

Supersedes  
TN No.: 87-11

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State of Michigan

***Standards for the Coverage of Organ Transplant Services***

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