

**NOTICE OF RULE ADOPTION—FINAL RULE**

**STATE OF MISSISSIPPI  
OFFICE OF THE GOVERNOR  
DIVISION OF MEDICAID**

Miss. Division of Medicaid  
c/o Bob M. Dent, Staff Officer  
Robert E. Lee Building  
239 N. Lamar Street  
Suite 801  
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(601) 359-6120  
<http://www.dom.state.ms.us>

Specific Legal Authority Authorizing the promulgation of  
Rule: Miss Code Ann. §43-13-121(1972), as amended

Reference to Rules repealed, amended or suspended by the  
Proposed Rule :  
State Plan Attachment 3.1-E, page 1

Date Rule Proposed:

Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule:  
SPA 2006-003. State Plan amendment regarding out-of-state hospital transplant reimbursement.

The Agency Rule Making Record for this rule including any written comments received during the comment period and the record of any oral proceeding is available for public inspection by contacting the Agency at the above address.

An oral proceeding was held on this rule:

Date:  
Time:  
Place:

An oral proceeding was not held on this rule.

The Agency has considered the written comments and the presentations made in any oral proceedings, and

This rule as adopted is without variance from the proposed rule.

This rule as adopted differs from the proposed rule as there are minor editorial changes which affect the form rather than the substance of the rule.

The rule as adopted differs from the proposed rule. The differences however are:  
Within the scope of the matters in the Notice of Proposed Rule Adoption, the logical outgrowth of the contents of the Notice of Proposed Rule Adoption and the comments submitted in response thereto, and  
The Notice of Proposed Rule Adoption provided fair warning that the outcome of the proposed rule adoption could be the rule in question.

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Effective Date of Rule: August 1, 2006

Executive Director

Signature and Title of Person Submitting Rule for Filing

**State of Mississippi**

**STANDARDS FOR THE COVERAGE OF TRANSPLANT SERVICES**

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Mississippi Medicaid covers cornea, heart, heart/lung, liver, kidney, small intestine, and bone marrow (includes peripheral stem cell) transplants if all four of the following criteria are satisfied:

- 1) The medical necessity for the procedure is established in accordance with the Division of Medicaid's medical criteria for coverage.
- 2) Prior approval is obtained when required by the Division of Medicaid.
- 3) The transplant procedure is not experimental/investigative.
- 4) The transplant procedure is performed in a Mississippi Medicaid approved transplant facility.

The Division of Medicaid will monitor procedures which are experimental/investigative or in clinical trials and will base future determinations regarding coverage on approved standards of medical care.

Similarly situated individuals are treated alike and any restriction on the facilities that may, or practitioners who may, provide those procedures is consistent with the accessibility of high quality care to individuals eligible for the procedures under this plan.

For procedures requiring prior approval, the medical necessity review will be coordinated with the Division of Medicaid's Utilization Management/Quality Improvement Organization (UM/QIO) contractor. Specific medical criteria approved by the Division of Medicaid must be satisfied along with a psychosocial evaluation of the beneficiary and/or family if the candidate is a child. It must be documented that the beneficiary/family understand risks and benefits, gives informed consent, and has the capacity to and will comply with needed care. After the medical necessity review is complete, the Division of Medicaid provides coverage and reimbursement information to the transplant facility.

Medicaid reimbursement is available only to the extent that these services are not covered by other third party payers.

Routine Mississippi Medicaid benefits are applicable to transplant services. For services not available in Mississippi, the Division of Medicaid may pay an enhanced reimbursement rate for the transplant services to ensure access to care for adults and children. The transplant reimbursement rate may be inclusive of all charges for covered hospital and physician services provided during the transplant admission (inpatient or outpatient).