

# VHA Office of Community Care Transplant Guidance

## Transplant Evaluations & Eligibility Determination

The Department of Veterans Affairs (VA) provides integrated care of acute and chronic diseases for which transplantation may be an option. Management of such advanced diseases (e.g. heart failure, cirrhosis) is coordinated among referring Department of Veterans Affairs medical centers (VAMC), regional referral VA medical centers, VA Transplant Centers (VATC), and/or community specialists as appropriate. Specialists providing advanced disease care may determine that transplantation is a potential treatment option for Veterans. VA utilizes a standardized referral process for initial assessment of Veterans for whom transplantation may be appropriate. Following review by VA transplantation specialists, appropriate patients are recommended to undergo comprehensive transplantation evaluation by one or more transplantation centers, either through VA or in the community. The Organ Procurement Transplantation Network (OPTN) is a network comprised of all U.S. transplant centers, organ procurement organizations (OPO), and histocompatibility laboratories. OPTN is designed to improve the effectiveness of the nation's organ procurement, donation, and transplantation system by increasing the availability of and access to donor organs for patients with end-stage organ failure. The decision for a patient to be listed for transplantation with OPTN is determined by the evaluating transplant center.

VA utilizes the Transplant Referral and Cost Evaluation/ Reimbursement (TRACER) system for initial review of potential transplant candidates and to capture transplant-related care and events for Veterans. For Veterans seeking transplantation care at VA or community transplant programs, the referring VA facility must submit a referral in TRACER, located at:

<https://vaww.tracer.nso.med.va.gov/ReferringCenter/Dashboard.aspx> The Veteran's intent to receive transplantation care within VA, at a community program, or both, is indicated in the TRACER referral. Such a determination does not restrict the Veteran's options at later times. A VA Transplant Center (VATC) assesses TRACER referral documentation to recommend whether the Veteran is clinically indicated for a comprehensive transplant evaluation at a VATC and/or a community transplant program. TRACER referral is required prior to authorization for community transplant services, even if a Veteran is eligible for community transplantation care via MISSION Act. The review of the referral by a VATC provides assessment of medical appropriateness to proceed with comprehensive transplant evaluation for the patient, regardless of whether care is anticipated in VA or at a community program. Opinions from VATC review may include determination of potential contraindications to transplantation; assessment of the patient's disease process and recommendation regarding timing of transplant evaluation; and relative risks and benefits of transplantation for the individual.

A VATC will review all stable transplant referrals within five business days. For emergency cases, referring VAMC must first communicate directly with a VATC to determine a plan of care, to include potential transfer to a VATC or to a community transplant provider. The referring VAMC will enter an emergency referral in TRACER. Formal response by the VATC is required within 48 hours. Specific details regarding stable and emergency transplant referral process can be found at:

<http://vaww.dushom.va.gov/surgery/transplant/>.

Following VATC review of TRACER referral and recommendation, the Veteran and their referring provider should review information provided by the VATC to finalize a well-informed decision to obtain necessary transplant evaluation/care for the Veteran. Veterans may elect to receive care at any accepting VATC with an appropriate transplant program. The list of all VATCs can be located at:

<https://vaww.nsopersonnel.med.va.gov/Maps/Transplant.aspx>. Veterans who meet at least one of the six eligibility criteria for specialty care in the community may elect to receive transplantation care at a

community transplant program which participates in a national VHA contract (e.g. PC3, CCN \*\*\* Of note waitlist and transplant surgery is not yet available through CCN, until a contract modification is completed\*\*\*). Eligibility criteria that can qualify a Veteran to receive community care are:

1. Veteran needs a service not available at a VA medical facility
2. Veteran lives in a U/S/ state or territory without a full-service VA medical facility
3. Veteran qualifies under the “grandfather” provision related to distance eligibility for VCP
4. VA cannot provide care within certain designated access standards
5. It is in the Veteran’s best medical interest
6. A VA service line does not meet certain quality standards

Follow this link for [more details regarding eligibility](#). Comprehensive transplant evaluation by both a community transplant program and a VATC is also permissible.

VA will determine patient suitability for comprehensive transplant evaluation at VA expense. Upon submission of a Veteran’s transplant referral through TRACER, a VATC performs the initial review to determine clinical indication for a comprehensive transplant evaluation. Decisions of the VATC are provided to the referring VAMC to aid its discussions with Veterans. Decisions include whether the Veteran is suitable for referral for comprehensive transplant evaluation and whether such evaluation should be provided within VA and/or authorized for community care. All patients referred to a community facility must first receive authorization from the referring VAMC. The Veteran eligible for community care should receive comprehensive transplant evaluation and services at a participating VA-contracted (in-network) community provider within the OPTN region of their residence. The Veteran may also elect to receive care from any VATC, regardless of location in his/her OPTN region. Community transplantation programs outside the OPTN region of residence require specific authorization, including determination of a medically compelling reason, as required by the VA MISSION Act of 2018. Information about OPTN regions can be found at:

<https://optn.transplant.hrsa.gov/members/regions/>.

Following the decision by a VATC via TRACER to not recommend transplantation evaluation, the referring VAMC may request a second VATC review, and then appeal to the National Transplant Surgical Advisory Board (SAB) following a second denial. Additional details can be found at: <http://vaww.dushom.va.gov/surgery/transplant/Reconsideration.asp>. The results of these review processes should inform decisions at the referring facility in its determination of appropriateness of referral for community transplantation evaluation/care. However, the decisions/ recommendations from VA Transplant Program do not preclude an authorization for community care transplantation evaluation by the Veteran’s primary VAMC. Questions on individual Veteran concerns should be relayed to the central OCC Clinical Integration team.

## Standardized Episodes of Care

Testing related to TRACER referral may be obtained in the community when the Veteran is eligible for community services. Standardized episodes of care (SEOC) for appropriate specialty services (e.g. hepatology, cardiology) or testing should be utilized. Transplant SEOCs are not appropriate for testing obtained for referral via TRACER.

Following review of the TRACER transplant referral by a VATC, Veterans eligible for community transplantation should be referred using the following process. At present, there are nine Standard Episodes of Care available for transplantation services which include services for comprehensive transplant evaluation, waitlist management/transplantation, and post-transplantation care.

There are three transplant-specific sets of SEOCs available for solid organ transplant, bone marrow transplant, and Chimeric Antigen Receptor T-Cell therapy (CAR-T) as follows:

- Transplant Solid Organ Comp Eval
- Transplant Solid Organ, Wait List Management, Transplantation
- Transplant Solid Organ, Post-Transplant Follow
- Transplant Bone Marrow Comp Eval
- Transplant Bone Marrow Transplantation
- Transplant Bone Marrow, Post-Transplant Follow
- Chimeric Antigen Receptor T-Cell Therapy Eval
- Chimeric Antigen Receptor T-Cell Therapy Pre-Infusion
- Chimeric Antigen Receptor T-Cell Therapy Treatment

The content of the above SEOCs is as follows:

1. SEOC for comprehensive transplant evaluation
  - Includes consultation, testing, imaging and services for transplant evaluation
  - Separate documents for solid organ and bone marrow evaluation
2. SEOC for wait list/surgery
  - Includes consultation, testing, imaging and services for wait list management and transplant surgery for solid organs
  - Separate documents for bone marrow transplantation procedure
3. SEOC for post-transplantation care
  - Includes consultation, testing, imaging and services for post-transplant care
  - Separate documents for solid organ and bone marrow
  - There will not be a SEOC for post-transplant complications. A general SEOC should be used for these cases.

\*\*\* Of note, SEOCs for waitlist/transplant surgery are not yet available under the CCN contract. A contract modification is currently being completed. In the interim, for patients wishing to receive a transplant in the community, existing PC3 authorizations can be extended to 365 days or a local single patient contract can be used or the patient can use another insurance plan. Alternatively, patients can opt to receive care through a VATC.\*\*\*

Link to SEOC database: <https://seoc.va.gov/>.

## Dual-Listing

Dual-listing enables the Veteran to be listed at more than one transplant center to increase the likelihood of transplantation. VA continues to support dual-listing among VATCs. Each VA transplant program can determine whether it will accept patients from other transplant programs for dual-listing.

A Veteran who meets eligibility criteria for community transplantation care may elect to dual-list with community and/or VA transplant programs. Dual-listing options include:

- 2 VATCs
- 1 VATC and 1 Community Transplant Center
- 2 Community Transplant Centers (only if VA is unable to provide required transplantation care/services; patients declined by all VATCs for other reasons require individual authorization for dual-listing by two community transplant centers)

\*Please note that dual-listing with two community transplant centers is not routinely authorized. In general, dual-listing transplant centers should be located in different geographies or donor service areas to assure access to different donor populations.

Patients wishing to be listed at additional community transplant centers may do so at their own expense.

## Beneficiary Travel

Veterans who choose to receive their transplantation care at a VATC are eligible for VA-paid travel. For Veterans receiving care at a VATC, please reference VHA Directive 2012-018 Solid Organ and Bone Marrow Transplantation dated July 9, 2012 Paragraph 4 b., designates specific persons eligible for travel assistance (the Veteran, donor, and a support person, if applicable), and travel responsibility for the referring VA Medical Centers and VA Transplant Centers. For additional details, please refer to [VHA Procedure Guide for Transplant Beneficiary Travel \(2/2018\)](#).

For Veterans authorized to receive transplantation via community care, travel and lodging benefits are subject to Beneficiary Travel eligibility as defined in 38 CFR Part 70, Subpart A, paragraph 70.10, located at: <https://ecfr.io/Title-38/pt38.2.70>. Medically unstable patients may be maintained as inpatients at VA until an organ becomes available. The referring VAMC is responsible for assistance or reimbursement of travel to the non-VA transplant location, and reimbursement of lodging and meals for the Veteran and Support person (attendant) if ordered and as prescribed within paragraph 70.30. In most normal circumstances, beneficiary travel will only reimburse travel to the nearest facility capable of providing the care.

## Transplant Care Process

### Transplant Care within VA:

The national VA Transplant Program provides comprehensive pre-transplant, transplant and post-transplant services leveraging in-house and integrated affiliate transplant programs. A VA Transplant Center may include in-house transplant programs and/or contracted transplant services at an affiliate.

#### Timing of evaluation:

The VATC which reviews the initial TRACER referral determines if a comprehensive transplant evaluation is clinically indicated for the Veteran. If indicated, such comprehensive transplant evaluation is completed through telehealth and face-to-face visits within thirty (30) days from the date of referral submission.

#### In-House VA Transplant Centers:

In-house VA Transplant Centers are independent members of the Organ Procurement and Transplantation Network and provide all components of transplant care on-site to include referral reviews, comprehensive transplant evaluations, listings of Veterans suitable for transplant, transplantation procedures, and post-transplantation care.

#### Integrated Affiliate VA Transplant Centers:

These programs are considered VA Transplant Centers due to formal delineation of responsibilities between the VA and the affiliate, as described in 38 USC § 8153 – Sharing of health-care resources. Cases of transplant procedures at an affiliate VATC are not considered community care, technically, because VA provides significant care before and after the surgery.

Affiliated VATC programs are paid through Medical Community Care (MCC) funds and have specific contracts for transplantation care. These integrated affiliated VATC programs refer and evaluate patients, manage waitlists, provide post-transplantation care, while the academic affiliate performs the transplant surgery.

### **Community Transplant Care:**

#### Timing of evaluation:

In-person evaluation timing is dependent upon the complexity of the member's condition and the facility selected for transplant. Community care transplant providers are encouraged to see patients no later than sixty (60) days from the date of referral to the community transplant program.

Please note, if a transplant workup has begun under PC3, the episode of care must be completed under the auspice it was authorized. TriWest authorizations are valid for one (1) year.

#### Patient Centered Community Care (PC3) Contract:

If a facility is still using the PC3 coverage, the referring facility's Office of Community Care should select transplantation programs and providers from those that currently participate in the PC3 network as administered by TriWest. The VA facility locator can be used to locate a list of participating providers: <https://www.va.gov/find-locations>.

TriWest will review authorizations submitted by referring VA health care facilities to ensure the community partner is in-network and wants to proceed with delivering the care. Any reimbursement questions will be handled at this time. The authorization is provided to TriWest and typically lasts for one (1) year in duration.

If there are no PC3-participating transplantation programs within the OPTN region of the patient's residence, the referring facility's local community care office may contact TriWest to recommend a provider or program for participation in PC3, including providers in another OPTN region. If no programs can be identified for participation, the facility may consider a single patient local contract under the authority of U.S.C Section 8153, with support from the Medical Sharing Office and Network Contracting Office (NCO).

#### Community Care Network (CCN) Contract:

If a facility is using the CCN contract, patients may be referred for comprehensive evaluation and for post transplantation care. However, with regards to waitlist and transplantation surgery, single patient medical services contracts under the authority of U.S.C Section 8153 should be used) until the regional contracts are available for use. A transplant episode of care lasts from the date of admission for transplant services until the patient is discharged. In the event a patient requires re-transplantation after discharge from VA, the event will be considered an entirely new and separate transplant episode of care.

The non-VA facility will provide transplant surgical services to include all hospital services necessary for the care of the patient, including routine care and routine diagnostic testing, organ procurement, immediate pre-operative/transplant care and post-operative care, which the contractor has the capacity to provide, to patients authorized by the VA.

The Medical Sharing Affiliate Office has provided a transplant contract template that NCOs and sites can use and can be located at:

<https://vaww.vashare.vha.va.gov/sites/PLOSAOCentral/BIT/Shared%20Documents/Forms/AllItems.aspx?RootFolder=%2Fsites%2FPLOSAOCentral%2FBIT%2FShared%20Documents%2FTransplant%20Services&Folder>.

Patients may not self-refer for outpatient services to the non-VA facility.

VA will charge a post-transplant per diem rate beginning the day after the number of days included in the Case Rate. The number of days post-operative care will be provided under the per diem rate will be limited by the contract, unless otherwise authorized by the COS or designee. This rate will also be used in the event that a patient must be readmitted due to complications resulting from the transplant. The additional period must be first approved by the COS or designee.

CCN contract modifications are in progress.

#### Department of Defense (DoD) Sharing Agreements:

DoD may provide transplant services to VHA facilities, which have an existing sharing agreement for transplantation with a DoD Transplant Program under the authority used for DoD Sharing (38 USC 8111). The facility should review their DoD Sharing Agreement to ensure it includes transplantation care, if there is an agreement with DoD for those services. Please note that the sharing agreement identifies how the local VA facility pays DoD for transplant services. TRACER submission and VATC review continue to be required.

### Transplant Care Coordination

All transplant centers (VA and community) are members of OPTN and have center-specific transplant eligibility criteria. A detailed assessment including mental, physical, and social aspects is required to determine eligibility for transplantation. Once a Veteran is determined to be an eligible transplant candidate at a specific transplant center, he/she is added to the OPTN/UNOS national transplant list. Ongoing management of transplantation-related medical conditions is coordinated by the responsible listing transplant center (VATC or community) with the referring VAMC. For Veterans seeking transplant community care, the referring VA facility and the listing transplant center (VATC and/or community) must define/ negotiate care coordination responsibilities. Care coordination will include review and determination of services that are appropriate to be provided in-house at the referring VA facility, the Veteran's local community, or the listing transplant center (VATC and/or community).

In the event a patient's stay exceeds the original Case Rate average length of stay, the contractor will notify the COS/designee of the referring VAMC and provide written justification to the COS/designee 2 or more days in advance of the continued length of stay. The COS will make the final authorization for additional days. The contractor and COS/designee will determine together if a patient is stable for transfer or discharge. The contractor will continue to provide care until the COS or designee indicate that the patient is stable.

As part of transplant care coordination, all medical documentation must be returned to VA within contractually specified timeframes. If VA requests documentation for urgent follow-up, the contractor must provide it upon request.

### Live Donors

Current PC3 and CCN contracts do not include the use of live donors. As part of the MISSION Act, federal regulations and CCN contract modifications for live donation are in progress. The non-Veteran live donor is identified as a "collateral" to the Veteran recipient and may have initial screening studies performed at a VA facility. If eligible to proceed with comprehensive evaluation, live donors who elect to receive community services require establishment of a single patient medical care contract with the non-VA transplant center under authority of 38 U.S.C. § 8153, initiated by the Veteran recipient's home VA. Contracts may include formal donor evaluation, the surgical donation procedure, and two years of post-donation care.

For Donors and their Support person (attendant), who obtain community care associated with the Veteran's transplant, the referring VA Medical Center is responsible for assistance or reimbursement of travel to the non-VA transplant location IAW 38 U.S.C. § 1788 regardless of the Veterans Beneficiary Travel eligibility. The referring VAMC is also responsible for reimbursement of lodging and meals as prescribed within 38 CFR Part 70, subpart A, paragraph 70.30 if required.

## Paired Kidney Exchange

Paired Kidney Exchange, or kidney swap, is a transplantation method where patients with incompatible living donors swap kidneys so each recipient receives a compatible kidney. VA continues to support living donation and paired kidney exchange.

At present, VATCs may list Veterans with the UNOS Kidney Paired Donation program to enable paired donor exchanges. VATCs or the referring VA enroll the Veteran's incompatible donor as a collateral to the Veteran. Organ harvest from donors may be performed at a VATC or a contracted community transplant program (single patient contract under authority of 38 U.S.C. § 8153). VATCs may collaborate with NCOs to develop single patient medical care contracts to acquire the donor organ from the appropriate donor if donation is authorized and performed at a community transplant program. Interested Veterans should work directly with their referring VA facilities and/or listing transplant centers.

\*\*\* Of note, coverage of the live donor's travel and lodging expenses are available when procedures are performed at a VATC and will be available in the future for community care after VA guidelines have been approved.



## APPENDIX A – ACRONYMS & DEFINITIONS

Acronym	Full Name
CAR-T	Chimeric Antigen Receptor T Cells
CCN	Community Care Network
CMS	Centers for Medicare and Medicaid Services
DRG	Diagnostic Related Grouping
MCC	Medical Community Care
MISSION	Maintaining Internal Systems and Strengthening Integrated Outside Networks Act
NCO	Network Contracting Office
NSO	National Surgery Office
OPO	Organ Procurement Organization
OPTN	Organ Procurement and Transportation Network
SAB	Surgical Advisory Board
SEOC	Standardized Episode of Care
TRACER	Transplant Referral and Cost Evaluation/ Reimbursement
UNOS	United Network for Organ Sharing
VAMC	VA Medical Center
VATC	VA Transplant Center
VHA	Veterans Health Administration