Financial Aspects of Transplantation at Simmons Transplant Institute

The following information is intended to help you understand the financial aspects of organ transplantation. Most patient charges are paid by insurance companies, Medicare or Medicaid. Please read your insurance policy or Medicare handbook so that you understand your coverage and any out of pocket expenses you may be expected to pay. You may contact the Social Security office at (800) 772-1213 if you have questions regarding Medicare. You may contact the Texas Medicaid office at (800) 925-9126.

Please inform the TPAS office if your insurance changes before or after transplantation. This is particularly important if your insurance changes while you are on the waiting list. Transplant Patient Access Services (TPAS) is available to assist you in understanding your insurance benefits and how they apply to transplantation. TPAS hours of operation are Monday through Friday between the hours of 8:00 a.m. and 4:30 p.m.

Baylor University Medical Center (214) 820-3476
Baylor All Saints (817) 922-4634

Financial Approval Process

The financial approval process varies depending on the requirements of your insurance company.

Medicare

Medicare usually covers organ transplantation. Your physicians will determine whether or not your case meets Medicare’s medical guidelines for transplantation based on your medical diagnosis. You must have both parts Medicare A and B in order to financially qualify for transplantation at Baylor, unless you have other insurance that adequately covers transplantation. If primary, Part A covers most of your inpatient hospital admissions and Part B covers up to 80% of the Medicare allowable amounts for outpatient services and physician fees. You will be responsible for Medicare deductibles and co-payments.
Commercial Insurance/Medicaid

Financial approval is a two step process for patients with commercial insurance coverage (usually through an employer) or patients covered by Medicaid. This is because most commercial insurance companies and Medicaid require a “prior review for medical necessity” before they will approve coverage for transplantation. This means the Medical Director at your insurance company must agree that your transplant is medically necessary and that it meets your insurance company’s guidelines for coverage. These guidelines vary for each insurance company and can be specific to your individual coverage.

Step 1: Benefit Verification

Once your physician refers you to the transplant program at Baylor, TPAS will contact your insurance company to verify benefits & eligibility and ask about any other requirements for transplantation. Once this information is received (via phone/fax/email), your evaluation will be scheduled. After your evaluation is complete, evaluation results will be discussed at the Transplant Selection Committee.

Step 2: Medical Review and Approval by the Insurance Company

If the Transplant Selection Committee approves you as a medical candidate, your medical records will be sent to your insurance company for review. Your insurance company will determine if you meet their medical guidelines for transplantation. TPAS must receive approval for your transplant before you can be placed listed on the waitlist.

Pre-certification/Pre-Authorization/Referral Numbers (For insurance companies other than Medicare)

Please remember that precertification may be required by your insurance company for certain medical services/procedures provided. TPAS staff will work to obtain the necessary pre-certifications on your behalf. Please contact TPAS in the event you have questions about this process.

Pharmacy Benefits

During your transplant admission your prescriptions are generally covered by your insurance company. A vital part of your post transplant care involves the immunosuppressant medications you will take every day for the rest of your life. These medications can be purchased at your local pharmacy, Baylor Plaza Pharmacy at Baylor University Medical Center (BUMC) or Baylor Courtyard Pharmacy at Baylor All Saints (BAS). It is important that you understand your monthly medication expense can range anywhere from several hundred to several thousands of dollars per month.
Medicare Pharmacy Coverage

If you have Medicare Part B at the time of your transplant, Part B will cover the immunosuppressant medications. If Medicare is primary at the time of your transplant, Medicare part B will cover 80% of your anti-rejection medications. You will owe 20% unless you have other insurance that will cover the balance. This can range from at least $300 to $600 per month. If you are covered by Medicare and Medicaid, you will need to use a pharmacy that will accept both.

Medicaid Pharmacy Coverage

If you are covered by Texas Medicaid, you may generally obtain a 90-day prescription per month. It is important to request a 90-day supply of medications, when possible, to maximize your Medicaid benefits.

Commercial Insurance Pharmacy Coverage

Many insurance companies contract with specific pharmacies to provide your prescriptions. You may have a special prescription card provided by your insurance company to present for medication. Contact your insurance company for pharmacy benefits. Your insurance company may also have a mail order program for patients who require long term medication. Contact your insurance company to ask if this service is available. Co-pay amounts can range from $50 to $800 per prescription.

Individual Policies or COBRA Extensions

If you are no longer able to work you may have the option to continue your group health insurance through COBRA. Please ask your employer about this option. Before and after transplantation, it is extremely important that you make your monthly insurance premium payments timely. If premium payments are late, your insurance company may cancel your policy. If you have questions, please feel free to contact the TPAS office for assistance.

Potential Out of Pocket Expenses

Housing

It is important to know that you will be required to remain in the area for a period of time after your transplant. Baylor offers affordable housing for transplant patients who do not live in the DFW area. Housing charges may/may not be paid by insurance. Please ask for information specific to Twice Blessed House if you have further questions.

Exclusions and Limitations

It’s important to know that your insurance policy may have exclusions or limitations. You will be responsible for any charges excluded or limited by your insurance company. If you notice any specific limitations in your insurance plan booklet please contact TPAS. We can assist you in determining if the benefit amounts are adequate.
Billing Questions

If you have any questions concerning physician bills, please call the number listed on the bill for assistance. If you have questions concerning a bill you receive from Baylor University Medical Center (BUMC) or Baylor All Saints (BAS), please contact the Transplant Billing Unit at (214) 820-3196.

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The TPAS representatives realize the financial aspects of transplantation are important to you. Please be assured that we are available to assist you with any questions or concerns you may have. You may contact TPAS between 8:00 a.m. and 4:30 p.m., Monday through Friday.

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Thank you for choosing Simmons Transplant Institute for your transplant needs!