**Out-of-State Transplantation Justification**

**For Ohio Medicaid Patients**

In accordance with Ohio Administrative Code (OAC) 5101:3-1-11, only extra renal organ transplants to Ohio Medicaid consumers that cannot reasonably be performed in Ohio will be sent out-of-state.  OSOTC is the contractor for ODJFS to provide clinical review of Medicaid consumers for whom out-of-state extra renal organ transplantation has been recommended.  The following information is needed as justification for your Ohio Medicaid patient seeking extra renal organ transplantation outside the state of Ohio.

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| **Transplant Center:** | **State:** |  |

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| --- | --- | --- |
| **Patient Information:** | | |
| **Patient Name:** |  |  |
| **City of Residence:** |  |  |
| **Organ(s):** |  |  |
|  | | |

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| --- | --- | --- | --- |
| **Has this patient been evaluated at an Ohio transplant program?** | | No  Yes |  |
| If yes, what center: | Date of evaluation: | |  |

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| --- | --- |
| **Please provide justification as to why this patient cannot receive this transplant from an Ohio transplant program (must select at least one from the list below):** | |
| Requested services are not available within the state of Ohio  *Please visit* [*www.osotc.org*](http://www.osotc.org) *for a complete listing of available Ohio transplant programs*  Patient has a significant and established history of care with the out-of-state provider (please document below)  Patient is emergent; transfer to an Ohio center might endanger the patient’s health (please document below)  In relation to the proximity of the patient’s residence, the of out-of-state provider is reasonably closer than the nearest  Ohio provider of the requested medical services (please document below) |  |

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| **Additional comments/information supporting justification for out-of-state services** (please provide in space below)**:** | |
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