

General Guidelines For Bone Marrow Transplant/Stem Cell Transplant Referrals

Please fax referrals to F# **702-304-7430** or call T# **702-240-8917**

For additional information, refer to Clinical Guidelines:

<https://healthplanofnevada.com/Provider/Clinical-Guidelines>

INDICATIONS TO REFER

- Leukemia
- Myelodysplastic & Pre-Leukemia Syndromes
- Multiple Myeloma/Plasma Cell Disorders
- Hodgkin's Lymphoma
- Non-Hodgkin's Lymphoma
- Hematological Disorders
- Brain tumors
- Immunodeficiency Syndromes
- Inherited Metabolic Disorders
- Other Malignancies

LIST IS NOT ALL-INCLUSIVE

TANDEM IS AN OPTION FOR THE BELOW DIAGNOSIS (TRANSPLANT FACILITY WILL DETERMINE IF TANDEM)

- Testicular Germ Cell Tumor
- Extragenital Germ Cell Tumor
- Seminoma
- Choriocarcinoma
- Embryonal Carcinoma
- Mixed Germ Cell Tumors
- Teratoma
- Yolk-Sac Tumor
- Germ cell Tumor of the Ovary
- Multiple Myeloma

LIST IS NOT ALL-INCLUSIVE

WHAT YOU CAN EXPECT AFTER REFERRAL

Referral will be sent to the transplant facility along with available clinical information.

- Member will be called to schedule a transplant team meeting with the member/family, RN CM, CAC, member services. (Explanation of benefits/limitations, travel benefit if applicable, transplant process)
- Initial and ongoing telephonic communications/case management with member and family
- Communicate and collaborate with all clinical parties involved to include: transplant facility staff/coordinator, specialist, PCP, etc
- Discuss processes, time frames
- Explain CM role, member and caregiver role
- Explanation/coordination of travel benefit
- Explain transport to transplant facility (if applicable)
- Monitor progress of pre-transplant workup, testing and assist as needed
- Process prior authorizations within time lines
- Monitor progress of post-transplant workup, testing and assist as needed
- Cohesive teamwork

LIST IS NOT ALL-INCLUSIVE

POTENTIAL CONTRAINDICATIONS

While the conditions listed would not be an absolute contraindication, they do need to be addressed prior to transplant/referral.

- Infections
- AIDS or certain serious and life threatening disease that occur in HIV positive people
- Significant uncorrectable life-limiting medical conditions
- Severe end stage organ damage
- Irreversible, severe brain damage
- Social and Psychiatric Issues
- Emotional instability
- Limited cognitive ability
- Lack of psychosocial support
- Lack of sufficient financial means to purchase post-transplant medications
- History of non-adherence
- Inability to give informed consent
- Post-transplant lymphoproliferative disease unless no active disease demonstrated by negative PET scan
- Limited irreversible rehabilitative potential.

LIST IS NOT ALL-INCLUSIVE

EXPECTATIONS OF THE SPECIALIST AND TRANSPLANT FACILITY AFTER REFERRAL

- Work in partnership with the case manager on behalf of your patient
- Respond to the case manager in a timely manner
- Communicate information to the case manager when it will affect the member or plan of care
- Review the plan of care so patient moves toward their expected outcomes and goals.
- Communicate and collaborate with all clinical parties involved
- Cohesive teamwork

LIST IS NOT ALL-INCLUSIVE



HEALTH PLAN OF NEVADA
A UnitedHealthcare Company



SIERRA HEALTH AND LIFE
A UnitedHealthcare Company