General Guidelines For Liver 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

- Patient with cirrhosis has experienced an index complication such as ascites, hepatic encephalopathy or variceal hemorrhage or hepatocellular dysfunction results in MELD Score > 15
- Patients with worsening renal dysfunction or other evidence of rapid hepatic decompensation should have prompt evaluation for liver transplant
- End-Stage Liver Disease (ESLD) with a life expectancy <12-24 months or who have developed life-threatening complications or with severe liver associated debility frequently associated with sustained portal hypertension
- Liver transplantation should be considered for patients with non-metastatic disease recurrence in the liver that is not amenable to resection
- Re-transplantation is usually due to primary non-function, hepatic artery thrombosis, portal vein thrombosis, rejection, chronic cholestasis without chronic rejection and recurrent disease

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

CONTRAINDICATIONS

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

- Systemic or uncontrolled infection including sepsis
- 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/Limited cognitive ability
- Social and Psychiatric Issues/ Emotional instability
- Lack of psychosocial support
- Lack of sufficient financial means to purchase post-transplant medications
- History of non-adherence
- Limited irreversible rehabilitative potential
- Active untreated or untreatable malignancy
- Active alcohol dependency, substance abuse, smoking cigarettes and/or marijuana

SPECIAL CONSIDERATIONS

Additional consultation and/or evaluation may be indicated in these situations

- Recent history of malignancy (treated) within 5 years
- Social and psychiatric issues/ Significant depression or other treatable psychiatric illness
- Insufficient social (caregiver) support
- BMI ≥ 35 kg/m2
- Inadequate funding to pay for immunosuppressive medications post-transplant
- HIV infection without AIDS
- Adult patients with known heart disease
- Chronic peptic ulcer disease, GI bleeding, diverticulitis
- Patients over the age of 70.
- Significant, uncorrectable pulmonary disease

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 affecting the member or plan of care as quickly as possible.
- Review the plan of care so patient moves toward their expected outcomes and goals.
- Communicate and collaborate with all clinical parties involved
- Cohesive teamwork

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