Health Plan of Nevada
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General Guidelines for Kidney Transplant Referrals

Please fax referrals to **702-304-7430** or call **1-800-828-4752**. For additional information, refer to Clinical Guidelines at **HealthPlanofNevada.com/Provider/Clinical-Guidelines.**

INDICATIONS FOR REFERRAL

KIDNEY TRANSPLANT encourage early referral prior to dialysisas this increases transplant graft survival

- End-stage renal disease (ESRD)
- Renal replacement therapy (dialysis) will be needed within the next 6–12 months
- Primary oxalosis with ESRD should be considered for combined liver/kidney transplant
- CKD without known contrain dications should be referred when they approach CKD stage 4 or a glomerular filtration rate (GFR) less than 30ml/min/1.73m2
- Anticipated ESRD within next 12 months (preemptive transplantation)
- Re-transplantation. Usually due to primary non-function, rejection, recurrent disease and/orimmunosuppression toxicity

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 telephoniccommunications/case management with member and family
- Communicate and collaborate with all clinical parties involved to include: transplant facility staff/coordinator,s pecialist, 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 psychiatricIssues/emotional instability
- Lack of psychosocial support/lack of caregiver
- Lack of sufficient financial means to purchase post-transplant medications
- History of non-adherence
- Active untreated or untreatable malignancy
- Active alcohol dependency, substance abuse, smoking cigarettes and/or marijuana

LIST IS NOT ALL-INCLUSIVE

SPECIALCONSIDERATIONS

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
- Inadequate funding to pay for immunosuppressive medications post-transplant
- HIV infection without AIDS
- BMI≥ 35kg/m2
- 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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