Health Plan of Nevada
Sierra Health and Life

General Guidelines for Lung Transplant Referrals

Please fax referrals to F# **702-304-7430** or call T# **1-800-828-4752**

For additional information, refer to Clinical Guidelines:
https://healthplanofnevada.com/Provider/Clinical-Guidelines

LUNG TRANSPLANT should be considered for adults with chronic, end-stage lung disease when patients have a less than 50%, 2 to 3 year predicted survival.

DOUBLE LUNG TRANSPLANT is indicated for cystic fibrosis and other lung diseases characterized or complicated by chronic infections.

INDICATIONS TO SUBMIT REFERRAL

- Any ambulatory patient with end-stage pulmonary disease.
- Clinically and physiologically severe disease
- Medical therapy ineffective or unavailable
- Limited life expectancy less than 2-3 years
- Ambulatory, with rehabilitation potential
- Acceptable nutritional status, usually 80–120% of ideal body weight
- Satisfactory psychosocial profile and support system
- Adequate coverage for the procedure and for post-transplantation care
- Age < 65 or in well selected patients with end-stage pulmonary disease who are > 65 years old
- Typical patient selection criteria are recommended in peered reviewed medical literature and many of which are taken into considered in the Lung Allocation Score.
- Re-transplantation is usually due to non-function of the grafted organ, rejection refractory to immunosuppressive therapy, bronchiolitis obliterans (chronic rejection) and airway complications not correctable by other measures

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
- Active untreated or untreatable malignancy
- Active alcohol dependency, substance abuse, smoking cigarettes and/or marijuana

LIST IS NOT ALL-INCLUSIVE

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
- 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
- Severe or symptomatic osteoporosis
- Patients over the age of 65

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 timelines
- Monitor progress of post-transplant workup, testing and assist as needed
- Cohesive teamwork

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 affecting the member or plan of care to the case manager 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

LIST IS NOT ALL-INCLUSIVE.