

Information Required for Transplant Prior Authorization

Initial Transplant Request:

- All health care records supporting the medical necessity of transplant, specifically:
 - Letter of medical necessity from a transplant service physician
 - Documentation of the patient meeting the requesting institution's transplant candidacy
- guidelines for the organ(s) to be transplanted. Please include a copy of the institution's organ-specific candidacy guidelines.
- History and Physical evaluation from transplant surgeon and/or transplant specialists (e.g, hepatologist, nephrologist)
- Height, weight, and BMI
- History of tobacco and/or nicotine delivery system use
 - If positive, documentation of program's efforts to address use
- Psychosocial evaluation and clearance (within the last 12 months), to address:
 - Patient's medical compliance
 - Patient's support network
 - Post-transplant care plan, with identification of primary and secondary care providers
 - History of mental health, substance, or legal issues
 - Patient's understanding of surgical risk and post-procedure compliance and follow-up requirements
- Diagnostic studies (within past 6 months):
 - EKG
 - Chest x-ray
 - Echocardiogram
 - Pulmonary function test, if smoking history
 - Cardiac stress test, as indicated
- Dental clearance by dentist, for patients >5 years old
- Specialty clearance:
 - Cardiac clearance for chronic smokers, ≥ 50 years old or history of heart disease
 - Pulmonary clearance for history of pulmonary artery hypertension or chronic pulmonary disease
- Age- and sex-appropriate cancer screenings:

- Colonoscopy, if indicated or if patient is ≥ 50 years old. Include surgical pathology report for any samples obtained
 - Gynecologic exam and Pap smear for women ≥ 21 years old
 - Mammogram, if indicated or if patient is ≥ 50 years old
- Lab results (within past 3 months):
 - Complete blood count, with differential
 - Electrolytes
 - BUN & Creatine
 - Glucose
 - Hemoglobin A1c (if patient has type I or II diabetes mellitus)
 - Calcium & Phosphorus
 - Liver enzymes
 - Coagulation profile (INR, prothrombin time)
 - Blood type
 - Serum or urine drug screen
- Infectious Disease screening (within the last 12 months):
 - HIV
 - If HIV positive, documentation showing:
 - CD4 count >200 cells/ μ L for >6 months
 - Undetectable HIV RNA
 - On stable anti-retroviral therapy for > 3 months
 - No complications from AIDS
 - Hepatitis B
 - Hepatitis C
 - RPR, for adults and sexually active adolescents
 - EBV
 - CMV
 - Tuberculosis testing (PPD, T-spot, or Quantiferon), may be >3 months old if positive
 - Tuberculin skin testing (PPD) is preferable for children <5 years old.
- Drug screening (Adults and High Risk Teens)
- Additional organ-specific testing:
 - Liver: MELD or PELD score, CT or MRI of abdomen, liver biopsy
 - Kidney: GFR and Creatinine clearance (if not on dialysis)
 - Heart: cardiac catheterization, peak VO_2 mL/kg/min
 - Lung: PFT, imaging, and 6-minute walk test
 - Pancreas: c-peptide
 - Bone marrow or Stem cell: bone biopsy, Karnofsky score

- Additional clinical information may be requested based on the patient's past medical history

Information Required for Renewal Request:

- History and Physical evaluations from transplant surgeon and/or relevant specialists (e.g., hepatologist or nephrologist) completed since last authorization approval.
- Height, weight and BMI, within past 3 months
- CBC, CMP (and Hgb A1c if diabetic), within past 3 months
- Diagnostic tests completed since last authorization approval
- Annual tuberculosis testing
- Annual dental screening
- Annual drug screening (Previous history of positive screen or high risk behaviors)
- Updates to psychosocial evaluation annually
- Notification of significant changes to patient's medical or psychosocial history