

**Date:** 11/15/10

## **Initial Report**

**Account:**

**Contact:**

**Reference #:**

**Patient:**

**Subscriber #:**

**History:** This 31 year old female has end stage renal disease (stage IV) secondary to IgA nephropathy. She has been treated aggressively with Cellcept and prednisone. She is currently not receiving dialysis; she has one congenital kidney. Her creatinine level is approximately 4.4mg/dl with an estimated GFR of 11.6 mls/min (on 10/4/10.) Her past medical history is significant for pulmonary embolism in 2001 and factor V Leiden deficiency. She takes coumadin prophylactically. She has undergone a detailed, comprehensive and current transplant evaluation.

ABC is the secondary insurance, XYZ is the primary insurance with a \$30,000 per calendar year limit for dialysis and kidney transplant-related services. (See attached language.)

### **Case Management Intervention:**

- This referral was received on 10/25/10 from the TPA to review a request for a kidney transplant at the University of Wisconsin Hospital.
- The transplant financial coordinator was contacted. The file was discussed and arrangements made for the evaluation, when completed, to be forwarded to this writer, along with 2 letters by board certified physicians.
- This writer contacted the patient, who is employed in the sales department by XYZ insurance company. She is aware of the review process and she is knowledgeable about case management services. She provided Plan language to this writer for review by the TPA. This writer discussed coverage of her health care costs by 2 commercial insurance carriers. As of the date of her transplant, she will be eligible for Medicare as well. She plans to purchase Part B (about \$110/month) to assist with the costs of her anti-rejection medication. This writer forwarded the website link at [Medicare.gov](http://Medicare.gov) to review the patient booklet on Medicare for End Stage Renal Disease. Coverage by the Fund was discussed including reimbursement for lodging, meals, and transportation as the family lives approximately 3 hours from UW Hospitals. The patient's sister is a potential donor and all tests completed to date have confirmed this, but testing is ongoing. The patient is aware there is a donor limit under the Fund's plan and she will investigate Medicare coverage for the donor. This writer encouraged her to contact customer service to discern pharmacy coverage for medications.

- When the medical records of the evaluation were received on 11/10/10, the file was forwarded to ProPeer for review by a renal transplant physician. It is his opinion that the requested kidney transplant is medically necessary.(See attached report dated 11/15/10.)
- Two letters from Board Certified physicians were obtained. (See attached letters.)

**Case Management Recommendations:**

- The requested kidney transplant has been determined to be medically necessary. The patient has been informed of this recommendation. The transplant financial coordinator at UW Hospital is requesting that the Fund fax a letter of authorization and benefits directly to the financial coordinator at fax 111-111-1111.
- This writer is asking that a copy of that letter be faxed to this writer as well.
- This file will remain open to case management to assist as needed.

Thank you for this referral. Please contact the undersigned with any questions.

Diane Phipps RN-BC, CCM