

**Date:** 06/14/06

## Final Report

**Account:**

**Contact:**

**Reference #:**

**Patient:**

**Group:**

**Specific:**

**Date of Referral:** 6/12/06

The following information was obtained from information provided by the case management vendor.

**History:** This 55 year old woman has a history of chronic renal failure, diabetes for 25 years, hypertension and arthritis. The start date of the hemodialysis was not listed, but it was completed on 1/30/06. Peritoneal dialysis was initiated at home on 2/27/06 (I assume she received peritoneal dialysis in the clinic while training between 1/30 and 2/27/06.) She performs the peritoneal dialysis three times per week in her home. She is planning on undergoing a transplant evaluation within the next 6 months. She is in the process of applying for Medicare (it is important to know the start date of hemodialysis as her Medicare coverage will be dependent upon that date.) She is being followed by a cardiologist; last visit was on 1/26/06; no other details known. The status of the diabetes was unknown by the case management vendor. No other clinical information was provided.

### Foreseeable Treatment (8/1/06-7/31/07)

Ongoing peritoneal dialysis, 3x/wk at \$580/day (unsure why this is billed daily- 7 days per week- when she receives treatment three times per week.) x 365 days	\$211,700
MD fees/ labs	\$50,000
Medications (unknown), estimate \$1000/month	\$12,000

### Potential Treatment

Resumption of hemodialysis if problems with PD arise, low estimate \$1500/session	\$18,000/month
Kidney transplant (unsure of URN arrangements): recipient charges for eval and transplant	\$80,000
Donor fees (if applicable), estimated	\$40,000
Medications post-transplant (unknown), estimate	\$2000/month

Hospitalizations for sepsis or other dialysis complications, or cardiac issues. She is under the care of a cardiologist but no details are known.

This woman has many claims listed for services that are not listed on the claims forms, but care has been costly since October 2005 for reasons unknown, perhaps in regards to her diabetes. This should be investigated prior to the final laser being determined.

The final determination is the responsibility of the client.

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

Nurse Case Manager RN, CCM