Health Plan of Nevada
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General Guidelines for Heart 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.**

HEART TRANSPLANT is an option for patients with end-stage heart disease.

INDICATIONS TO REFER

- Likelihood of death from heart disease within 12-24 months without transplant
- Heart failure with severe cardiac disability despite optimal medical therapy
- Valvular heart disease with left ventricular dysfunction (not correctable with valve replacement or repair)
- Recurrent life-threatening arrhythmias
- Intractable angina with coronary artery disease despite maximal medical therapy
- Primary cardiac tumors confined to the myocardium, with a low likelihood of metastasis
- Refractory heart failure requiring continuous inotropic support
- Severe hypertrophic or restrictive cardiomyopathy
- Congenital heart disease that is not amenable to surgical therapy or failed previous surgical correction
- Re-transplantation due to primary graft failure

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
- Social and Psychiatric Issues/emotional instability
- Limited cognitive ability/irreversible, severe brain damage
- Lack of psychosocial support/lack 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
- Active systemic and/or uncontrolled infection associated with left ventricular assist device.
- BMI > 35 kg/m2
- Patients > the age of 70
- Recent stroke
- Active pulmonary embolism (< 6 weeks)

LIST IS NOT ALL-INCLUSIVE

WHAT YOU CAN EXPECT AFTER REFERRAL

Referral will be sent to the transplant facility along with available clinicals.

- 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 time lines

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

LIST IS NOT ALL-INCLUSIVE

SPECIAL CONSIDERATIONS

Additional consultation and/or evaluation may be indicated in these situations

- Severe irreversible pulmonary hypertension
- Patients with renal failure can be evaluated for combined heart-kidney transplantation
- BMI > 35 kg/m2
- Patients > the age of 70
- Recent stroke
- Active pulmonary embolism (< 6 weeks)
- Recent history of malignancy (treated) within 5 years
- Social and psychiatric issues/significant depression or other treatable psychiatric illness
- Inadequate funding to pay for immunosuppressive medications post transplant
- HIV infection without AIDS
- Patients over the age of 70

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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UHC8496_23.1 (12/23)