



Medical documentation checklists

Case managers in the Transplant Case Management Unit use transplant-specific checklists to ensure all needed tests have been completed and submitted. In order to perform the most complete review possible, Transplant Case Managers will typically request the information in the checklists on the following pages. Please use these checklists to assist us with managing your patient's coverage. If a box has an X, we ask that you provide the information for the corresponding transplant treatment.

Please include all documents that contain or refer to the information the physician or hospital reviewed or relied upon in reaching the decision to transplant a patient. Note that an authorization for coverage decision will **NOT** be made until these records are received and reviewed.

Medical documentation necessary for referral for evaluation – obtain from primary care provider (PCP) or specialty care provider (SCP)

The following information should be requested of all participants:

1. Letter of medical necessity describing transplant procedure, or
2. Clinical data to support the request

Note: These checklists are a guide and are not absolute. Please contact your patient's Transplant Case Manager if you have questions or concerns.

Together, all the way.™



Adult Transplant									
		Allogenic stem cell/bone marrow	Autologous stem cell/bone marrow	Chimeric Antigen Receptor T-cell (CAR-T) Therapy	Heart or heart/lung	Kidney	Liver, intestine, or multi-visceral	Lung	Pancreas or kidney/pancreas
Cardiopulmonary									
	Chest X-ray or CT	X	X	X	X	X	X	X	X
	MRI or CT of thorax							X	
	Electrocardiogram (EKG)	X	X	X	X	X	X	X	X
	Echocardiography or cardiac catheterization				X			X	
	Echocardiography or other cardiac functional test MUGA/CATH that evaluates EF and valvular status	X	X	X					
	Cardiac clearance if abnormal from physical exam or history of heart failure or heart disease					X	X		X
	Pulmonary function testing: spirometry, volumes, DLCO, and room air arterial blood gas (ABG)	X			X			X	
	Room air arterial blood gas (ABG) and/or pulse oximetry						X		

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	Pulmonary ventilation/perfusion (VQ) scan or CT angiogram: for heart/lung transplants if history of deep vein thrombosis (DVT) or pulmonary embolism, or evidence of pulmonary hypertension on echocardiography or cardiac catheterization				X			X	
	Exercise performance assessment or six-minute walk							X	
Labs									
	Complete blood count (CBC), chemistry panel, liver profile, and renal profile	X	X	X	X	X	X	X	X
	Estimated glomerular filtration rate (GFR) or creatinine clearance if not on dialysis					X			
	Estimated glomerular filtration rate (GFR) or creatinine clearance if level is greater than 2.0						X	X	X
	Hgb A1c								X
	ABO blood type	X	X	X	X	X	X	X	X
	Human leukocyte antigen (HLA) typing	X							
	HIV status	X	X	X	X	X	X	X	X

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	Hepatitis serologies	X	X	X	X	X	X	X	X
	C-peptide level								X
	Abdominal CT, MRI, or ultrasound						X		
Cancer surveillance									
	Age 45 and older – age and condition appropriate colon cancer screening (can include colonoscopy or sigmoidoscopy or fecal occult blood test x3, computed tomographic [CTC]/virtual colonoscopy, stool-based deoxyribonucleic acid (DNA) (Cologuard®)	X	X	X	X	X	X	X	X
	Females age 21 and older – gynecological exam with Pap smear within the past three years unless absolute neutrophil count (ANC) < 1,000	X	X	X	X	X	X	X	X
	Females age 50 and older – mammography within the past three years	X	X	X	X	X	X	X	X
Other requirements									
	Recent history and complete physical examination (including rectal/pelvic, breast, and oral/dental, unless contraindicated)	X	X	X	X	X	X	X	X

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	Psychosocial evaluation performed at the transplant center	X	X	X	X	X	X	X	X
	Documentation of candidacy approval by facility selection committee				X	X	X	X	X
	Model for End-stage Liver Disease (MELD) score						X		
	Dental clearance, if abnormal physical exam	X	X	X	X	X	X	X	X
	PPD testing for tuberculosis with history of exposure, past history or family history of tuberculosis, or abnormal chest X-ray	X	X	X	X	X	X	X	X
	Protocol or written transplant treatment plan	X	X	X					
	Additional testing or clearance required by the transplant team to address any comorbidities not included above	X	X	X	X	X	X	X	X
	New York Heart Association Functional Class				X			X	

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	Hepatitis serologies	X	X	X	X	X	X	X	X
Other requirements									
	Recent history and complete physical examination (including oral/dental component and breast/rectal/pelvis examination as age and condition appropriate)	X	X	X	X	X	X	X	X
	Abdominal CT, MRI, or ultrasound						X		
	Psychosocial evaluation of caregivers performed at the transplant center	X	X	X	X	X	X	X	X
	Documentation of candidacy approval by facility selection committee				X	X	X	X	X
	Pediatric End-stage Liver Disease (PELD) score						X		
	Protocol or written transplant treatment plan	X	X	X					
	PPD testing for tuberculosis with history of exposure, past history, family history of tuberculosis, or abnormal chest X-ray	X	X	X	X	X	X	X	X
	Dental clearance, if abnormal physical exam	X	X	X	X	X	X	X	X
	Additional testing or clearance required by the transplant team to address any comorbidities not included above	X	X	X	X	X	X	X	X
	New York Heart Association Functional Class				X			X	

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