**Q&A from Provider Transplant Training 2-23-21**

1. **Q:** Is there a list of clinical information that Kepro is looking for?

**A:** Kepro utilizes InterQual criteria for our review so it would be dependent on the type of transplant being requested, what the criteria would ask for. Reference the SCDHHS Hospital Manual section 7 for additional instructions.

1. **Q:** The authorization is required prior to seeing the patient for kidney transplant evaluation. We only receive a limited amount of information from providers until we actually evaluate the patient. Is this a problem?

**A:** Pre-transplant evaluations remain the responsibility of the primary payor as they are done on an outpatient basis and Kepro DOES NOT review/authorize these. Kepro will review for the actual transplant itself (including 72 hours immediately before the transplant through 90 days after the transplant). Once the pre-evaluation is completed, if the provider has limited information because the pre-evaluation has been done and the beneficiary is now coming to the actual transplant provider at that point, there is a possibility of a small gap of information. As clinical reviewers at Kepro we will try to navigate that with you as the provider as you obtain the additional information that is needed. We try to partner because we realize these are imperatives to service the beneficiary.

1. **Q:** Please clarify the responsibility of the MCOs re: Transplants. We're getting conflicting messages from the state as to the responsibility of the MCO. What we have been doing is notifying the provider of the approval of the pre-evaluation and then it's their responsibility to then submit to Kepro. Is this correct?

**A:** ALL transplant requests must now go to Kepro for approval. All other requirements the MCO had in place haven’t changed, including the MCO pre-evaluation process. Reference the SCDHHS Hospital Manual section 7 for additional MCO instructions.

1. **Q:** Does Kepro need to be notified when a transplant procedure is approved?

**A:** If the pre-evaluation is done by the MCO and they're going to be listed, you as a provider, being proactive because there could be an organ match, then, yes. Proceed with submitting an authorization request to Kepro to get an authorization in place. That authorization is good for a year. You don't know when an organ necessarily is going to be available for that beneficiary. So, when you know that somebody meets the pre-evaluation standards get that authorization reviewed and in place for you, so that when an organ is available for that beneficiary you have your authorization in place for the surgery, the 72 hours before the surgery, and the 90 days post-surgery.

1. **Q:** After the year is up and a new authorization is needed, do you need all updated clinical information along with the authorization form again? We do not see our patient, except every two years after listing so this is not always feasible.

**A:** We would ask that you update the authorization form. As clinical reviewers we understand that the beneficiary’s condition is not going to improve without transplant. We do need formal communication that as a provider you had a prior existing authorization and that you are submitting the same clinical you submitted the first time because there was no organ match available during the previous authorization period. Either inform Kepro that there's been no significant change or that you are asking for this new authorization again because an organ was not available that was a match for the beneficiary and the beneficiary has now moved up to a higher priority on the list.