Date:

TO:

ATTN:

RE:

DOB:

Policy #:

Dear/To Whom It May Concern:

Patient Name is a patient who underwent a/an type of transplant by the team on date of transplant at Nebraska Medicine, in Omaha, NE. Their transplant service requires their patients to return for follow up visits every 6 months to 1 year after their initial post-transplant discharge. This is required primarily to ensure continuity of care, but also to remain in compliance related to rules established the United Network for Organ Sharing (UNOS).

We are requesting that he/she continue to have routine follow-up visits with the transplant team at Nebraska Medicine every 6-12 months. Our team will continue to work in collaboration with the team at Nebraska Medicine for the ongoing needs of Patient Name. If you or your organizations needs any further information regarding the case of Patient Name or the programs offered at Nebraska Medicine, please do not hesitate to call either one of us. For more information on Nebraska Medicine, please follow this link to their website: [https://www.nebraskamed.com/](https://www.nebraskamed.com/intestinal-failure). We have also enclosed a list of codes, if indicated with follow-up vits, as well as contact information for your convenience. Thank you for your cooperation in the care of our patient.

Sincerely,

MD signature

Signature Plate

**Contact Information**

Referring Facility Name:

 Referring Provider

 Contact Names:

 Phone/Fax Number:

 Address:

 Receiving Facility Name: Nebraska Medicine

 Accepting Provider Dr. David F. Mercer

 Contact Names: Brandi, RN/Sarah, RN/Jaime RN

 Phone/Fax Number: 402-559-5000/402-559-9125

 Billing Address: 600 S. 42nd Street

 (I*nsurance Forms*) Omaha, NE 68198

 Mailing Address: 601 S. Saddlecreek Road

 (*Patient Records*) Omaha, NE 68106-3285

**Codes/ID Numbers**

 **Nebraska Medicine NPI# 1356307581 UNMC NPI # 1417912114**

Diagnosis Codes:

 Intestinal Failure/Short Bowel Syndrome: K91.2

 Intestinal Transplant: Z94.82

 Liver Transplant: Z94.4

Procedure Codes:

Intestinal Rehabilitation: 99214/99201 UGI/SBS: 74249

Transplantation: 44135/48554/47135 Bone Age: 77072

Clinic Appointment: 99215/97802 Barium Enema: 74270

Out of State Auth: 20999 Bowel Path: 88305

EGD/Colonoscopy: 00812/43239/45331/88305 DEXA scan: 77080/77082

Central Line Removal: 36589/77001/A4550, 1 Lab Codes: 82525/84590/87910

Central Line Placement: 36558/76937/77001/A4550, 1 85584/846630/86665

Central Line Exchange: 77001/36581/A4550, 1 82617/82306/86664

Venogram: 75822/36005x2/A4550, 1 84446/84150/84255

Gastric Emptying: 89541/78264 84478/82136/82379

Abd. Ultrasound: 76700 83735/85053/82542

Doppler Venous: 93970 82728/83540/83550

 STEP: 44799 8/522/86701/86702

 Ostomy Takedown: 44625/44625/44340 Fistula Repair: 44640