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Michael Interdonato  
4600 Cooper Lane  
Bethesda, MD 20816

Date: May 26, 2005  
Patient Information  
Patient Name: Michael Interdonato  
Identification #: R13276249  
Confirmation #: 0067ND01359  
Contract: FEP PPO  
Company: Empire BlueCross BlueShield

Dear Mr. Interdonato:

We have completed our review of the appeal for the previously denied Sub-Myeloablative Allogeneic Cord Blood Stem Cell Transplant for the treatment of Mitochondrial Neurogastrointestinal Encephalomyopathy (MNGIE).

An outside consultant, an expert in the field of pediatric neuro-oncology and allogeneic stem cell transplant, has reviewed the information received. Based upon that review, we have determined that the Sub-Myeloablative Allogeneic Cord Blood Stem Cell Transplant will be approved. While the 2005 FEP Service Benefit Plan (SBP) Brochure states, "Not covered: Transplants for any diagnosis not listed as a covered diagnosis for allogeneic stem cell transplant," and MNGIE is not listed as a covered diagnosis on pages 50, 51, and 54 in the SBP, a one time exception will be given to approve SBP benefits for your proposed Sub-Myeloablative Allogeneic Cord Blood Stem Cell Transplant.

This exception is only applicable for the specific allogeneic stem cell transplant requested in Dr. James Garvin's 5/4/05 letter and the specific treatment protocol (Risk-Adapted Allogeneic Stem Cell Transplantation with a Fludarabine/Cyclophosphamide Based Conditioning Regimen for Mixed Donor Chimerism In Patients With Selected Non-Malignant Diseases - CHNY-01-509 v6 3.05 - IRB#AAAB0170 (14630)) that was submitted with the 5/4/05 request from Dr. Garvin. This exception is not applicable for any other current or future treatment requests for your medical care.

This authorization is valid for six months from the above date. If services have not been rendered within the authorization period and you are an active candidate for transplant, new materials pertaining to your status must be forwarded for recertification.

This authorization applies only to the requirements of the Medical Management Program. Benefit payment is subject to the terms and conditions of your contract. If you have questions regarding your contract, please contact the Member Services Department at the telephone number on the back of your identification card.

Sincerely,

Transplant Department

PAPPAPPR-T:sms

cc: James Garvin, MD  
New York Presbyterian Hospital