

Transplant Related PA Request

****Chart Notes Required****



Please fax this request to: 503-574-6464 or 800-989-7479
 Please call our PA department if you have any questions at: 503-574-6400 or 800-638-0449

Member Information	
Last Name:	First Name:
ID #:	DOB:
Address:	
Provider Information	
Primary Care Physician (PCP):	
Requesting Provider:	TIN#:
Address:	NPI#:
Servicing Provider:	TIN#:
Address:	NPI#:
Servicing Facility:	TIN#:
Address:	NPI#:
Request Information	
ICD-10 Code(s):	
CPT Code(s):	
Transplant Services:	
<input type="checkbox"/> HLA Typing Related: Y or N Relationship: _____ Name: _____ DOB: _____ <input type="checkbox"/> Comprehensive Transplant Evaluation (Includes labs not on PA list) If living donor for solid organ transplant, include name of potential donor: _____ <input type="checkbox"/> Bone Marrow Biopsy (Includes proc and cytology codes) <input type="checkbox"/> Transplant <input type="checkbox"/> Annual Post-Transplant Follow-up <input type="checkbox"/> Wait List Management <input type="checkbox"/> Transplant Center Referral <input type="checkbox"/> Initial Post-Transplant Follow-up <input type="checkbox"/> Type of Transplant being considered: _____	
DOS:	Date Span Requested:
Comments:	
REQUIRED Contact Information:	
Name:	Phone #:
Fax #:	Total # of pages faxed, including cover page:
<input type="checkbox"/> PLEASE EXPEDITE! The provider believes that waiting for a decision under the standard time frame could place the enrollee's life, health or ability to regain maximum function in serious jeopardy (CMS definition)	