Transplant Related PA Request

Chart Notes Required

Yamhill Community Care Organization

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:

- ☐ HLA Typing Related: Y or N Relationship: _____ Name: _____ DOB:_____
- ☐ Comprehensive Transplant Evaluation (Includes labs not on PA list)
  If living donor for solid organ transplant, include name of potential donor: _____
- ☐ Bone Marrow Biopsy (Includes proc and cytology codes)
- ☐ Transplant
- ☐ Wait List Management
- ☐ Initial Post-Transplant Follow-up
- ☐ Annual Post-Transplant Follow-up
- ☐ Transplant Center Referral
- ☐ Type of Transplant being considered: _____

DOS:	**Date Span Requested:**
Comments:	

REQUIRED Contact Information:	
Name:	Phone #:
Fax #:	Total # of pages faxed, including cover page:

☐ **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)

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