

Transplant Prior Authorization Request

****Chart Notes Required****

Please fax to 503.850.9398 | Questions call YCCO Customer Service 855.722.8205

For High Tech Imaging	eviCore Phone: 800.918.8924 https://www.evicore.com/ For Registration: https://www.evicore.com/resources/healthplan/yamhill	
Expedited Request, Out of Network Benefits, or Out of Network Providers must complete the required sections		
Member Information		
Last Name:	First Name:	
Insurance ID #:	DOB:	
Address:		
REQUIRED Contact Information		
Name:	Phone:	Fax:
Primary Care Physician (PCP):		
Requesting Provider:		TIN#:
Address:		NPI#:
Servicing Provider:		TIN#:
Address:		NPI#:
Do you have an active DMAP #: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Note: All DMAP administrative rules, guidelines, and applications to become an enrolled DMAP provider can be found at www.oregon.gov/OHA/healthplan .		
Servicing Facility:		TIN#:
Address:		NPI#:
Do you have an active DMAP #: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Note: All DMAP administrative rules, guidelines, and applications to become an enrolled DMAP provider can be found at www.oregon.gov/OHA/healthplan .		
Request Information – Provider Must Supply the Service Codes Requested for the Transplant		
ICD-10 Code(s):	CPT Code(s):	
Transplant Services:		
<input type="checkbox"/> HLA Typing Related: <input type="checkbox"/> Yes or <input type="checkbox"/> No 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		

Transplant Center Referral

Type of Transplant Being Considered: _____

Wait List Management

Initial Post-Transplant Follow-up

Date of Service:

Date Span Requested:

Comments:

Expedite- defined as member's life, health, or ability to regain maximum function is in serious jeopardy if determination is not made in the standard time frame. **Request must include supporting documentation to substantiate an expedited review.**

Explanation Required:

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