

Transplant Prior Approval or Out-of-Network Request Form

Instructions: Please fill out this form completely and fax to 517.364.8409, Monday - Friday, 8 a.m. to 5 p.m. EST, except holidays. Documentation that must be submitted with the request includes:

- ✓ Clinical documentation that supports the need for the service(s)
- ✓ Clinical documentation that supports the need for the service(s) to be performed out-of-network
- ✓ Consult report from the in-network specialist who evaluated the member for the requested service
- ✓ Any other pertinent information for the review of this request.

Patient Information

Evaluation Information

Today's Date: Member Name:

Evaluation and Event Information

Member's PHP ID#: Date of Birth:

Add Name and Policy Number for Any Other Insurance

Coordination Information

Transplant Coordinator Name

Office Phone: Fax:

Referring Provider Name

Office Phone: Fax:

Transplant Provider/Surgeon Name

Phone Number Fax Number NPI

Organ	Transplant ICD10 Code		CPT Procedure Code(s)	
Initial Request	Extension Request	Non-Urgent service	Clinically Urgent Service	Retroactive
DOS not scheduled yet		Service location:	Outpatient Hospital	Inpatient Hospital
DOS scheduled on:		Transplant Facility Name		Facility NPI
Retrospective DOS:		Street Address, City, State, Zip Code		Facility Tax ID

12/14/2022