

TRANSPLANT REQUEST CHECKLIST FOR

- Evaluation
- Consultation
- Transplant Listing
- Re-certification

Please refer to Neighborhood's *Clinical Medical Policy for Transplants* available on Neighborhood's web site, www.nhpri.org for more detailed information about this benefit, authorization requirements, and coverage criteria.

MEMBER INFORMATION		
Member's Name:	Member's ID #:	Member's DOB:
PROVIDER INFORMATION		
Provider's Name:	Supplier ID or NPI #:	Date of Request:
Provider's Phone #:	Provider's Fax #:	Provider's Contact Name:

Please include the following for evaluation / consultation-

- All medical and behavioral health diagnoses
- Progress notes including disease progression and current status (acute/chronic, remission, etc.)
Please be sure to include height and weight or BMI
- MELD/PELD score (Liver only)

Please include the following for the transplant listing and re-certification-

- All medical and behavioral health diagnoses
- Progress notes including disease progression and current status (acute/chronic, remission, etc.)
Please be sure to include height and weight or BMI
- MELD/PELD score (Liver only)
- Listing status
- Prior transplant history
- Facility protocol/criteria**
- Test results
- Availability of donor (if applicable)
- Behavioral health and Social Worker evaluations and protocols completed within the last year**
- Documentation of member adherence to medical, behavioral health and substance abuse appointments and treatment plans
- Consults and all other evaluations
- Facility's smoking cessation protocol, documentation of member's adherence to the protocol
- Psycho-social support network
- Dental Evaluation attached (Mandatory for Bone Marrow Transplants)**