Transplant Authorization Request Form

Please complete this form, attach relevant clinical information, and fax to (833).554.9046. For faster submission, and to check status, complete this form on myHFHP.org/4provider. All codes associated with a transplant request should be made with Oscar. Routine lab work and specialist visits do not require authorization.

Health First Health Plans

Member information

First name	Last name
Date of birth	Member osc#

Requestor information

First name	Last name
Phone number (+ ext.)	Fax number

Provider information

Attending Provider NPI	Attending Provider TIN
Attending provider full name	

Referring Provider NPI	Referring Provider TIN
Referring provider full name	

Facility information (if applicable)

Facility NPI	Facility TIN
Facility name	
Facility street address	
Facility city, state, zip	

Dates of service

Requested start date (MM/DD/YY)
Requested end date (MM/DD/YY)
Number of requested days (inpatient only)

Select one

- O **Pre-Service**: prior to the start of care or admission
- O **Concurrent**: during ongoing course of treatment or admission

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Inpatient service information

Service type

- ◦ Emergency Admission
- ◦ Direct Hospital Admission (when requesting transplant admission up to 6 months in advance)

Place of service

- ◦ Hospital

Outpatient service information

Service type

- ◦ Transplant Initial Evaluation (radiology / imaging and procedures)
- ◦ Post Transplant Care

Place of service

- ◦ Outpatient Imaging Center
- ◦ Hospital
- ◦ Physicians Office
- ◦ Home
- ◦ Lab

Request Type

- ◦ Transplant Evaluation
- ◦ Transplant Admission
- ◦ Transplant Re-admission
- ◦ Post Transplant

Procedures

Procedure code	Type (unit or visit)	Quantity
Procedure code	Type (unit or visit)	Quantity
Procedure code	Type (unit or visit)	Quantity
Procedure code	Type (unit or visit)	Quantity

Diagnosis codes

ICD 10

Existing Case

Case number (e.g. AECISTB8)

Labs (if applicable)

Case number / Codes (e.g. AECISTB8)

Radiology (if applicable)

Case number / Codes (e.g. AECISTB8)

OON Consults (if applicable)

Case number / Codes (e.g. AECISTB8)