

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 myAHplan.org/4providers. All codes associated with a transplant request should be made with Oscar. Routine lab work and specialist visits do not require authorization.



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)	Select one <input type="radio"/> Pre-Service: prior to the start of care or admission <input type="radio"/> Concurrent: during ongoing course of treatment or admission
Requested end date (MM/DD/YY)	
Number of requested days (inpatient only)	

Inpatient service information

Service type <input type="radio"/> Emergency Admission <input type="radio"/> Direct Hospital Admission (when requesting transplant admission up to 6 months in advance)	Place of service <input type="radio"/> Hospital
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Outpatient service information

Service type <input type="radio"/> Transplant Initial Evaluation (radiology / imaging and procedures) <input type="radio"/> Post Transplant Care	Place of service <input type="radio"/> Outpatient Imaging Center <input type="radio"/> Hospital <input type="radio"/> Physicians Office <input type="radio"/> Home <input type="radio"/> Lab
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Request Type

<input type="radio"/> Transplant Evaluation <input type="radio"/> Transplant Admission	<input type="radio"/> Transplant Re-admission <input type="radio"/> Post Transplant
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Procedures

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)
