PRIOR AUTHORIZATION
FOR TRANSPLANT

Note: Prior Authorization DOES NOT guarantee payment or client eligibility

Medicaid is considered the payer of last resort. If no prior authorization is obtained from Medicaid and the primary insurance carrier does not reimburse, Medicaid may deny the claim due to lack of prior authorization.

Medical Necessity: Supporting documentation must include the following from the primary transplant physician:

- Diagnosis per transplant specialist evaluation
- Clinical indications for procedure
- Medical history including comorbidities
- Prognosis with or without transplant
- Plan of Care
- Medical and/or Surgical management of diagnosis including alternative therapies
- Statement of patient's ability to adhere to a discipline medical regimen

***Please note:** When the date of admission is undetermined, you have ONE WORKING DAY from the actual admission date to notify Telligen that the patient has been admitted to the hospital for the transplant.

PROVIDER INFORMATION	
Date Requested:	
Admission Date:	
Procedure Date:	
Hospital Name:	
Hospital NPI #:	
Hospital Contact Person:	
Contact Phone #:	**Contact Fax #:**

PATIENT INFORMATION		
Name:		**Medicaid ID #:**
Address:		**Phone #:**
City:	**State:**	**Zip:**
DOB:	**SS #:**	**Sex:** ☐ Male ☐ Female

CPT Code(s) and Description(s)	
CPT Code(s)	CPT Description(s)
1.	
2.	
3.	
4.	

ICD-10-CM code(s) (provide ALL code numbers as well as diagnosis names):	
ICD-10-CM Code(s)	ICD-10-CM Diagnosis Name
1.	
2.	
3.	
4.	
5.	
6.	

Physician Information: List ALL physicians who will be involved in the care of the patient.
Medical Physician Name:
Medical Physician Phone #:

Transplant Surgeon Name:
Transplant Surgeon Phone #:
Transplant Surgeon Provider (Individual) NPI #:
Transplant Surgeon Group Practice Name:
Transplant Surgeon Group Practice NPI #:

Assistant Surgeon Name:
Assistant Surgeon Phone #:
Assistant Surgeon Provider (Individual) NPI #:
Assistant Surgeon Group Practice Name:
Assistant Surgeon Group Practice NPI #:

Additional Surgeon Name:
Additional Surgeon Phone #:
Additional Surgeon (Individual) NPI #:
Additional Surgeon Group Practice Name:
Additional Surgeon Group Practice NPI #:

Other Contacts
Transplant Coordinator Name:
Transplant Coordinator Phone #:
Transplant Nurse Name:
Transplant Nurse Phone #:

Forms can be found on-line at wymedicaid.telligen.com