



## Transplant Pre-Authorization/Prior Approval Request Form

Effective May 1, 2019, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) providers are required to use the Availity® Provider Portal to submit preservice prior authorization requests. **Faxes and phone calls for these requests will no longer be accepted by Blue Cross.** Please complete the clinical sections on this form and attach it to your request at [Availity.com](http://Availity.com) to ensure a timely review.

Providers outside of Minnesota without electronic access can fax this form, along with clinical records to support request, to (651) 662-1624.

**Request for Urgent Review:** By checking this box, I certify that applying the standard review time may seriously jeopardize the life or health of the member or the member's ability to regain maximum function per Federal definition of "Urgent".

<b>Patient Information</b>	Member name: _____ Date of birth: _____ Member ID: _____ Group number: _____ Member address: _____ City/state/zip: _____ Phone: _____ Other insurance: <input type="checkbox"/> Commercial <input type="checkbox"/> Medicare
<b>Facility Information</b>	Person completing form: _____ Phone: _____ Fax: _____ Facility NPI / Tax #: _____ Facility Provider ID #: _____ Facility name: _____ Facility address: _____ City/State/Zip: _____ Facility status: <input type="checkbox"/> BDCT <input type="checkbox"/> Alternate Model BDCT <input type="checkbox"/> Participating with Local Blue Plan <input type="checkbox"/> Non-Par
<b>Ordering/Attending Provider Information</b>	Individual ID #: _____ NPI / Tax #: _____ Provider name: _____ Provider address: _____ Provider city/state/zip: _____ Phone: _____ Fax: _____

**Transplant Information**

Procedure code(s) requested: \_\_\_\_\_

Procedure code(s) description: \_\_\_\_\_

Primary diagnosis code: \_\_\_\_\_ Secondary diagnosis code: \_\_\_\_\_

**Transplant type**

**Organ**

Organ type: \_\_\_\_\_ Donor type:  Living  Deceased

**Stem Cell**

Source:  Bone marrow  Peripheral stem cell  Cord blood

Type:  Autologous  Autologous islet cell  Allogeneic  Allogeneic islet cell

Allogeneic type:  Myeloablative  Non-myeloablative

Allogeneic donor:  Related  Unrelated

**Total pages:** \_\_\_\_\_

**Signature of Provider Representative:** \_\_\_\_\_