



MARYLAND PHYSICIANS CARE TRANSPLANT EVALUATION FORM

Member Name:

Member DOB:

Member ID#:

| | |
|---------------------|-----------|
| Ordering Physician: | Facility: |
| NPI: | NPI: |
| TIN: | TIN: |
| Phone: | Phone: |
| Fax: | Fax: |

Diagnosis (ICD 10):

Procedure Codes:

Labs and Imaging should be performed in a Free-Standing, Non-regulated facility. Performing these services in a hospital setting will require additional review and authorization. For a list of these facilities, please see our website: www.marylandphysicianscare.com/find-a-provider/

High tech imaging (CT scans, MRI/MRA, PET scans) will require review with National Imaging Associates (NIA) (www1.radmd.com).

| | |
|----------------------|-------------------|
| Laboratory Facility: | Imaging Facility: |
| NPI: | NPI: |
| TIN: | TIN: |

Please include all necessary information (see checklist) with your submission to avoid delay or denial of service.

Transplant Evaluation Check List

MPC Prior Authorization Form (include ICD 10, Procedure Code and all Providers/Facilities)

Letter of Medical Necessity

Completed History & Physical (including pertinent social history) for the last 6 months

Basic labs and Imaging (chemistries, CBC and LFT)

Liver – MELD or PELD score, hepatitis serologies, imaging and biopsy as indicated

Kidney – GFR (already in routine tests) or creatinine clearance if not on dialysis

Heart – echo and cardiac catheterization results

Lung – PFT’s, imaging and 6-minute walk test

Pancreas – BMI, C-peptide and history if insulin treatment

Intestine/Multivisceral - (no additional testing)

Stem Cell – most recent bone marrow biopsy as indicated