



MARYLAND PHYSICIANS CARE TRANSPLANT and AUTH EXTENSION FORM

Member Name:

Member DOB:

Member ID#:

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

Diagnosis (ICD 10):

Procedure Codes:

Request for Authorization Extension: PA #

New Date of Service:

****MUST include documentation validating previous listing approval (approval letter) plus a copy of the current UNOS listing****

Please include all necessary information (see checklist) with your submission to avoid delay or denial of service. (Please note that transplants must be done with an MPC approved Center of Excellence Facility)

Transplant Check List

- MPC Prior Authorization Form (include ICD 10, Procedure Code and all Providers/Facilities)
- Letter of Medical Necessity
- 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 **plus PRA and testing/cardiology clearance**
Heart – echo and cardiac catheterization results **plus exercise testing inclusive of (MVO2) and NYHA class**
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 **plus performance score and documentation of donor identification for allogenic stem cell**

- Annual dental clearance
- Routine health screening exams er standard of care (mammogram, Pap, and/or colonoscopy)
- Appropriate comorbidity testing/clearance, including cardiology



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Serum or Urine Drug screen results (within 90 days of request)

Infections Disease screening

CMV, EBV, VZV within one (1) year, unless baseline IgG antibody positive

Hepatitis A within one (1) year, unless baseline antibody positive

Hepatitis B testing within one (1) year, unless baseline surface antibody positive

Hepatitis C within one (1) year unless baseline positive (viral load required within three (3) months, if positive)

RPR within one (1) year

HIV within one (1) year unless baseline positive (CD4 count and viral load required within three (3) months, if positive)

Toxoplasma titer for healthy transplant recipients

Results of annual PPD, T-spot or QuantiFERON for all solid organ transplants, unless previously positive

Detailed psychosocial evaluation withing 6 months

UNOS validation is required for transplant listing extension