CalOptima
A Public Agency
Better. Together.

P.O. BOX 11033, ORANGE, CA 92856 Phone: 714-246-8686

ADULT TRANSPLANT NOTIFICATION AND REQUEST FORM

*Transplants for children under the age of 21, refer to California Children's Services (CCS)

Fax Submissions: Urgent: 714-796-6616 Routine: 714-796-6607

PHASE: ☐ New Referral ☐ Evaluation ☐ Listed ☐ Transplant ☐ Post-Transplant

***** IN ORDER TO PROCESS YOUR REQUEST, ARF MUST BE COMPLETED AND LEGIBLE *****

PROVIDER: Authorization does not guarantee payment; ELIGIBILITY must be verified at the time services are rendered.

Patient Name: _____ ☐ M ☐ F **D.O.B.** _____ **Age:** _____
Last First

Mailing Address: _____ **City:** _____ **ZIP:** _____ **Phone:** _____

Client Index # (CIN): _____

Referring Provider:

Provider NPI#: _____ **TIN#:** _____

Medi-Cal ID#: _____

Address: **Phone:** _____

Fax: _____

Office Contact: _____

Physician's Signature: _____

Diagnosis: _____ **ICD-9:** _____

TRANSPLANT TYPE
(CalOptima may redirect based on contract status or center availability)

BMT:	☐ Cedars	
DLI:	☐ Cedars	
Kidney:	☐ UCI	
Kidney Pancreas:	☐ California Pacific	☐ UCSF
Liver:	☐ Cedars	☐ USC
Liver and Kidney:	☐ Cedars	☐ USC
Lung:	☐ USC	
Heart:	☐ Cedars	☐ USC
Heart and Lung:	☐ Stanford	
Small Bowel:	☐ Cedars	☐ USC

AUTHORIZATION REQUEST

☐ **Inpatient** **Estimated Length of Stay:** _____

☐ **Outpatient** ☐ **Letter of Agreement (LOA) Requested**

Date(s) of Service: _____ **Retro Date(s) of Service:** _____

List ALL procedures requested along with the appropriate CPT/HCPCS

REQUESTED PROCEDURES	PERTINENT HISTORY (Submit supporting medical records)	CODE (CPT or HCPCS)	QUANTITY (REQUIRED)

DO NOT WRITE BELOW THIS LINE — FOR CalOptima USE ONLY

STATUS	Authorization Number #
☐ Approved ☐ Modified ☐ Denied	**Signature:** **Date:**
☐ Not Medically Indicated ☐ Not a Covered Benefit	**Comments:**
☐ Services Available In Network	