TRANSPLANT REQUEST CHECKLIST FOR

- Evaluation
- Consultation
- Transplant Listing
- Re-certification

Please refer to Neighborhood’s Clinical Medical Policy for Transplants available on Neighborhood’s web site, www.nhpr.org for more detailed information about this benefit, authorization requirements, and coverage criteria.

MEMBER INFORMATION

<table>
<thead>
<tr>
<th>Member’s Name:</th>
<th>Member’s ID #:</th>
<th>Member’s DOB:</th>
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</thead>
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PROVIDER INFORMATION

<table>
<thead>
<tr>
<th>Provider’s Name:</th>
<th>Supplier ID or NPI #:</th>
<th>Date of Request:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s Phone #:</td>
<td>Provider’s Fax #:</td>
<td>Provider’s Contact Name:</td>
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Please include the following for evaluation / consultation:

- All medical and behavioral health diagnoses
- Progress notes including disease progression and current status
  (acute/chronic, remission, etc.)
- Please be sure to include height and weight or BMI
- MELD/PELD score (Liver only)

Please include the following for the transplant listing and re-certification:

- All medical and behavioral health diagnoses
- Progress notes including disease progression and current status
  (acute/chronic, remission, etc.)
- Please be sure to include height and weight or BMI
- MELD/PELD score (Liver only)
- Listing status
- Prior transplant history
- Facility protocol/criteria
- Test results
- Availability of donor (if applicable)
- Behavioral health and Social Worker evaluations and protocols completed within the last year
- Documentation of member adherence to medical, behavioral health and substance abuse appointments and treatment plans
- Consults and all other evaluations
- Facility’s smoking cessation protocol, documentation of member’s adherence to the protocol
- Psycho-social support network
- Dental Evaluation attached (Mandatory for Bone Marrow Transplants)