

Today's date: ____/____/____

This form should be completed by the provider who has a thorough knowledge of the patient's current clinical presentation and his/her treatment history. Please complete all parts as clearly and as specifically as possible. Omissions, generalities and illegibility will result in the form being returned for completion or clarification.

Please forward this form to the following address or fax number:

Tufts Health Plan
 Attn: Medical Management Intake Services
 705 Mount Auburn Street
 Watertown, MA 02471
 Fax: 857.304.6404

Member demographic information

Patient name:	Patient DOB:
ID #:	PCP or referring provider:
Transplant physician:	Transplant facility:
Evaluation date:	Listed Date:
Transplant coordinator:	Phone #:
Financial coordinator:	Phone #:

Current Diagnosis(es)	ICD Code	CPT Code	Comorbid Diagnoses

CPT Code(s) Requested: _____

Please answer the following questions:

- Does the patient have end stage cardiac disease? Yes No
- Does the patient have any serious health conditions that create an inability to tolerate transplant surgery or post-transplant care? Yes No
- Does the patient have any unresolved psychosocial concerns or a history of noncompliance with medical management? Yes No
- Does the patient have a history of malignancy within the past 5 years? Yes No

5. Does the patient have any uncontrolled/untreatable infections? Yes No
 6. Is the patient HIV-positive? Yes No
 7. Does the patient have active or chronic Hepatitis C? Yes No
 8. Does the patient have systemic illness that will limit survival despite heart transplant?
 Yes No
 9. Does the patient have fixed pulmonary hypertension? Yes No
 10. Has the patient had active alcohol, tobacco, or nicotine delivery system use or substance abuse within the last 6 months? Yes No
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Required Documentation

- Letter of medical necessity, including the following: summary of course of illness, current medications, smoking, alcohol and drug abuse history
- Medical records, including physical exam, medical history, family history, pulmonary function test, cardiac function studies
- Laboratory assessment, including serologies and CD4 levels
- Cardiac catheterization with PRV (both before and after medications if PRV>6)