HIGHMARK WESTERN NEW YORK

Utilization Management
Preauthorization Form: Transplant

Fax to (716) 887-7913

To facilitate your request, this form **must** be completed in its entirety.

Patient Information

Patient name	
Patient date of birth	
Patient ID # with prefix	
Patient diagnosis code	

Chief Surgeon

Provider name	
Provider specialty	
Provider address	
Provider ID #/NPI/Tax ID	
Provider phone number	
Contact person	

Service Facility

Facility name	
Facility address	
Facility ID #/NPI/Tax ID	
Facility phone number	

Services

Procedure CPT code	Description

✓ Include clinical documentation that supports need for services

Highmark Blue Cross Blue Shield of Western New York is a trade name of Highmark Western and Northeastern New York Inc., an independent licensee of the Blue Cross Blue Shield Association.