

REQUIRED INFORMATION ON ALL APPLICATIONS FOR MEDICARE APPROVAL

- Name of Transplant Hospital
- Address of Transplant Hospital
- Address of Transplant Program (if different from transplant hospital)
- Name of the Hospital Representative (for each program approval requested)
- Telephone Number of Hospital Representative (for each program approval requested)
- E-Mail Address of the Hospital Representative (for each program approval requested)
- Fax Number of the Hospital Representative (for each program approval requested)
- National Provider Identifier (NPI) Number for the Hospital
- National Provider Identifier Number (NPI) (for each program approval requested- if different from the participating hospital NPI)
- CMS Certification Number (Previously the Medicare Provider Number)
- Organ Procurement Transplant Network (OPTN) Membership Code (four letter code)
- Type(s) of Transplant Program(s) For Which Medicare Approval is Requested (See Related Download “TRANSPLANT PROGRAMS COVERED”)
- Name of the Primary Transplant Surgeon designated to the OPTN (first and last name) (for each program approval requested)
- Name of the Primary Transplant Physician designated to the OPTN (first and last name) (for each program approval requested)
- Note: OPTN does not require that intestinal/multivisceral programs identify a primary surgeon or physician. In these cases, please identify the primary surgeon and physician responsible for the program at the transplant hospital.
- Date Program Initially Medicare Approved (kidney programs only)

If you are requesting approval for a pediatric heart transplant program under the alternative approval criteria (42CFR 482.76(d)) please include the following with your application:

- The National Provider Identifier (NPI) of the Jointly Operating Facility
- Name of the Shared Transplant Surgeon

All requests for Medicare approval must be signed and dated by an authorized representative of the hospital.