

Transplants: Bone Marrow & Solid Organs (Heart, Heart/Lung, Kidney, Kidney/Pancreas (including Islet Cell), Liver, Single and Bilateral Lung)	
<input type="checkbox"/> Original	Original Committee Approval: November 5, 1998
<input checked="" type="checkbox"/> Revised	Last Committee Approval: December 3, 2008
	Last Review: September 2008

***Note: Community Health Plan utilizes Interlink Transplant Criteria™ to review transplant-related requests**

These services require a referral to CHP's Case Management Department.

Please refer to the Certificates of Coverage for each of CHP's product lines for more details regarding specific benefits and limitations.

Required Approvals

Prior authorization by CHP Medical Director or h/her designee.