

<b>Transplant Work-ups/Donor Search/Donation</b>	
<input type="checkbox"/> Original	<b>Original Committee Approval: November 5, 1998</b>
<input checked="" type="checkbox"/> Revised	<b>Last Committee Approval: December 3, 2008</b>
	<b>Last Review: September 2008</b>

**\*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 the CHP Medical Director or his/her designee.