

Attachment A: Required Information for all Applications for Medicare Approval of Transplant Programs

Name of Transplant Hospital

Address of Transplant Hospital

Type(s) of Transplant Program(s) for which Medicare Approval is Requested

Address of Transplant Program (if different from transplant hospital)

Name of the Transplant Program Director (for each program approval requested)

Telephone Number of Transplant Program Director (for each program approval requested)

E-Mail Address of the Transplant Program Director (for each program approval requested)

Fax Number of the Transplant Program Director (for each program approval requested)

National Provider Identifier (NPI) Number for the Transplant Hospital

CMS Certification Number for the Transplant Hospital in Which the Transplant Program is Located

Organ Procurement Transplant Network (OPTN) Membership Identifier

Name of the Primary Transplant Surgeon Designated to the OPTN (for each program approval requested)

Name of the Primary Transplant Physician Designated to the OPTN (for each program approval requested)

The Volume (number of transplants performed) Within the Last Year to Meet the Transplant CoP Volume Requirements for Initial Approval. See 42 CFR 482.80(b)

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

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

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