



**PRIOR AUTHORIZATION TREATMENT REQUEST
TRANSPLANT CONSULT / TESTING**

URGENT (72 hours) ROUTINE RETRO

FAX: 1-855-883-1552 PHONE: 1-888-301-1228 www.goldcoasthealthplan.org

Services for transplant patients are performed by both the transplant center and the primary care provider (PCP). The referral specialist is responsible to inform the PCP of the patient status and proposed interventions throughout the course of treatment.

The PCP is responsible for maintaining communication with the transplant center.

PATIENT INFORMATION

Date of Request: _____ Patient Name: _____ CIN: _____
 Last First
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Diagnosis: _____ DX Code: _____ DOB: _____ Patient Phone: _____
 Primary Care Provider Name: _____ Clinic Name: _____

PROVIDER INFORMATION

Ordering Provider:	Rendering Provider:	Facility / Vendor:
Name: _____	Name: _____	Name: _____
Specialty: _____	Specialty: _____	Specialty: _____
NPI: _____	NPI: _____	NPI: _____
TIN: _____	TIN: _____	TIN: _____
<input type="checkbox"/> Transplant Center	<input type="checkbox"/> Transplant Center	<input type="checkbox"/> Transplant Center
<input type="checkbox"/> PCP	<input type="checkbox"/> PCP	<input type="checkbox"/> PCP
<input type="checkbox"/> Clinic	<input type="checkbox"/> Clinic	<input type="checkbox"/> Clinic
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
Address: _____	Address: _____	Address: _____
City: _____	City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____	State: _____ Zip: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____	Phone: _____ Fax: _____
Office Contact: _____	Office Contact: _____	Office Contact: _____

REQUEST FOR AUTHORIZATION

Include Transplant Center Orders
Pertinent History (*Submit Relevant Medical Records, Test Results, X- rays, etc.*)

Date(s) of Services: _____ Retro Date(s) of Service: _____ Transplant Event: _____

WHEN ADDING A PROCEDURE, PLEASE MAKE SURE THAT THE CORRECT CODE IS INCLUDED.

QTY	Code(s)	Requested Procedure(s)	QTY	Code(s)	Requested Procedure(s)
OFFICE CONSULTS					
	99205	Office Consult-New: 1) _____ 2) _____ 3) _____		99215	Office Visit-Established: 1) _____ 2) _____ 3) _____
	76140	Consult and report on radiological exam		88321	Consultation and report on slides



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QTY	Code(s)	Requested Procedure(s)	QTY	Code(s)	Requested Procedure(s)
LABS					
	86850, 86900, 86901	ABO-Type and Screen-x2		82105	Alpha Fetoprotein
	86904, 86905	Blood Typing-Serum Antigen / Rbc Antigen- FOR BMT		82103, 82104	Alpha-1 Antitrypsin total and phenotype
	85004	CBC with diff (within 6 months)		86592	RPR-syphilis
	85032	CBC with manual cell count		84153	PSA Total-for males >= 40 years of age
	85207	CBC		86480	QuantiferonTB Gold
	85610	PT/INR (within 6 months)		86708	Hepatitis A Antibody Total (HAAb)
	85730	PTT (within 6 months)		86709	Hepatitis A Antibody IgM
	80053	Comp Met Panel (within 6 months)		87340	Hepatitis B Surface Antigen (HBsAg)
	80048	Basic Metabolic Panel		86706	Hepatitis B Surface Antibody (HBsAb)
	80076	Hepatic Panel		86704	Hepatitis B Core Antibody Total (HBcAB)
	83735	Magnesium		87517	Hepatitis B DNA Quant
	84100	Phosphorus		86803	Hepatitis C antibody
	80061	Lipid Panel		87522	Hepatitis C RNA Quantitation
	83550	Iron Panel		87902	Hepatitis C Genotype
	82728	Ferritin		86703	HIV 1 / HIV 2 Antibody
	83036	Glycosylated (A1C)		86701	HIV 1 Antibody
	84443	TSH		86644	CMV Antibody
	86038	ANA		86645	CMV IGM
	81001	Urinalysis		86663, 86664	EBV Antibody-(EA/EBNA)
	87088, 87186	Urine C&S		86694, 86695	HSV Non-specific & Type 1
	82570	24-hour Urine Creatinine		86696	HSV Type 2
	82575	Creatinine Clearance		86687, 86688	HTLV-I / HTLV II Antibody
	84300	24-hour Urine Sodium		80158	Cyclosporine Level
	84156	24-hour Urine Protein		80195	Sirolimus Level
	84681	C Peptide		80197	Tacrolimus Level
	86301	CA 19-9		80299	Drug Other: _____
	82378	CEA		86812	HLA Typing A B or C SINGLE antigen
	84550	Uric Acid		86813	HLA Typing A B or C MULTIPLE antigens
	82550	CPK		86817	HLA Typing DR/DQ
	83880	Natriuretic Peptide		86807, 86808	Cytotoxic antibody-PRA screening
	84134	Pre-albumin		88185	Flow Cytometry / TC Add-on
	88240, 88241, 86353	CFC-Cryopreservation		88187	Flow Cytometry / Read 2-8
	88184	Flow Cytometry TC 1 Marker		88189	Flow Cytometry / Read 16 & >



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QTY	Code(s)	Requested Procedure(s)	QTY	Code(s)	Requested Procedure(s)
DIAGNOSTIC TESTING					
	71020	CXR		93000	EKG
	76705	Ultrasound-RUQ-abdomen		93306	Echo without Doppler complete
	76700, 93975	Ultrasound abdomen complete & Portal Vein duplex		93307	Echo without Doppler
	76770	Ultrasound of Kidneys		93015	Cardiovascular Stress test
	76776	Ultrasound-Transplanted kidneys		93350	Stress Echo
	74150	CT: Abdomen without contrast		78452	Myocardial Perfusion Imaging (SPECT)
	74160	CT: Abdomen with contrast		94620	Six-minute walk test
	74182	MRI: Abdomen with contrast		93880	Carotid Duplex-bilateral
	71250	CT chest without contrast		94010, 94060, 82803	PFT's with ABGs
	71260	CT chest with contrast		88141, 88142	Pap Smear
	78306	Whole Body Bone Scan-r/o mets		77052, 77057	Mammogram
	43235	EGD		78350	Bone Density Study
	45378	Colonoscopy			
PATHOLOGY					
	93505	Endomyocardial Biopsy		47000	Liver Biopsy: Percutaneous
	50200, 76942	Renal Biopsy: Renal biopsy and ultrasound guide for biopsy			