

SPECIAL eBULLETIN

FOR PROFESSIONAL AND FACILITY PROVIDERS

MAY 19, 2022

PRIOR AUTHORIZATION LIST TO BE UPDATED ON JULY 1, 2022

CODES TO BE ADDED TO THE PRIOR AUTHORIZATION LIST

The seventeen (17) Transplant Current Procedural Terminology (CPT) Codes listed below will be added to the [List of Procedures/DME Requiring Authorization](#) on **July 1, 2022**. The codes listed below will **not** appear on the Authorizations list on the Provider Resource Center (PRC) until the effective date of **July 1, 2022**.

Procedure Code	Description
32842	BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLANTATION; ALLOGENEIC DONOR LYMPHOCYTE INFUSIONS
32851	LUNG TRANSPLANT, SINGLE; WITHOUT CARDIOPULMONARY BYPASS
32852	LUNG TRANSPLANT, SINGLE; WITH CARDIOPULMONARY BYPASS
32853	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITHOUT CARDIOPULMONARY BYPASS
32854	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITH CARDIOPULMONARY BYPASS
33935	HEART-LUNG TRANSPLANT WITH RECIPIENT CARDIECTOMY-PNEUMONECTOMY
33945	HEART TRANSPLANT, WITH OR WITHOUT RECIPIENT CARDIECTOMY
44135	INTESTINAL ALLOTRANSPLANTATION; FROM CADAVER DONOR
44136	INTESTINAL ALLOTRANSPLANTATION; FROM LIVING DONOR
47135	LIVER ALLOTRANSPLANTATION; ORTHOTOPIC, PARTIAL OR WHOLE, FROM CADAVER OR LIVING DONOR, ANY AGE
48554	TRANSPLANTATION OF PANCREATIC ALLOGRAFT
50360	RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITHOUT RECIPIENT NEPHRECTOMY
50365	RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITH RECIPIENT NEPHRECTOMY
S2053	TRANSPLANTATION OF SMALL INTESTINE AND LIVER ALLOGRAFTS
S2054	TRANSPLANTATION OF MULTIVISCERAL ORGANS
S2060	LOBAR LUNG TRANSPLANTATION
S2065	SIMULTANEOUS PANCREAS KIDNEY TRANSPLANTATION



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IMPORTANT INFORMATION FOR ACQUIRING PRIOR AUTHORIZATION

The [List of Procedures/DME Requiring Authorization](#) for Highmark is subject to change. During the year, Highmark makes several adjustments to the full list of outpatient procedures, services, durable medical equipment, and drugs requiring authorization.

For benefits to be paid, the member must be eligible on the date of service and the service must be a covered benefit.

Providers should use NaviNet® or the applicable HIPAA electronic transactions to check member benefits and eligibility, to verify if an authorization is required, and to obtain authorization for services before they are rendered.

Providers who don't have NaviNet or access to the HIPAA transactions should complete [THIS FORM](#) then fax the completed form to Clinical Services at **1-800-416-9195** to obtain prior authorization for services.