

UCSF Medical Center
350 Parnassus Avenue, Ste. 805
Liver Transplant Evaluation Insurance
Authorization Request

Patient Name: _____ DOB: _____

Requesting auth for the following CPT codes:

99245 (x2):	1 Hepatology and 1 Surgical Evaluation
76700 & 93975:	Abdominal Ultrasound w/ Doppler
Labs:	See Below
86900	ABO
86901	RH
86644	CMV total antibody
86708	HAV igG
87517	Hepatitis B Viral Load
87340	HBsAG
86706	HBsAb
87530	HBeAg
86692	HVD
86704	HB core Ab
87536	HIV Viral Load
86359/86360	CD4 Count
87522	HCV Viral Load
87902	HCV Genotyping
82055	Alcohol (available in serum only)
80101 (x6)	Drugs of Abuse

UCSF Tax ID#: 94-3281657

NPI#: 145745011