



Iowa Department of Human Services

**Prior Authorization Codes**  
**International Classification of Diseases -**  
**Procedure Coding System (ICD-PCS)**

Code	Description
2097	IMPLANT. COCHLEAR PROSTHETIC DEVICE
2098	IMPLANTATION, PROS DEVICE, MULTIPLE
3350	LUNG TRANSPLANT, NOS
3351	UNILATERAL LUNG TRANSPLANT
3352	BILATERAL LUNG TRANSPLANTATION
336	COMBINED HEART LUNG TRANSPLANTATION
375	HEART TRANSPLANTATION
4100	BONE MARROW TRANSPLANT NOT OTHERWISE SPE
4101	AUTOLOGOUS BONE MARROW TRANPLANT
4102	ALLOGENIC BONE MARROW TRANSPLANT WITH
4103	ALLOGENIC BONE MARROW TRANSPLANT W/O
4104	AUTOLOGOUS HEMATOPOIETIC STEM CELL TRANS
4105	ALLOGENIC HEMATOPOIETIC STEM CELL TRANSP
4106	CORD BLOOD STEM CELL TRANSPLANT
4107	AUTOLOGOUS STEM CELL TRANSPLANT W PURGIN
4108	ALLOGENEIC HEMATOPOIETIC STEM CELL TRANS
4109	AUTOLOGOUS BONE MARROW TRANSPLANT W PURG
4431	HIGH GASTRIC BYPASS
4469	OTHER REPAIR OF STOMACH
4493	INSERTION OF GASTRIC BUBBLE
4495	LAPAROSCOPIC GASTRIC RESTRICTIVE PROCEDU
4496	LAP REVISION GASTRIC RESTRICTIVE PROCEDU
4498	LAP ADJUST SIZE GASTRIC RESTRIC DEVICE
4591	SMALL-TO-SMALL INTESTINAL ANASTOMOSIS
505	LIVER TRANSPLANT
5051	AUXILIARY LIVER TRANSPLANT
5059	OTHER TRANSPLANT OF LIVER
5280	PANCREATIC TRANSPLANT, NOT OTHERWISE SPE
5282	HOMOTRANSPLANT OF PANCREAS