

Prior Authorization Requirements for Washington Effective January 1, 2018



General Information

This list contains prior authorization review requirements for UnitedHealthcare Community Plan of Washington participating care providers for inpatient and outpatient services. To request prior authorization, please submit your request online, or by phone or fax:

- **Online:** Use the Prior Authorization and Notification app on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard.
- **Phone:** 866-604-3267
- **Fax:** 855-554-2152; fax form is available at UHCCommunityPlan.com > For Health Care Professionals > Washington > Provider Forms > Prior Authorization Fax Form.

Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care providers must request prior authorization for all procedures and services, excluding emergent or urgent care.

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	0312T 0316T 43659 43845 43860 95980 97803	0313T 0317T 43770 43846 43881 95981	0314T 43644 43775 43847 43882 95982	0315T 43645 43842 43848 64590 97802
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975 E0749	20979 E0760	E0747	E0748
BRCA genetic testing	Prior authorization required	81162 81214 81432	81211 81215 81433	81212 81216	81213 81217
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization required	19316 19328 19350 19366 19370 L8600	19318 19330 19357 19367 19371	19324 19340 19361 19368 19380	19325 19342 19364 19369 19396
Carpal tunnel surgery	Prior authorization required if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center	64721			
Cataract surgery	Prior authorization required if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center	66821	66982	66984	
Cochlear implants and other auditory implants A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 69930 L8691	69714 L8614 L8692	69715 L8619	69718 L8690

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Colonoscopy	<p>Prior authorization required if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p>	45378	45380	45384	45385
<p>Cosmetic and reconstructive Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function</p> <p>Reconstructive procedures that treat a medical condition or improve or restore physiological function</p>	<p>Prior authorization required</p> <p><u>For codes with an asterisk:</u></p> <p>Prior authorization required if performed in an outpatient hospital setting.</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p>	11960 14040* 15821 15847 17108 21139 21180 21184 21275 21552* 21931* 67901 67906 67912 67917 67924 Q2026	11971 14060* 15822 15877 17999 21172 21181 21230 21280 21740 28344 67902 67908 67914 67921 67950	13101* 14301* 15823 17106 21137 21175 21182 21235 21282 21742 30620 67903 67909 67915 67922 67961	13132* 15820 15830 17107 21138 21179 21183 21256 21295 21743 67900 67904 67911 67916 67923 67966
<p>Durable medical equipment (DME): more than \$500 DME codes listed with a retail purchase or cumulative rental cost of more than \$500</p>	<p>Prior authorization required only in outpatient settings, to include patient's home</p> <p>Prosthetics are not DME – see <i>Prosthetics and orthotics.</i></p>	A9279 E0266 E0457 E0620 E0642 E0675 E0745 E0784 E1003 E1007 E1030 E1229 E1234 E1238 E2228 E2322 E2331 E2511 E2628 K0005 K0812 K0849 K0853 K0857	A9280 E0270 E0460 E0636 E0656 E0693 E0762 E0984 E1004 E1008 E1035 E1231 E1235 E1239 E2230 E2325 E2351 E2599 E2629 K0008 K0830 K0850 K0854 K0858	E0194 E0300 E0466 E0638 E0669 E0694 E0764 E0986 E1005 E1009 E1036 E1232 E1236 E2100 E2300 E2327 E2373 E2626 E2630 K0013 K0831 K0851 K0855 K0859	E0265 E0445 E0483 E0641 E0670 E0710 E0766 E1002 E1006 E1010 E1161 E1233 E1237 E2227 E2301 E2329 E2510 E2627 E8001 K0108 K0848 K0852 K0856 K0860

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Durable medical equipment (DME): more than \$500 (cont'd) DME codes listed with a retail purchase or cumulative rental cost of more than \$500		K0861 K0868 K0877 K0884 K0891 V5269 V5274 V5286	K0862 K0869 K0878 K0885 S1040 V5270 V5281 V5287	K0863 K0870 K0879 K0886 T5999 V5271 V5282 V5288	K0864 K0871 K0880 K0890 V2786 V5272 V5283 V5290
Ear, nose and throat procedures	Prior authorization required if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center	21320 69631	30140	30520	69436
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034 B4102 B4150 B4158 B9000	B4035 B4103 B4152 B4159 B9002	B4036 B4104 B4153 B4160 B9998	B4100 B4149 B4155 B4161
Experimental and investigational	Prior authorization required	0085T 61863 61886 65767 A6000 S0810 S9988	0191T 61864 64555 66180 A9274 S1030 S9990	36514 61867 64722 95978 E0231 S1031 S9991	55866 61868 65765 A4638 E1831 S2102
Femoroacetabular impingement syndrome (FAI)	Prior authorization required for members 21 and older	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240 31267	31254 31276	31255 31287	31256 31288
Gynecologic procedures	Prior authorization required if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center	57522 58565	58353	58558	58563
Hernia repair	Prior authorization required if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center	49505 49651 49655	49585 49652	49587 49653	49650 49654
Home health care	Prior authorization required only in outpatient settings, to include patient's home	99504 G0494 T1021	G0299 G0495 T1030	G0300 G0496 T1031	G0493 S9474

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes
Injectable medications	Prior authorization required	<p>Acthar® J0800</p> <p>Botox® J0585 J0586 J0587 J0588</p> <p>Cerezyme® J1786</p> <p>Cinqair® J2786</p> <p>Elelyso® J3060</p> <p>IVIG 90283 90284 J1459 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599</p> <p>Lemtrada® J0202</p> <p>Makena® J1726 J1729</p> <p>Nucala® J2182</p> <p>Ocrevus™ J2350</p> <p>Probuphine® J0570</p> <p>Radicava™ C9493</p> <p>Soliris® J1300</p> <p>Spinraza™ J1428</p> <p>Synagis®* 90378</p> <p>Unclassified code** C9399 J3490 J3590</p>

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Injectable medications (cont'd)		<p>Vivitrol® J2315</p> <p>Xolair®* J2357</p> <p>Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i>. Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.</p> <p>*Please obtain prior notification for Synagis and Xolair through OptumRx prior notifications services at 800-310-6826.</p> <p>**For Unclassified codes C9399, J3490 and J3590, prior authorization is only required for Brineura™ and Radicava.</p>
<p>Joint replacement Joint, total hip and knee replacement procedures</p>	Prior authorization required	23470 23472 23473 23474 24360 24361 24362 24363 24370 24371 27120 27122 27125 27130 27132 27134 27137 27138 27412 27446 27447 27486 27487 29866 29867 29868 J7330 S2112
Liver biopsy	<p>Prior authorization required if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p>	47000
Miscellaneous	<p>Prior authorization required if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p>	20680
Non-emergent air ambulance transport	Carved out to the state	
Ophthalmologic	<p>Prior authorization required if performed in an outpatient hospital setting</p> <p>Prior authorization not required if performed at a participating ambulatory surgery center</p>	65426 65730 65855 66170 66761 67028 67036 67040 67228 67311 67312

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Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299	21127 21145 21151 21160 21195 21206 21215 21245 21249
Orthotics and prosthetics: more than \$500 Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	Prior authorization required only in outpatient settings, to include patient's home	L0112 L0464 L0486 L0632 L0638 L0810 L1000 L1310 L1700 L1755 L1845 L1950 L2010 L2036 L2106 L2136 L2627 L3649 L3730 L3901 L3971 L3999 L5010 L5100 L5200 L5250 L5312 L5400 L5505 L5535 L5580 L5600 L5616 L5643 L5651 L5702	L0170 L0480 L0624 L0634 L0640 L0820 L1005 L1499 L1710 L1834 L1846 L1970 L2020 L2037 L2108 L2350 L2628 L3671 L3740 L3904 L3975 L4000 L5020 L5105 L5210 L5270 L5321 L5420 L5510 L5540 L5585 L5610 L5639 L5644 L5653 L5703	L0456 L0482 L0629 L0636 L0700 L0830 L1200 L1680 L1720 L1840 L1860 L2000 L2030 L2038 L2126 L2510 L3230 L3674 L3764 L3905 L3976 L4010 L5050 L5150 L5220 L5280 L5331 L5460 L5520 L5560 L5590 L5613 L5640 L5646 L5661 L5706	L0462 L0484 L0631 L0637 L0710 L0859 L1300 L1685 L1730 L1844 L1945 L2005 L2034 L2060 L2128 L2526 L3265 L3720 L3900 L3961 L3977 L4020 L5060 L5160 L5230 L5301 L5341 L5500 L5530 L5570 L5595 L5614 L5642 L5648 L5682 L5716

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<p>Orthotics and prosthetics: more than \$500 (cont'd) Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500</p>		L5718 L5728 L5811 L5818 L5828 L5858 L5961 L5973 L5981 L5988 L6020 L6110 L6205 L6320 L6380 L6450 L6580 L6588 L6624 L6687 L6693 L6697 L6709 L6714 L6882 L6895 L6915 L6935 L6955 L6975 L7040 L7181 L7191 L8043 L8047 L8612	L5722 L5780 L5812 L5822 L5830 L5930 L5964 L5976 L5982 L5990 L6050 L6120 L6250 L6350 L6382 L6500 L6582 L6590 L6646 L6689 L6694 L6704 L6711 L6715 L6883 L6900 L6920 L6940 L6960 L7007 L7045 L7185 L7405 L8044 L8499 L8631	L5724 L5790 L5814 L5824 L5848 L5950 L5966 L5979 L5984 L6000 L6055 L6130 L6300 L6360 L6384 L6550 L6584 L6621 L6648 L6690 L6695 L6707 L6712 L6880 L6884 L6905 L6925 L6945 L6965 L7008 L7170 L7186 L8040 L8045 L8609 L8659	L5726 L5795 L5816 L5826 L5857 L5960 L5968 L5980 L5987 L6010 L6100 L6200 L6310 L6370 L6400 L6570 L6586 L6623 L6686 L6692 L6696 L6708 L6713 L6881 L6885 L6910 L6930 L6950 L6970 L7009 L7180 L7190 L8042 L8046 L8610
<p>Outpatient therapy</p>	<p>Prior authorization required after the 12th visit for members 21 and older</p>				
<p>Private duty nursing</p>	<p>Prior authorization required</p>	T1000			
<p>Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge</p>	<p>Prior authorization required</p>	77520	77522	77523	77525
<p>Septoplasty and rhinoplasty Treatment of nasal functional impairment and septal deviation</p>	<p>Prior authorization required</p>	30400 30435 30465	30410 30450	30420 30460	30430 30462

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Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685	41599	42145	
Spinal stimulator for pain management Spinal cord stimulators when implanted for pain management	Prior authorization required	63650	63655	63685	
Spinal surgery	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22532	22533	22548
		22551	22554	22556	22558
		22586	22590	22595	22600
		22610	22612	22630	22633
		22800	22802	22804	22808
		22810	22812	22818	22819
		22830	22849	22850	22852
		22855	22856	22861	22864
		22865	22899	63001	63003
		63005	63011	63012	63015
		63016	63017	63020	63030
		63040	63042	63045	63046
		63047	63050	63055	63056
		63064	63075	63077	63081
		63085	63087	63090	63101
		63102	63170	63172	63173
		63180	63182	63185	63190
		63191	63194	63195	63196
		63198	63199	63200	63250
		63251	63252	63265	63267
		63268	63270	63271	63272
		63286	63300	63301	63302
		63303	63304	63305	63306
		63307	63308	64553	64570
		0095T	0098T	0164T	
Tonsillectomy and adenoidectomy	Prior authorization required if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center	42820	42821	42825	42826
		42830			

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Upper gastrointestinal endoscopy	Prior authorization required if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center	43235	43239	43249	
Urologic procedures	Prior authorization required if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center	50590	52000	52005	52204
		52224	52234	52235	52260
		52281	52310	52332	52351
		52352	52353	52356	54161
		55040	55700	57288	
Vagus nerve stimulation Implantation of a device that sends electrical impulses into one of the cranial nerves	Prior authorization required	61885	64568	L8680	L8682
		L8685	L8686	L8687	L8688
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization required	36468	36473	36475	36478
		37700	37718	37722	37780
Wound vac	Prior authorization required	E2402			

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization
Behavioral health services	Prior authorization required Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.	Please call the number on the member's health plan ID card when referring for mental health and substance abuse/substance use services.
Cardiology	Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance	For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call 866-889-8054 . For more details and the CPT codes that require prior authorization, please visit UHCommunityPlan.com > For Health Care Professionals > Washington > Cardiology > Cardiology Prior Authorization CPT Code Crosswalk.

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization
<p>Chemotherapy</p>	<p>Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis</p>	<p>Injectable chemotherapy drugs that require prior authorization:</p> <ul style="list-style-type: none"> • Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleucovorin (J0641) • Chemotherapy injectable drugs that have a Q code • Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code will require prior authorization <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call 866-889-8054.</p>
<p>Colony stimulating factor drugs</p>	<p>Prior authorization required for colony stimulating factor drugs administered in an outpatient setting for a cancer diagnosis</p>	<p>Injectable colony stimulating factor drugs that require prior authorization:</p> <ul style="list-style-type: none"> • J1442 filgrastim (Neupogen®) • J1447 tbo-filgrastim (Granix®) • J2505 pegfilgrastim (Neulasta®) • J2820 sargramostim (Leukine®) • Q5101 filgrastim, bio similar (Zarxio®) <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call 866-889-8054.</p>
<p>Radiology</p>	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures 	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification app on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard. Or, call 866-889-8054.</p>

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																																																																				
Radiology (cont'd)		For more details and the CPT codes that require prior authorization, please visit UHCommunityPlan.com > For Health Care Professionals > Washington > Radiology > CPT Code List.																																																																				
Transplants	Prior authorization required	<p>For transplant and CAR T-cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), please call the Optum Transplant Case Management Team at 800-418-4994 or the notification number on the back of the member's health plan ID card.</p> <table border="0"> <tr><td>32850</td><td>32851</td><td>32852</td><td>32853</td></tr> <tr><td>32854</td><td>32855</td><td>32856</td><td>33930</td></tr> <tr><td>33933</td><td>33935</td><td>33940</td><td>33944</td></tr> <tr><td>33945</td><td>38208</td><td>38209</td><td>38210</td></tr> <tr><td>38212</td><td>38213</td><td>38214</td><td>38215</td></tr> <tr><td>38232</td><td>38240</td><td>38241</td><td>38242</td></tr> <tr><td>44132</td><td>44133</td><td>44135</td><td>44136</td></tr> <tr><td>44137</td><td>44715</td><td>44720</td><td>44721</td></tr> <tr><td>47133</td><td>47135</td><td>47140</td><td>47141</td></tr> <tr><td>47142</td><td>47143</td><td>47144</td><td>47145</td></tr> <tr><td>47146</td><td>47147</td><td>48551</td><td>48552</td></tr> <tr><td>48554</td><td>50300</td><td>50320</td><td>50323</td></tr> <tr><td>50325</td><td>50340</td><td>50360</td><td>50365</td></tr> <tr><td>50370</td><td>50380</td><td>50547</td><td>S2060</td></tr> <tr><td>S2061</td><td>S2152</td><td></td><td></td></tr> </table> <p>Prior authorization required for diagnosis codes C81.00-C88.9 and C91.00-C91.02 along with codes</p> <table border="0"> <tr><td>38206</td><td>38999</td><td>J3490</td><td>J9999</td></tr> <tr><td>M0075</td><td>S2107</td><td></td><td></td></tr> </table>	32850	32851	32852	32853	32854	32855	32856	33930	33933	33935	33940	33944	33945	38208	38209	38210	38212	38213	38214	38215	38232	38240	38241	38242	44132	44133	44135	44136	44137	44715	44720	44721	47133	47135	47140	47141	47142	47143	47144	47145	47146	47147	48551	48552	48554	50300	50320	50323	50325	50340	50360	50365	50370	50380	50547	S2060	S2061	S2152			38206	38999	J3490	J9999	M0075	S2107		
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S2061	S2152																																																																					
38206	38999	J3490	J9999																																																																			
M0075	S2107																																																																					
<p>Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow</p>	Prior authorization required	<p>Please call the notification number on the back of the member's ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929.</p> <table border="0"> <tr><td>33927</td><td>33928</td><td>33929</td><td>33975</td></tr> <tr><td>33976</td><td>33979</td><td>33981</td><td>33982</td></tr> <tr><td>33983</td><td>Q0507</td><td>Q0508</td><td>Q0509</td></tr> </table>	33927	33928	33929	33975	33976	33979	33981	33982	33983	Q0507	Q0508	Q0509																																																								
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