

Advance Notification Requirements for Washington Effective October 1, 2016



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:

- **Link:** Sign in to UnitedHealthcareOnline.com using your Optum ID, then select the Prior Authorization and Notification application 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			
Abdominal paracentesis	Prior authorization required if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center	49083			
Bariatric surgery	Prior authorization required Bariatric surgery and specific obesity-related services	43644 43659 43773 43843 43848 43882 64590 97802 0314T	43645 43770 43774 43845 43860 43886 95980 97803 0315T	43647 43771 43775 43846 43865 43887 95981 0312T 0316T	43648 43772 43842 43847 43881 43888 95982 0313T 0317T
Bone growth stimulator	Prior authorization required Electronic stimulation or ultrasound to heal fractures	20974 E0748	20975 E0749	20979 E0760	E0747
BRCA genetic testing	Prior authorization required	81162 81214 81432	81211 81215 81433	81212 81216	81213 81217
Breast reconstruction (non-mastectomy)	Prior authorization required Reconstruction of the breast except when following mastectomy	19316 19328 19350 19366 19370 L8600	19318 19330 19357 19367 19371	19324 19340 19361 19368 19380	19325 19342 19364 19369 19396
Cardiovascular	Prior authorization required if performed in an outpatient hospital setting Prior authorization not required if performed at a participating ambulatory surgery center	36561 36590			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Carpal tunnel surgery	<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>	64721			
Cataract surgery	<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>	66821	66982	66984	
Cochlear implants and other auditory implants	<p>Prior authorization required</p> <p>A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech</p>	69710 69718 L8616 L8621 L8627 L8692	69714 69930 L8617 L8622 L8628 L8693	69715 L8614 L8618 L8623 L8690	69717 L8615 L8619 L8624 L8691
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</p> <p>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 physiologic function</p>	Prior authorization required	11960 14040* 15821 15847 17108 21139 21180 21184 21260 21268 21295 21743 30545 67901 67906 67912 67917 67924 Q2026	11971 14060* 15822 15877 17999 21172 21181 21230 21261 21275 21552* 21931* 30560 67902 67908 67914 67921 67950	13101* 14301* 15823 17106 21137 21175 21182 21235 21263 21280 21740 28344 30620 67903 67909 67915 67922 67961	13132* 15820 15830 17107 21138 21179 21183 21256 21267 21282 21742 30540 67900 67904 67911 67916 67923 67966
<p>*Prior authorization required if performed in an outpatient hospital setting. Prior authorization not required if performed at a participating ambulatory surgery center.</p>					

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<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> <p>Some home health care services may qualify but are not subject to the cost threshold – see <i>Home Health Care Services</i></p>	<p>A9279 E0193 E0270 E0297 E0328 E0460 E0471 E0486 E0637 E0650 E0666 E0670 E0675 E0694 E0762 E0784 E0984 E1004 E1008 E1018 E1085 E1130 E1226 E1232 E1236 E1250 E1300 E1840 E2228 E2310 E2322 E2329 E2351 E2376 E2599 E2621 E2629 E8002 K0011 K0606 K0802 K0812 K0824 K0828 K0836 K0840</p>	<p>A9280 E0194 E0274 E0300 E0329 E0465 E0472 E0601 E0638 E0651 E0667 E0671 E0691 E0700 E0764 E0786 E0986 E1005 E1009 E1030 E1086 E1140 E1229 E1233 E1237 E1260 E1310 E2100 E2230 E2311 E2325 E2330 E2370 E2510 E2614 E2626 E2630 K0005 K0013 K0730 K0806 K0821 K0825 K0829 K0837 K0841</p>	<p>A9900 E0265 E0277 E0302 E0445 E0466 E0483 E0620 E0641 E0652 E0668 E0672 E0692 E0710 E0782 E0947 E1002 E1006 E1010 E1035 E1089 E1161 E1230 E1234 E1238 E1285 E1825 E2204 E2300 E2312 E2327 E2331 E2373 E2511 E2616 E2627 E8000 K0007 K0014 K0800 K0807 K0822 K0826 K0830 K0838 K0842</p>	<p>A9999 E0266 E0296 E0304 E0457 E0470 E0485 E0636 E0642 E0656 E0669 E0673 E0693 E0745 E0783 E0948 E1003 E1007 E1011 E1036 E1090 E1220 E1231 E1235 E1239 E1290 E1830 E2227 E2301 E2321 E2328 E2343 E2375 E2512 E2620 E2628 E8001 K0008 K0108 K0801 K0808 K0823 K0827 K0831 K0839 K0843</p>

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Durable Medical Equipment (DME): more than \$500 (cont'd) DME codes listed with a retail purchase or cumulative rental cost of more than \$500		K0848	K0849	K0850	K0851
		K0852	K0853	K0854	K0855
		K0856	K0857	K0858	K0859
		K0860	K0861	K0862	K0863
		K0864	K0868	K0869	K0870
		K0871	K0877	K0878	K0879
		K0880	K0884	K0885	K0886
		K0890	K0891	K0898	K0899
		Q0479	Q0480	Q0481	Q0482
		Q0483	Q0484	Q0488	Q0489
		Q0490	Q0491	Q0495	Q0496
		Q0502	Q0503	Q0504	Q0506
		T1999	T5999	V2786	V5268
		V5269	V5270	V5271	V5272
		V5274	V5281	V5282	V5283
		V5284	V5285	V5286	V5287
		V5288	V5289	V5290	
Ears, 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	30140	30520	69436
		69631			
Enteral services	Prior authorization required In-home nutritional therapy, either enteral or through a gastrostomy tube	B4034	B4035	B4036	B4100
		B4102	B4103	B4104	B4149
		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
		B9000	B9002	B9998	
Experimental and investigational	Prior authorization required	0085T	0191T	0269T	0270T
		0271T	0282T	0283T	0285T
		36514	54240	55866	61863
		61864	61867	61868	61886
		62264	62290	62291	62292
		64555	64722	65765	65767
		66180	95965	95966	95967
		95978	A4638	A6000	A9274
		A9276	A9277	A9278	E0231
		E1831	S0810	S1030	S1031
		S1040	S2102	S3652	S9988
		S9990	S9991		
Femoroacetabular Impingement Syndrome (FAI)	Prior authorization required for members 21 and older	29914	29915	29916	
Functional Endoscopic Sinus Surgery (FESS)	Prior authorization required	31237	31239	31240	31254
		31255	31256	31267	31276
		31287	31288		

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Gynecologic procedures	<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>	57522 58565	58353	58558	58563
Hernia repair	<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>	49505 49651 49655	49585 49652	49587 49653	49650 49654
Home health services	Prior authorization required only in outpatient settings, to include member's home	99503 G0155 G0159 G0163 S9122 S9128	G0151 G0156 G0160 G0164 S9123 S9129	G0152 G0157 G0161 G0299 S9124	G0153 G0158 G0162 G0300 S9127 S9474
Injectable medications	Prior authorization required	<p>Acthar J0800</p> <p>Botox J0585 J0586 J0587 J0588</p> <p>Cerezyme J1786</p> <p>Elelyso J3060</p> <p>IVIG 90283 90284 J1459 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599</p> <p>Makena J1725 J2675</p> <p>Synagis* 90378</p> <p>Vivitrol J2315</p> <p>Xolair* J2357</p> <p><i>*Please obtain prior notification for Synagis and Xolair through OptumRx prior notifications services at 800-310-6826.</i></p>			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Joint replacement	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
	Joint, total hip and knee replacement procedures	24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29866
		29867	29868	J7330	S2112
Liver biopsy	Prior authorization required if performed in an outpatient hospital setting	47000			
	Prior authorization not required if performed at a participating ambulatory surgery center				
Miscellaneous	Prior authorization required if performed in an outpatient hospital setting	20680			
	Prior authorization not required if performed at a participating ambulatory surgery center				
Non-emergent air ambulance transport	Carved out to the State				
Ophthalmologic	Prior authorization required if performed in an outpatient hospital setting	65426	65730	65855	66170
		66761	67028	67036	67040
	Prior authorization not required if performed at a participating ambulatory surgery center	67228	67311	67312	
Orthognathic surgery	Prior authorization required	21121	21122	21123	21125
		21127	21141	21142	21143
	Treatment of maxillofacial/jaw functional impairment	21145	21146	21147	21150
		21151	21154	21155	21159
		21160	21188	21193	21194
		21195	21196	21198	21199
		21206	21208	21209	21210
		21215	21240	21242	21244
		21245	21246	21247	21248
		21249	21255	21296	21299
		30465			
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 member's home	L0112	L0170	L0456	L0458
		L0460	L0462	L0464	L0470
		L0480	L0482	L0484	L0486
		L0488	L0491	L0624	L0629
		L0631	L0632	L0634	L0635
		L0636	L0637	L0638	L0639
		L0640	L0700	L0710	L0810
		L0820	L0830	L0859	L1000
		L1005	L1200	L1300	L1310
		L1499	L1680	L1685	L1686
		L1690	L1700	L1710	L1720
		L1730	L1755	L1832	L1834
		L1840	L1843	L1844	L1845
		L1846	L1860	L1932	L1945

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<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>		L1950 L2005 L2034 L2060 L2116 L2134 L2525 L2999 L3031 L3203 L3212 L3216 L3222 L3252 L3671 L3740 L3766 L3905 L3967 L3976 L4000 L5000 L5060 L5160 L5230 L5301 L5341 L5500 L5530 L5570 L5595 L5613 L5640 L5645 L5649 L5673 L5683 L5703 L5716 L5726 L5782 L5812 L5822 L5830 L5856 L5950 L5964 L5976 L5982 L5988 L6010 L6100	L1951 L2010 L2036 L2106 L2126 L2136 L2526 L3000 L3160 L3204 L3213 L3217 L3230 L3253 L3674 L3763 L3900 L3960 L3971 L3977 L4010 L5010 L5100 L5200 L5250 L5312 L5400 L5505 L5535 L5580 L5600 L5614 L5642 L5646 L5651 L5679 L5700 L5705 L5718 L5728 L5790 L5814 L5824 L5840 L5857 L5960 L5966 L5979 L5984 L5990 L6020 L6110	L1970 L2020 L2037 L2108 L2128 L2350 L2627 L3010 L3201 L3206 L3214 L3219 L3250 L3265 L3720 L3764 L3901 L3961 L3973 L3978 L4020 L5020 L5105 L5210 L5270 L5321 L5420 L5510 L5540 L5585 L5610 L5616 L5643 L5647 L5653 L5681 L5701 L5706 L5722 L5780 L5795 L5816 L5826 L5845 L5858 L5961 L5968 L5980 L5986 L5999 L6050 L6120	L2000 L2030 L2038 L2114 L2132 L2510 L2628 L3020 L3202 L3207 L3215 L3221 L3251 L3649 L3730 L3765 L3904 L3962 L3975 L3999 L4631 L5050 L5150 L5220 L5280 L5331 L5460 L5520 L5560 L5590 L5611 L5639 L5644 L5648 L5661 L5682 L5702 L5707 L5724 L5781 L5811 L5818 L5828 L5848 L5930 L5962 L5973 L5981 L5987 L6000 L6055 L6130

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
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		L6200	L6205	L6250	L6300
		L6310	L6320	L6350	L6360
		L6370	L6380	L6382	L6384
		L6400	L6450	L6500	L6550
		L6570	L6580	L6582	L6584
		L6586	L6588	L6590	L6621
		L6623	L6624	L6646	L6648
		L6686	L6687	L6689	L6690
		L6692	L6693	L6694	L6695
		L6696	L6697	L6704	L6707
		L6708	L6709	L6711	L6712
		L6713	L6714	L6715	L6880
		L6881	L6882	L6883	L6884
		L6885	L6895	L6900	L6905
		L6910	L6915	L6920	L6925
		L6930	L6935	L6940	L6945
		L6950	L6955	L6960	L6965
		L6970	L6975	L7007	L7008
		L7009	L7040	L7045	L7170
		L7180	L7181	L7185	L7186
		L7190	L7191	L7405	L7499
		L8035	L8040	L8041	L8042
		L8043	L8044	L8045	L8046
		L8047	L8499	L8500	L8605
		L8609	L8610	L8612	L8631
		L8659	V2623	V2627	
Outpatient therapy	Prior authorization required after the 12th visit for members 21 and older				
Private duty nursing	Prior authorization required	T1000			
Proton beam therapy	Prior authorization required Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	77520	77522	77523	77525
Septoplasty and rhinoplasty	Prior authorization required Treatment of nasal functional impairment and septal deviation	30400	30410	30420	30430
		30435	30450	30460	30462
Sleep apnea procedures and surgeries	Prior authorization required Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	21685	41599	42145	
Spinal stimulator for pain management	Prior authorization required Spinal cord stimulators when implanted for pain management	63650	63655	63685	

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
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	42820	42821	42825	42826
	Prior authorization not required if performed at a participating ambulatory surgery center	42830			
Upper gastrointestinal endoscopy	Prior authorization required if performed in an outpatient hospital setting	43235	43239	43249	
	Prior authorization not required if performed at a participating ambulatory surgery center				
Urologic procedures	Prior authorization required if performed in an outpatient hospital setting	50590	52000	52005	52204
		52224	52234	52235	52260
	Prior authorization not required if performed at a participating ambulatory surgery center	52281	52310	52332	52351
		52352	52353	52356	54161
		55040	55700	57288	
Vagus nerve stimulation	Prior authorization required	61885	64568	L8680	L8682
	Implantation of a device that sends electrical impulses into one of the cranial nerves	L8685	L8686	L8687	L8688

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes
Vein procedures	<p>Prior authorization required</p> <p>Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities</p>	<p>36468 36475 36478 37700</p> <p>37718 37722 37780</p>
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	<p>Prior authorization required</p> <p>Behavioral health services through a designated behavioral health network</p>	<p>Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.</p> <p>Please call the number on the member's ID card when referring for mental health and substance abuse/substance use services.</p>
Cardiology	<p>Prior authorization required for participating physicians for inpatient, outpatient and office-based electrophysiology implants prior to performance</p> <p>Prior authorization required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms and stress echoes prior to performance</p>	<p>For prior authorization, please submit requests online at UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Cardiology Notification & Authorization – Submission & Status, or call 866-889-8054.</p> <p>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.</p>
Chemotherapy	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	<p>Injectable chemotherapy drugs that require prior authorization:</p> <ul style="list-style-type: none"> Chemotherapy injectable drugs (J9000 - J9999), Leucovorin (J0640), Levoleukovorin (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

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																																												
Chemotherapy (cont'd)		<p>To submit a prior authorization online request for injectable chemotherapy drugs, please log on to UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Oncology Authorization Submission and Status > Submit or Look Up Chemotherapy Prior Authorization Request.</p>																																												
Radiology	<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 at UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Radiology Notification & Authorization – Submission & Status, or call 866-889-8054.</p> <p>For more details and the CPT codes that require prior authorization, please visit UHCCCommunityPlan.com > For Health Care Professionals > Washington > Radiology > CPT Code List.</p>																																												
Transplants	Prior authorization required	<p>For transplant services, please call the Optum Transplant Case Management Team at 800-418-4994 or the notification number on the back of the member's ID card.</p> <table border="0" data-bbox="1063 1312 1502 1659"> <tr><td>32851</td><td>32852</td><td>32853</td><td>32854</td></tr> <tr><td>33935</td><td>33945</td><td>38240</td><td>38241</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>S2065</td><td>S2103</td><td>S2152</td></tr> </table>	32851	32852	32853	32854	33935	33945	38240	38241	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	S2065	S2103	S2152
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50370	50380	50547	S2060																																											
S2061	S2065	S2103	S2152																																											
Ventricular assist devices (VAD)	<p>Prior authorization required</p> <p>A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow</p>	<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" data-bbox="1063 1837 1502 1921"> <tr><td>33975</td><td>33976</td><td>33979</td><td>33981</td></tr> <tr><td>33982</td><td>33983</td><td>0051T</td><td>0052T</td></tr> <tr><td>0053T</td><td>Q0507</td><td>Q0508</td><td>Q0509</td></tr> </table>	33975	33976	33979	33981	33982	33983	0051T	0052T	0053T	Q0507	Q0508	Q0509																																
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