

Advance Notification Requirements for Washington Effective May 1, 2016



General Information

This list represents our prior authorization review requirements for UnitedHealthcare Community Plan of Washington for contracted/participating providers (inpatient and outpatient unless otherwise noted). Please use the following to obtain a prior authorization review for coverage:

- **Phone:** 866-604-3267
- **Online:** UHCCommunityplan.com

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Abdominal paracentesis	Prior authorization is required if performed in an outpatient hospital setting. Prior authorization is 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
Carpal tunnel surgery	Prior authorization is required if performed in an outpatient hospital setting. Prior authorization is not required if performed at a participating ambulatory surgery center.	64721			
Cataract surgery	Prior authorization is required if performed in an outpatient hospital setting. Prior authorization is not required if performed at a participating ambulatory surgery center.	66821	66982	66984	
Cochlear implants and other auditory implants	Prior authorization required. A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	69710 69718 L8616 L8621 L8627 L8692	69714 69930 L8617 L8622 L8628 L8693	69715 L8614 L8618 L8623 L8690	69717 L8615 L8619 L8624 L8691

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Colonoscopy	Prior authorization is required if performed in an outpatient hospital setting. Prior authorization is not required if performed at a participating ambulatory surgery center.	45378	45380	45384	45385
Cosmetic and reconstructive	<p>Prior authorization required.</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>	11960 15822 15877 17999 21172 21181 21230 21261 21275 21740 30540 67900 67904 67911 67916 67923 67966	11971 15823 17106 21137 21175 21182 21235 21263 21280 21742 30545 67901 67906 67912 67917 67924 Q2026	15820 15830 17107 21138 21179 21183 21256 21267 21282 21743 30560 67902 67908 67914 67921 67950	15821 15847 17108 21139 21180 21184 21260 21268 21295 28344 30620 67903 67909 67915 67922 67961
Durable medical equipment (DME): more than \$500	<p>DME code listed with a retail purchase or cumulative rental cost of more than \$500</p> <p>Prior authorization required only in outpatient setting (to include 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>	A9275 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	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	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	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

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p>Durable medical equipment (DME): more than \$500 (cont'd.)</p>	<p>DME code listed with a retail purchase or cumulative rental cost of more than \$500</p> <p>Prior authorization required only in outpatient setting (to include 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>E2321 E2328 E2343 E2375 E2512 E2620 E2628 E8001 K0008 K0108 K0800 K0807 K0822 K0826 K0830 K0838 K0842 K0850 K0854 K0858 K0862 K0869 K0878 K0885 K0898 Q0481 Q0488 Q0495 Q0504 V2786 V5271 V5282 V5286 V5290</p>	<p>E2322 E2329 E2351 E2376 E2599 E2621 E2629 E8002 K0011 K0606 K0801 K0808 K0823 K0827 K0831 K0839 K0843 K0851 K0855 K0859 K0863 K0870 K0879 K0886 K0899 Q0482 Q0489 Q0496 Q0506 V5268 V5272 V5283 V5287</p>	<p>E2325 E2330 E2370 E2510 E2614 E2626 E2630 K0005 K0013 K0609 K0802 K0812 K0824 K0828 K0836 K0840 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890 Q0479 Q0483 Q0490 Q0502 T1999 V5269 V5274 V5284 V5288</p>	<p>E2327 E2331 E2373 E2511 E2616 E2627 E8000 K0007 K0014 K0730 K0806 K0821 K0825 K0829 K0837 K0841 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891 Q0480 Q0484 Q0491 Q0503 T5999 V5270 V5281 V5285 V5289</p>
<p>Enteral and parenteral services</p>	<p>Prior authorization required.</p> <p>In home nutritional therapy either enteral or through a gastrostomy tube</p>	<p>B4034 B4102 B4150 B4158 B9000</p>	<p>B4035 B4103 B4152 B4159 B9002</p>	<p>B4036 B4104 B4153 B4160 B9998</p>	<p>B4100 B4149 B4155 B4161</p>
<p>Experimental and investigational</p>	<p>Prior authorization required.</p>	<p>36514 61864 62264 64555 66180 95966 0085T 0271T A4638 A9277 S0810 S2102</p>	<p>54240 61867 62290 64722 95250 95967 0191T 0282T A6000 A9278 S1030 S3652</p>	<p>55866 61868 62291 65765 95251 95978 0269T 0283T A9274 E0231 S1031 S8262</p>	<p>61863 61886 62292 65767 95965 96002 0270T 0285T A9276 E1831 S1040 S9988</p>

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Experimental and investigational (cont'd.)		S9990	S9991		
Femoroacetabular impingement syndrome (FAI)	Prior authorization required for members 21 years and older.	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)		31237	31239	31240	31254
		31255	31256	31267	31276
		31287	31288		
Gynecologic procedures	Prior authorization is required if performed in an outpatient hospital setting. Prior authorization is not required if performed at a participating ambulatory surgery center.	57522	58353	58558	58563
		58565			
Hernia repair	Prior authorization is required if performed in an outpatient hospital setting. Prior authorization is not required if performed at a participating ambulatory surgery center.	49585	49587	49650	49651
		49652	49653	49654	49655
Home health	Prior authorization required only in outpatient setting (to include home).	99503	G0151	G0152	G0153
		G0155	G0156	G0157	G0158
		G0159	G0161	G0162	G0163
		G0164	G0299	G0300	S9122
		S9123	S9124	S9127	S9128
		S9129	S9131	S9474	
Injectable medications	Prior authorization required.	Acthar J0800 Botox J0585 J0586 J0587 J0588 Cerezyme J1786 Elelyso J3060 IVIG 90283 90284 J1459 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599 Makena J1725 J2675 Synagis* 90378 Vivitrol J2315 Xolair* J2357			

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Injectable medications (cont'd.)		*Prior notification is obtained through OptumRx prior notifications services at 800-310-6826 for Synagis and Xolair			
Joint replacement	Prior authorization required. Joint and total hip and knee replacement procedures.	23470 24360 24370 27125 27137 27447 29867	23472 24361 24371 27130 27138 27486 29868	23473 24362 27120 27132 27412 27487 J7330	23474 24363 27122 27134 27446 29866 S2112
Liver biopsy	Prior authorization is required if performed in an outpatient hospital setting. Prior authorization is not required if performed at a participating ambulatory surgery center.	47000			
Non-emergent air ambulance transport	Carved out to the State				
Orthognathic surgery	Prior authorization required. Treatment of maxillofacial (jaw) functional impairment	21121 21127 21145 21151 21160 21195 21206 21215 21245 21249 30465	21122 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
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 setting (to include home).	L0112 L0458 L0470 L0486 L0629 L0635 L0639 L0810 L1000 L1310 L1686 L1720 L1834 L1845 L1945 L2000 L2030 L2038 L2114 L2132 L2510 L2628 L3020	L0170 L0460 L0480 L0488 L0631 L0636 L0640 L0820 L1005 L1499 L1690 L1730 L1840 L1846 L1950 L2005 L2034 L2060 L2116 L2134 L2525 L2999 L3031	L0430 L0462 L0482 L0491 L0632 L0637 L0700 L0830 L1200 L1680 L1700 L1755 L1843 L1860 L1951 L2010 L2036 L2106 L2126 L2136 L2526 L3000 L3160	L0456 L0464 L0484 L0624 L0634 L0638 L0710 L0859 L1300 L1685 L1710 L1832 L1844 L1932 L1970 L2020 L2037 L2108 L2128 L2350 L2627 L3010 L3201

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	L3202	L3203	L3204	L3206
	Prior authorization required only in outpatient setting (to include home).	L3207	L3212	L3213	L3214
	L3215	L3216	L3217	L3219	
	L3221	L3222	L3230	L3250	
	L3251	L3252	L3253	L3265	
	L3649	L3671	L3674	L3720	
	L3730	L3740	L3763	L3764	
	L3765	L3766	L3900	L3901	
	L3904	L3905	L3960	L3961	
	L3962	L3967	L3971	L3973	
	L3975	L3976	L3977	L3978	
	L3999	L4000	L4010	L4020	
	L4631	L5000	L5010	L5020	
	L5050	L5060	L5100	L5105	
	L5150	L5160	L5200	L5210	
	L5220	L5230	L5250	L5270	
	L5280	L5301	L5312	L5321	
	L5331	L5341	L5400	L5420	
	L5460	L5500	L5505	L5510	
	L5520	L5530	L5535	L5540	
	L5560	L5570	L5580	L5585	
	L5590	L5595	L5600	L5610	
	L5611	L5613	L5614	L5616	
	L5639	L5640	L5642	L5643	
	L5644	L5645	L5646	L5647	
	L5648	L5649	L5651	L5653	
	L5661	L5673	L5679	L5681	
	L5682	L5683	L5700	L5701	
	L5702	L5703	L5705	L5706	
	L5707	L5716	L5718	L5722	
	L5724	L5726	L5728	L5780	
	L5781	L5782	L5790	L5795	
	L5811	L5812	L5814	L5816	
	L5818	L5822	L5824	L5826	
	L5828	L5830	L5840	L5845	
	L5848	L5856	L5857	L5858	
	L5930	L5950	L5960	L5961	
	L5962	L5964	L5966	L5968	
	L5973	L5976	L5979	L5980	
	L5981	L5982	L5984	L5986	
	L5987	L5988	L5990	L5999	
	L6000	L6010	L6020	L6025	
	L6050	L6055	L6100	L6110	
	L6120	L6130	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		

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Orthotics and prosthetics: more than \$500 (cont'd.)	<p>Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500</p> <p>Prior authorization required only in outpatient setting (to include home).</p>	L6694 L6704 L6711 L6715 L6883 L6900 L6920 L6940 L6960 L7007 L7045 L7185 L7260 L7499 L8042 L8046 L8605 L8631	L6695 L6707 L6712 L6880 L6884 L6905 L6925 L6945 L6965 L7008 L7170 L7186 L7261 L8035 L8043 L8047 L8609 L8659	L6696 L6708 L6713 L6881 L6885 L6910 L6930 L6950 L6970 L7009 L7180 L7190 L7274 L8040 L8044 L8499 L8610 V2623	L6697 L6709 L6714 L6882 L6895 L6915 L6935 L6955 L6975 L7040 L7181 L7191 L7405 L8041 L8045 L8500 L8612 V2627
Outpatient therapy	Prior authorization required after the 12 th visit for members 21 years of age and older.				
Private duty nursing	Prior authorization required.	T1000	T1001	T1002	T1003
Proton beam therapy	<p>Prior authorization required.</p> <p>Focused radiation therapy using beams of protons (tiny particles with a positive charge)</p>	77520	77522	77523	77525
Septoplasty and rhinoplasty	<p>Prior authorization required.</p> <p>Treatment of nasal functional impairment and septal deviation</p>	30400 30435	30410 30450	30420 30460	30430 30462
Sleep apnea procedures and surgeries	<p>Prior authorization required.</p> <p>Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea.</p>	21685	41530	41599	42145
Spinal stimulator for pain management	<p>Prior authorization required.</p> <p>Spinal cord stimulators when implanted for pain management</p>	63650	63655	63685	
Spinal surgery	Prior authorization required.	22100 22112 22210 22224 22551 22586 22610 22800 22810 22830 22855	22101 22114 22212 22532 22554 22590 22612 22802 22812 22849 22856	22102 22206 22214 22533 22556 22595 22630 22804 22818 22850 22861	22110 22207 22220 22548 22558 22600 22633 22808 22819 22852 22864

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Spinal surgery (cont'd.)		22865 63005 63016 63040 63047 63064 63085 63102 63180 63191 63198 63251 63268 63286 63303 63307 0092T	22899 63011 63017 63042 63050 63075 63087 63170 63182 63194 63199 63252 63270 63300 63304 63308 0095T	63001 63012 63020 63045 63055 63077 63090 63172 63185 63195 63200 63265 63271 63301 63305 64553 0098T	63003 63015 63030 63046 63056 63081 63101 63173 63190 63196 63250 63267 63272 63302 63306 64570 0164T
Tonsillectomy and adenoidectomy	Prior authorization is required if performed in an outpatient hospital setting. Prior authorization is not required if performed at a participating ambulatory surgery center.	42820 42830	42821	42825	42826
Transplants	Prior authorization required. For transplant services, call OptumHealth at 800-418-4994 or the notification number on the back of the member's ID card.	32851 33935 44132 44137 47133 47142 47146 48554 50325 50370 S2061	32852 33945 44133 44715 47135 47143 47147 50300 50340 50380 S2065	32853 38240 44135 44720 47140 47144 48551 50320 50360 50547 S2103	32854 38241 44136 44721 47141 47145 48552 50323 50365 S2060 S2152
Upper gastrointestinal endoscopy	Prior authorization is required if performed in an outpatient hospital setting. Prior authorization is not required if performed at a participating ambulatory surgery center.	43235	43239	43249	
Urologic procedures	Prior authorization is required if performed in an outpatient hospital setting. Prior authorization is not required if performed at a participating ambulatory surgery center.	50590 52224 52281 52352	52000 52234 52310 52353	52005 52235 52332 52356	52204 52260 52351 57288
Vagus nerve stimulation	Prior authorization required. Implantation of a device that sends electrical impulses into one of the cranial nerves.	61885 L8685	64568 L8686	L8680 L8687	L8682 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 or How to Obtain Prior Authorization
Behavioral health services	<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 prior authorization	<p>Prior authorization required for participating physicians for inpatient, outpatient and office-based and 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>Request prior authorization by calling 866-889-8054.</p> <p>For more information, including a list of the CPT codes that require prior authorization, please visit UHCCommunityPlan.com > For Health Care Professionals > Washington > Cardiology > Cardiology Prior Authorization CPT Code Crosswalk</p>
Chemotherapy	<p>Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting (including intravenous, intravesical and intrathecal) for a cancer diagnosis.</p> <p><u>Injectable Chemotherapy Drugs That Require a Prior Authorization</u></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 	<p>To submit an online request for prior authorization for the Injectable Chemotherapy Program, log into UnitedHealthcareonline.com > Notifications / Prior Authorizations > Oncology Authorization Submission and Status > Submit or Look Up Chemotherapy Prior Authorization Request</p>

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes or How to Obtain Prior Authorization																
Out-of-network services	A referral to health care provider who is not contracted with UnitedHealthcare	All out of network services require prior authorization.																
Radiology prior authorization	<p>Prior Authorization required for the following advanced outpatient imaging procedures: participating physicians for certain CT, MRI, MRA, PET scan, nuclear Medicine and nuclear cardiology procedures.</p> <p>The health care professional ordering the advanced outpatient imaging procedure is responsible for completing the prior authorization process before scheduling the procedure.</p>	<p>Request prior authorization by calling 866-889-8054.</p> <p>For additional details and the CPT codes that require prior authorization, please visit UHCCCommunityPlan.com > For Health Care Professionals > Washington > Radiology > CPT Code List</p>																
Ventricular assist devices	<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>Fax OptumHealth at 877-814-0488 or call the notification number on the back of the member's ID card.</p> <table border="0"> <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>Q0505</td> <td>Q0507</td> <td>Q0508</td> </tr> <tr> <td>Q0509</td> <td></td> <td></td> <td></td> </tr> </table>	33975	33976	33979	33981	33982	33983	0051T	0052T	0053T	Q0505	Q0507	Q0508	Q0509			
33975	33976	33979	33981															
33982	33983	0051T	0052T															
0053T	Q0505	Q0507	Q0508															
Q0509																		