

Prior Authorization Requirements for Washington Medicaid

Effective May 1, 2023

General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan in Washington for inpatient and outpatient services. To request prior authorization, please submit your request online or by phone.

- **Online:** Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard.
- **Phone:** Call 866-604-3267.

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	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Bariatric surgery Inpatient and outpatient bariatric surgery and obesity-related services	Prior authorization is required.	43644	43645	43659	43770
		43775	43842	43845	43846
		43847	43848	43860	97802
		97803			
Behavioral health services	Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card when referring for mental health and substance abuse/substance use services.			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization is required.	20975	20979		
Breast reconstruction (non-mastectomy) Reconstruction of the breast other than following mastectomy	Prior authorization is required.	19316	19318	19325	19328
		19330	19340	19342	19350
		19357	19361	19364	19367
		19368	19369	19370	19371
		19380	19396	L8600	11971
Cancer supportive care	Prior authorization is required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis.	<u>Injectable colony-stimulating factor drugs that require prior authorization:</u> Bio similar (Zarxio®) Q5101 Filgrastim (Neupogen®) J1442 Filgrastim-aafi (Nivestym™) Q5110			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization																															
Cancer supportive care (continued)		<p>Filgrastim-ayow, (Releuko®) Q5125</p> <p>Pegfilgrastim (Neulasta®) J2506</p> <p>Pegfilgrastim-appf, biosimilar (Nyvepria®) Q5122</p> <p>Pegfilgrastim-bmez (Ziextenzo®) Q5120</p> <p>Pegfilgrastim-jmdb (Fulphila™) Q5108</p> <p>Pegfilgrastim-cbqv (UDENYCA™) Q5111</p> <p>Sargramostim (Leukine®) J2820</p> <p>Tbo-filgrastim (Granix®) J1447</p> <p>Trilaciclib (Cosela®) J1448</p> <p><u>Bone-modifying agent that requires prior authorization:</u> Denosumab J0897</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129.</p>																															
Cardiology	Prior authorization is required for participating physicians for outpatient and office-based diagnostic catheterizations, echocardiograms, electrophysiology implants and stress echoes prior to performance.	<p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 866-889-8054.</p> <p>For more details and the CPT® codes that require prior authorization, please visit UHCprovider.com/WAcommunityplan > Prior Authorization and Notification Resources > Cardiology Prior Authorization and Notification Program.</p>																															
Cardiovascular	Prior authorization is required	<p>37220* 37221* 37224* 37225*</p> <p>37226* 37227* 37228* 37229*</p> <p>37230* 37231*</p> <p>*Prior authorization is required for the following diagnosis codes:</p> <table border="0"> <tr> <td>E08.52</td> <td>E09.52</td> <td>E10.52</td> <td>E11.52</td> </tr> <tr> <td>E13.52</td> <td>I70.221</td> <td>I70.222</td> <td>I70.223</td> </tr> <tr> <td>I70.228</td> <td>I70.229</td> <td>I70.231</td> <td>I70.232</td> </tr> <tr> <td>I70.233</td> <td>I70.234</td> <td>I70.235</td> <td>I70.238</td> </tr> <tr> <td>I70.239</td> <td>I70.241</td> <td>I70.242</td> <td>I70.243</td> </tr> <tr> <td>I70.244</td> <td>I70.245</td> <td>I70.248</td> <td>I70.249</td> </tr> <tr> <td>I70.25</td> <td>I70.261</td> <td>I70.262</td> <td>I70.263</td> </tr> </table>				E08.52	E09.52	E10.52	E11.52	E13.52	I70.221	I70.222	I70.223	I70.228	I70.229	I70.231	I70.232	I70.233	I70.234	I70.235	I70.238	I70.239	I70.241	I70.242	I70.243	I70.244	I70.245	I70.248	I70.249	I70.25	I70.261	I70.262	I70.263
E08.52	E09.52	E10.52	E11.52																														
E13.52	I70.221	I70.222	I70.223																														
I70.228	I70.229	I70.231	I70.232																														
I70.233	I70.234	I70.235	I70.238																														
I70.239	I70.241	I70.242	I70.243																														
I70.244	I70.245	I70.248	I70.249																														
I70.25	I70.261	I70.262	I70.263																														

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		I70.268	I70.269	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.421	I70.422	I70.423
		I70.428	I70.429	I70.431	I70.432
		I70.433	I70.434	I70.435	I70.438
		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	I77.2	I77.70	I77.72
		I77.77	I77.79	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		T82.818A	T82.868A	S81.801A	S81.802A
		S81.809A	S91.301A	S91.302A	S91.309A
		M86.051	M86.052	M86.059	M86.061
		M86.062	M86.069	M86.071	M86.072
		M86.079	M86.08	M86.09	M86.1
		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19
		M86.20	M86.251	M86.252	M86.259
		M86.261	M86.262	M86.269	M86.271

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		M86.272	M86.279	M86.28	M86.29
		M86.30	M86.351	M86.352	M86.359
		M86.361	M86.362	M86.369	M86.371
		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459
		M86.461	M86.462	M86.469	M86.471
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
	I73.81				
Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)	Prior authorization is required for inpatient services.	95700	95711	95712	95713
		95714	95715	95716	95718
	Prior authorization is not required for outpatient hospital or ambulatory surgical center.	95720	95722	95724	95726
Chemotherapy	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis.	Injectable chemotherapy drugs that require prior authorization: Chemotherapy injectable drugs (J9000 – J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950) Leuprolide (J1952) *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 For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129 . *Effective 1/1/23 code Q2043 no longer requires a prior auth.			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Cochlear implants and other auditory implants	Prior authorization is required.	69710 L8690	69714 L8691	69930 L8692	L8614
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A medical device within the inner ear and an external portion that helps persons with profound sensorineural deafness achieve conversational speech

Continuous glucose monitor	Prior authorization is required when billed with type 2 diabetes diagnosis.	A4226 A9278 A4238	A4239 E0787	A9276 E2103	A9277 E2102
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Cosmetic and reconstructive	Prior authorization is required.	11960 14061*	14020* 15820	14021* 15821	14041 15822
Cosmetic procedures that change or improve physical appearance, without significantly improving or restoring physiological function		15823	15830	15847	15877
		15878	17106	17107	17108
		17999	21137	21138	21139
		21172	21175	21179	21180
		21181	21182	21183	21184
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21230	21235	21256	21275
		21280	21282	21295	21740
		21742	21743	28344	30620
		67900	67901	67902	67903
		67904	67906	67908	67909
		67911	67912	67914	67915
	67916	67917	67921	67922	
	67923	67924	67950	67961	
	67966	Q2026			

*Effective 5/1/23 – Codes 14020, 14021 and 14061 do NOT require a prior auth when billed with a DX code below.

C43.0	C43.10	C43.111	C43.112
C43.121	C43.122	C43.20	C43.21
C43.22	C43.30	C43.31	C43.39
C43.4	C43.51	C43.52	C43.59
C43.60	C43.61	C43.62	C43.70
C43.71	C43.72	C43.8	C43.9
C44.01	C44.02	C44.09	C44.101
C44.1021	C44.1022	C44.1091	C44.1092
C44.111	C44.1121	C44.1122	C44.1191
C44.1192	C44.121	C44.1221	C44.1222
C44.1291	C44.1292	C44.131	C44.1321
C44.1322	C44.1391	C44.1392	C44.191
C44.1921	C44.1922	C44.1991	C44.1992
C44.201	C44.202	C44.209	C44.211

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Cosmetic and reconstructive (continued)		C44.212	C44.219	C44.221	C44.222	
		C44.229	C44.291	C44.292	C44.299	
		C44.300	C44.301	C44.309	C44.310	
		C44.311	C44.319	C44.320	C44.321	
		C44.329	C44.390	C44.391	C44.399	
		C44.40	C44.41	C44.42	C44.49	
		C44.500	C44.501	C44.509	C44.510	
		C44.511	C44.519	C44.520	C44.521	
		C44.529	C44.590	C44.591	C44.599	
		C44.601	C44.602	C44.609	C44.611	
		C44.612	C44.619	C44.621	C44.622	
		C44.629	C44.691	C44.692	C44.699	
		C44.701	C44.702	C44.709	C44.711	
		C44.712	C44.719	C44.721	C44.722	
		C44.729	C44.791	C44.792	C44.799	
		C44.80	C44.81	C44.82	C44.89	
		C44.90	C44.91	C44.92	C44.99	
		C46.0	C4A.0	C4A.10	C4A.111	
		C4A.112	C4A.121	C4A.122	C4A.20	
		C4A.21	C4A.22	C4A.30	C4A.31	
		C4A.39	C4A.4	C4A.51	C4A.51	
		C4A.52	C4A.52	C4A.59	C4A.60	
		C4A.61	C4A.62	C4A.70	C4A.71	
		C4A.72	C4A.8	C4A.9	C79.2	
		D03.51	D03.52	D04.0	D04.10	
		D04.111	D04.112	D04.121	D04.122	
		D04.20	D04.21	D04.22	D04.30	
		D04.39	D04.4	D04.5	D04.60	
		D04.61	D04.62	D04.70	D04.71	
		D04.72	D04.8	D04.9		
	Durable medical equipment (DME)	Prior authorization is required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500.	A9279	A9280	A9900	E0118
			E0194	E0265	E0266	E0270
			E0277	E0300	E0328	E0329
			E0445	E0457	E0460	E0465
			E0466	E0470	E0471	E0483
			E0486	E0620	E0636	E0637
Prosthetics are not DME – see Orthotics and prosthetics.		E0652	E0656	E0669	E0670	
		E0675	E0693	E0694	E0710	
		E0731	E0745	E0762	E0764	
		E0766	E0784	E0984	E0986	
Some home health care services may qualify but are not subject to the cost threshold –see Home health care.		E1002	E1003	E1004	E1005	
		E1006	E1007	E1008	E1009	
		E1010	E1030	E1035	E1036	
		E1130	E1161	E1229	E1231	
		E1232	E1233	E1234	E1235	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (continued)		E1236	E1237	E1238	E1239
		E1825	E2100	E2227	E2228
		E2230	E2300	E2301	E2310
		E2311	E2322	E2325	E2327
		E2329	E2331	E2351	E2373
		E2510	E2511	E2512	E2599
		E2626	E2627	E2628	E2629
		E2630	E8000	E8001	E8002
		K0005	K0008	K0013	K0108
		K0812	K0830	K0831	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	S1040	T5999	V2786
	V5269	V5270	V5271	V5272	
	V5274	V5281	V5282	V5283	
	V5286	V5287	V5288	V5290	
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization is required.	B4034	B4035	B4036	B4100
		B4102	B4103	B4104	B4149
		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
		B9002	B9998		
Experimental and investigational (and/or linked services)	Prior authorization is required.	36514	64722	65765	65767
		66180	0191T	A4638	A6000
		A9274	E0231	E1831	S0810
		S1030	S1031	S2102	S9988
		S9990	S9991		
Femoroacetabular impingement syndrome (FAI)	Prior authorization is required for members 21 and older .	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization is required.	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Genetic and molecular testing to include BRCA gene testing	Prior authorization required.	81105	81106	81107	81108
		81109	81110	81111	81120
		81121	81161	81162	81163
		81164	81165	81166	81167
		81168	81170	81171	81172
	81173	81174	81175	81176	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA gene testing (continued)		81177	81178	81179	81180
		81181	81182	81183	81184
		81185	81186	81187	81188
		81189	81190	81191	81192
		81193	81194	81200	81201
		81203	81204	81205	81208
		81209	81212	81216	81218
		81220	81222	81223	81224
		81225	81226	81227	81228
		81229	81233	81234	81236
		81237	81238	81239	81240
		81241	81242	81243	81244
		81245	81246	81247	81248
		81249	81250	81251	81252
		81253	81254	81255	81256
		81257	81258	81259	81260
		81261	81262	81263	81264
		81265	81266	81267	81268
		81269	81271	81272	81273
		81274	81276	81277	81278
		81279	81283	81284	81285
		81286	81287	81288	81289
		81290	81291	81292	81294
		81295	81297	81298	81300
		81302	81303	81304	81305
		81306	81307	81309	81310
		81312	81313	81314	81315
		81316	81317	81318	81319
		81320	81321	81322	81323
		81324	81325	81326	81329
		81330	81331	81332	81333
		81334	81335	81336	81337
		81338	81339	81340	81341
		81342	81343	81344	81345
		81346	81347	81348	81350
		81355	81357	81360	81361
		81362	81363	81364	81370
		81371	81372	81373	81375
		81376	81377	81378	81379
		81380	81381	81382	81383
		81400	81401	81402	81403
		81404	81405	81406	81407
	81408	81410	81411	81412	
	81413	81414	81415	81416	
	81417	81419	81420	81430	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA gene testing (continued)		81431	81432	81433	81435
		81436	81439	81440	81443
		81445	81448	81460	81465
		81470	81471	81479	81507
		81518	81519	81520	81521
		81522	81546	81595	81599
		87481	87482	87505	87506
		87507	87510	87511	87512
		87797	87798	87799	87800
		87801	0004M	0006M	0007M
		0018U	0097U	0111U	0129U
	0136U	0137U	S3870		
Home health care	Prior authorization is required only in outpatient settings, to include a member's home.	99504	G0299	G0300	G0493
		G0494	G0495	G0496	S9474
		T1021	T1030	T1031	
Injectable medications	For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or call 888-397-8129.	Actemra®			
		J3262			
		Acthar®			
		J0800			
		Amvuttra™			
		J0225			
		Aralast NP, Prolastin-C, Zemaira			
		J0256			
		Avsola™			
		Q5121			
		Benlysta			
		J0490			
		Beovu®			
		J0179			
		Botulinum toxins			
		J0585	J0586	J0587	J0588
		Byooviz™			
		Q5124			
	Cimerli™				
	Q5128				
	Cimzia®*				
	J0717				
	Cinqair®				
	J2786				
	Cutaquig®				
	J1551				
	Entyvio®				

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	J3380				
	Evenity™				
	J3111				
	Eylea®				
	J0178				
	Fasenra™				
	J0517				
	Fensolvi®				
	J1951				
	Feraheme®				
	Q0138				
	Firmagon®				
	J9155				
	Fynetra®				
	Q5130				
	Glassia				
	J0257				
	Ilaris®				
	J0638				
	Ilumya™				
	J3245				
	Inflectra®				
	Q5103				
	Injectafer®				
	J1439				
IVIG					
90283	90284	J1459	J1554		
J1555	J1556	J1557	J1559		
J1561	J1566	J1568	J1569		
J1572	J1575	J1599			
Korsuva®					
J0879					
Lanreotide					
J1932					
Lemtrada®					
J0202					
Leqvio®					
J1306					
Lucentis®					
J2778					
Lupron Depot®					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
Injectable medications (continued)		J1950		
		Lupron Depot, Eligard®		
		J9217		
		Makena®		
		J1726	J1729	J2675
		Monoferric®		
		J1437		
		Nplate®		
		J2796		
		Nucala®		
		J2182		
		Ocrevus™		
		J2350		
		Octreotide Acetate		
		J2354		
		Orencia®		
		J0129		
		Parsabiv™		
		J0606		
		Probuphine®		
		J0570		
		Prolia®****		
		J0897		
		Releuko®		
		Q5152		
		Remicade®		
		J1745		
		Renflexis®		
		Q5104		
		Riabni™		
	Q5123			
	Rituxan®			
	J9312			
	Rituxan Hycela®			
	J9311			
	Ruxience®			
	Q5119			
	Sandostatin® LAR			
	J2353			
	Saphnelo®			
	J0491			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (continued)		Signifor® LAR			
		J2502			
		Simponi Aria®			
		J1602			
		Skyrizi®			
		J2327			
		Sodium Hyaluronate			
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332		
		Somatuline® Depot			
		J1930			
		Spevigo®			
		J1747			
		Spravato®			
		S0013			
		Stelara®			
		J3358			
		Supprelin® LA			
		J9226			
		Susvimo™			
		J2779			
		Synagis®*			
		90378			
		Tezspire™			
		J2356			
		Therapeutic radiopharmaceuticals***			
		A9590	A9606	A9699	
	A9607				
	Trelstar®				
	J3315				
	Triptodur®				
	J3316				
	Truxima®				
	Q5115				
	Unclassified Codes**				
	C9399	J3490	J3590		
	Vabysmo®				
	J2777				
	Vyepti™				
	J3032				

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (continued)		Xembify®			
		J1558			
		Xolair®			
		J2357			
		Zoladex®			
		J9202			
		Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.			
		*Please obtain prior notification for Cimzia, and Synagis through OptumRx® prior notification services at 800-310-6826 .			
		**For unclassified and temporary codes C9090, C9399, J3490 and J3590, prior authorization is only required for Purified Cortropin Gel, Ryplazim, and Xenpozyme.			
		*** For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 888-397-8129 .			
	****Effective 1/1/23 Prior authorization required for J0897 for non oncology DX.				

Joint replacement Joint, total hip and knee replacement procedures	Prior authorization is required.	24360	24361	24362	24363
		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868	J7330	S2112	

Musculoskeletal	Prior authorization required	Shoulder surgery			
		23470	23472	23473	23474

Non-emergent air ambulance transport	Carved out to the state.				
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Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization is required.	21121	21123	21125	21127
		21141	21142	21143	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	

Orthotics and prosthetics	Prior authorization is required only for orthotic and	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)	prosthetics with a retail purchase or a cumulative rental cost of more than \$500.	L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1820	L1832	L1834
		L1840	L1844	L1845	L1846
		L1860	L1945	L1950	L1970
		L2000	L2005	L2010	L2020
		L2030	L2034	L2036	L2037
		L2038	L2060	L2106	L2108
		L2126	L2136	L2350	L2510
		L2526	L2627	L2628	L3230
		L3265	L3649	L3671	L3674
		L3720	L3730	L3740	L3763
		L3764	L3900	L3901	L3904
		L3905	L3961	L3971	L3975
		L3976	L3977	L3999	L4000
		L4010	L4020	L4631	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	L5613	L5614	L5616
		L5639	L5640	L5642	L5643
		L5644	L5646	L5647	L5648
		L5649	L5651	L5653	L5661
		L5673	L5682	L5683	L5700
		L5702	L5703	L5705	L5706
		L5716	L5718	L5722	L5724
		L5726	L5728	L5780	L5790
		L5795	L5811	L5812	L5814
		L5816	L5818	L5822	L5824
L5826	L5828	L5830	L5845		
L5848	L5857	L5858	L5930		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		L5950	L5960	L5961	L5962
		L5964	L5966	L5968	L5973
		L5976	L5979	L5980	L5981
		L5982	L5984	L5986	L5987
		L5988	L5990	L5999	L6000
		L6010	L6020	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	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	L8040
		L8042	L8043	L8044	L8045
		L8046	L8047	L8499	L8609
	L8610	L8612	L8631	L8659	
Outpatient therapy	Prior authorization is required after the 12th visit for members 21 and older.				
Potentially unproven services	Prior authorization is required	33289	C2624		
Private duty nursing	Prior authorization is required	T1000			
Prostate procedure	Prior authorization is required	37243 55873	53850	53852	55866

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Radiation therapy	Prior authorization is required	<p>IGRT 77014 77387 G6001 G6002</p> <p>IMRT Intensity-Modulated Radiation Therapy 77385 77386 G6015 G6016</p> <p>Proton Beam Focused radiation therapy that uses beams of protons (tiny particles with a positive charge) 77520 77522 77523 77525</p> <p>Special/Associated Services 77331 77370 77399 77470</p> <p>SRS/SBRT 77371 77372 77373</p> <p>Standard Radiation Therapy (2D/3D) Prior Auth required only when obtained with diagnosis codes in the following ranges: C34.00 – C34.92, C50.011 – C50.929, C61, C79.51 – C79.52, C84.7A, D05.00 – D05.92 77401 77402 77407 77412 G6003 G6004 G6005 G6006 G6007 G6008 G6009 G6010 G6011 G6012 G6013 G6014</p> <p>Y90 Implantable Beta-Emitting Microspheres for treatment of malignant tumors 79445</p> <p>To submit an online request for prior authorization, sign in to UnitedHealthcare Provider Portal to access the Prior Authorization and Notification tool. Select the “Radiology, Cardiology, Oncology, and Radiation Therapy” box. After selecting Commercial as the product type, you will be directed to another website to process the authorization requests</p>			
Radiology	Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures: Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard. Or, call 866-889-8054 . For more details and the CPT® codes that require prior authorization, please visit UHCprovider.com/WAcommunityplan > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.			
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization is required.	30400 30435 30465	30410 30450	30420 30460	30430 30462
Shoulder surgery	Prior authorization is required. SOS applies to all codes in this category	Musculoskeletal System 29805 29806 29807 29819 29820 29822 29823 29824 29825 29826 29827 29828			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Sinuplasty	Prior authorization is required.	31298			
Site of service (SOS) - Outpatient hospital	<p>Prior authorization is only required when requesting service in an outpatient hospital setting.</p> <p>Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC).</p>	<p>Auditory System</p> <p>69205</p> <p>Cardiovascular System</p> <p>36590 36832</p> <p>Carpal Tunnel Surgery</p> <p>64721</p> <p>Cataract Surgery</p> <p>66821 66982 66984 66987</p> <p>66988</p> <p>Colonoscopy</p> <p>45378 45380 45384 45385</p> <p>Cosmetic and Reconstructive</p> <p>13101 13132 14040 14060</p> <p>14301 21552 21931</p> <p>Digestive System</p> <p>42415 42440 43200 43236</p> <p>43237 43238 43242 43245</p> <p>43246 43247 43248 43251</p> <p>43254 43255 43259 44360</p> <p>44361 45171 45334 45335</p> <p>45381 45390 45990 46020</p> <p>46040 46050 46200 46220</p> <p>46221 46250 46255 46261</p> <p>46270 46275 46288 46505</p> <p>46750 46910 46946</p> <p>Ear, Nose and Throat (ENT) Procedures</p> <p>21320 30140 30520 69436</p> <p>69631</p> <p>Eye and Ocular Adnexa System</p> <p>65710 65820 66250 66710</p> <p>66711 66825 66986 67010</p> <p>67041 67042 67105 67108</p> <p>67113 67840 68110 68115</p> <p>68320 68720 68815</p> <p>Gynecologic Procedures</p> <p>57240 57250 57461 57520</p> <p>57522 58353 58558 58561</p> <p>58562 58563 58565</p> <p>Hemic and Lymphatic System</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Site of service (SOS) – Outpatient hospital (continued)		38500	38510	38525		
	Hernia Repair					
		49505	49585	49587	49650	
		49651	49652	49653	49654	
		49655				
	Integumentary System					
		10121	11440	11450	11624	
		11770	13121	15100	15120	
		15240	19020	19120	19125	
	Liver Biopsy					
		47000				
	Male Genital System					
		54840				
	Miscellaneous					
		20680				
	Musculoskeletal System					
		20552	20553	21012	21013	
		21336	21554	21555	21556	
		21930	22514	22902	22903	
		23071	23075	24071	27327	
		27337	27632	28035	28039	
	28041	28060	28080	28090		
	28104	28110	28118	28119		
	28124	28285	29835	29840		
	29845	29846	29848	29861		
	29875	29876	29877	29879		
	29880	29881	29882	29888		
	29893	G0260				
Nervous System						
	64561	64640				
Ophthalmologic						
	65426	65730	65855	66170		
	66761	67028	67036	67040		
	67228	67311	67312			
Respiratory System						
	30802	30930	31525	31535		
	31536	31541	31624			
Tonsillectomy and Adenoidectomy						
	42820	42821	42825	42826		
	42830					
Upper and Lower Gastrointestinal Endoscopy						

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Site of service (SOS) – Outpatient hospital (continued)		43235	43239	43249	
		Urologic Procedures			
		50590	52000	52005	52204
		52224	52234	52235	52260
		52276	52281	52287	52310
		52320	52332	52344	52351
		52352	52353	52356	54161
		55040	55700	57288	
Sleep apnea procedures and surgeries	Prior authorization is required.	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea					
Spinal surgery	Prior authorization is required.	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22513	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	63185	63190
		63191	63200	63250	63251
		63252	63265	63267	63268
		63270	63271	63272	63286
63300	63301	63302	63303		
63304	63305	63306	63307		
63308	0095T	0098T	0164T		
Sterilization	Prior authorization is required	58150	58152	58180	58260

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Sterilization (continued)		58262	58263	58267	58270	
		58275	58290	58291	58292	
		58542	58543	58544	58550	
		58552	58553	58570	58571	
		58572	58573			
Stimulators	Prior authorization is required.	Bone-Growth Stimulator				
Implantation of a device that sends electrical impulses		E0747	E0748	E0749	E0760	
		Neurostimulator				
		43881	43882	61863	61864	
		61867	61868	61885	61886	
		63650	63655	63685	64553	
		64555	64568	64570	64590	
		0312T	0313T	0314T	0315T	
		0316T	0317T	L8680	L8682	
		L8685	L8686	L8687	L8688	
	Transplants	Prior authorization is required.	For transplant and CAR T-Cell therapy services including Carvykti (ciltacabtagene autoleucel), please call the Optum Transplant Case Management team at 888-936-7246 or the notification number on the back of the member's health plan ID card.			
	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		50547	S2060	S2061	
	S2152					
	CAR T-Cell Therapy					
	Q2056					
	Gene therapy					
	J3490***		J3590***	C9399***		
	*Code 38232 will only require prior authorization for an oncology diagnosis. *** Effective 1/1/23 For Unclassified codes J3490, J3590, and C9399, Zynteglo will require Prior Authorization through Optum Transplant					
Vein procedures	Prior authorization is required.		36468	36473	36475	36478
Removal and ablation of the main trunks and			37700	37718	37722	37765
		37766	37780			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
named branches of the saphenous veins for treating venous disease and varicose veins of the extremities					
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required.	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929 . 33927 33928 33929 33975 33976 33979 33981 33982 33983 Q0507 Q0508 Q0509			
Wound vac	Prior authorization required.	E2402			