

## 2024 Prior Authorization Requirements\*

### General Information:

This list contains prior authorization requirements for health care professionals participating with **UnitedHealthcare of Washington or Wellpoint (formerly Amerigroup) of Washington**. Prior authorization is not required for emergency or urgent care. However, out-of-network physicians, facilities, and other health care professionals must request prior authorization for all procedures and services.

**To request prior authorization, please submit your request by fax to 206-834-6000**

**Referral Requirement:** ICW does not require a specialist referral from the Primary Care Provider (PCP). Some specialty care providers may require a PCP referral.

**Coordination of Benefits (COB):** ICW does not require prior authorization as a secondary payer.

The omission of items/services on this guideline is not a guarantee of coverage. All services must be provided according to coverage and payment guidelines established by the Centers for Medicare & Medicaid Services (CMS). Prior authorization is not a guarantee of payment for services. Payment is contingent upon the member's eligibility and benefits on the date of service.

Service	Notes	Codes Requiring Authorization
<b>Durable Medical Equipment (DME) (Includes Prosthetics and Orthotics)</b>	Medicare members must obtain the following items from <b>Performance Home Medical</b> : E0135, E0143, E0163, E0260-E0261, E0424, E0431, E0434, E0439, E0441-E0444, E0570, E0601, E0562, E1226, E1390, K0001-K0006, K0195	<b>Authorization required for all plans and vendors:</b> A5508, A5510, A7025, A8002 - A8004, E0193 - E0194, E0217, E0225, E0236, E0239, E0250 - E0251, E0255 - E0256, E0260 - E0261, E0265 - E0266, E0277, E0290 - E0297, E0300 - E0304, E0316, E0328 - E0329, E0371 - E0373, E0424, E0431, E0433 - E0434, E0439, E0445, E0462 E0465 - E0467, E0470 - E0472, E0480, E0482 - E0483, E0500, E0550, E0565, E0600 - E0601, E0617, E0630 E0635 - E0640, E0650 - E0652, E0656 - E0657, E0667 - E0668, E0670 - E0671, E0675, E0740, E0747 - E0749, E0760, E0762, E0764, E0766, E0781 - E0786, E0791, E0849 E0855, E0911 - E0912, E0958, E0983 - E0984, E0986 E0988, E1002 - E1008, E1010 - E1012, E1014, E1017 - E1018, E1030 - E1031, E1035 - E1037, E1050, E1060, E1070 E1083 - E1084, E1087 - E1088, E1092 - E1093, E1100, E1110, E1150, E1160 - E1161, E1170 - E1172, E1180, E1190 E1195, E1200, E1221 - E1226, E1229 - E1240, E1270 E1280, E1295 - E1296, E1298, E1372, E1390 - E1392, E1399, E2100, E2120, E2201 - E2204, E2227 - E2228,

E2291 - E2294, E2300 - E2301, E2310 - E2312, E2321 - E2322, E2325, E2327 - E2330, E2340 - E2343, E2351, E2358, E2367 - E2370, E2372 - E2378, E2397 - E2398, E2402, E2500, E2502, E2504, E2506, E2508, E2510, E2512, E2599, E2606, E2609, E2612 - E2617, E2620 - E2621, E2626 - E2630, E8001, K0002 - K0007, K0009 - K0012, K0108, K0455, K0606, K0609, K0730, K0738, K0743, K0800 - K0802, K0806 - K0808, K0812 - K0816, K0820 - K0831, K0835 - K0843, K0848 - K0864, K0890 - K0891, K0898, K1014, K1018, K1022, K1024 - K1025, K1031, L0112, L0170, L0190, L0200, L0452, L0456 - L0458, L0460, L0462, L0464, L0466, L0468, L0470, L0472, L0480, L0482, L0484, L0486, L0488, L0491 - L0492, L0624, L0629, L0631 - L0632, L0634 - L0640, L0648, L0650 - L0651, L0700, L0710, L0810, L0820, L0830, L0859, L0999 - L1001, L1005, L1200, L1230, L1300, L1310, L1499, L1640, L1680 - L1681, L1685 - L1686, L1690, L1700, L1710, L1720, L1730, L1755, L1832 - L1834, L1840, L1843 - L1848, L1851 - L1852, L1860, L1904, L1907, L1932, L1940, L1945, L1950 - L1951, L1960, L1970 - L1971, L1980, L1990, L2000, L2005 - L2006, L2010, L2020, L2030, L2034, L2036 - L2038, L2050, L2060, L2090, L2106, L2108, L2112, L2114, L2116, L2126, L2128, L2132, L2134, L2136, L2250, L2340, L2350, L2510, L2520, L2525 - L2526, L2540, L2570, L2580, L2627 - L2628, L2999, L3215, L3219, L3230, L3320, L3330, L3671, L3674, L3677 - L3678, L3720, L3730, L3740, L3760 - L3761, L3763 - L3766, L3900 - L3901, L3904 - L3905, L3915 - L3916, L3956, L3960 - L3962, L3967, L3971, L3973, L3975 - L3978, L3981, L3999 - L4000, L4010, L4020, L4030, L4040, L4050, L4130, L4210, L4631, L5000, L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5312, L5321, L5331, L5341, L5400, L5410, L5420, L5430, L5450, L5460, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600, L5610 - L5611, L5613 - L5614, L5616 - L5617, L5626, L5628, L5630 - L5631, L5638 - L5640, L5642 - L5651, L5653, L5656, L5658, L5661, L5665,

		L5671, L5673, L5677, L5679, L5681 - L5683, L5700 - L5707, L5710 - L5712, L5716, L5718, L5722, L5724, L5726, L5728, L5780 - L5782, L5785, L5790, L5795, L5810 - L5812, L5814, L5816, L5818, L5822, L5824, L5826, L5828, L5830, L5840, L5845, L5848, L5856 - L5859, L5920 L5930, L5940, L5950, L5960 - L5962, L5964, L5966, L5968, L5973, L5975 - L5976, L5979 - L5982, L5984 L5986 - L5988, L5990 - L5991, L5999 - L6000, L6010, L6020, L6026, L6050, L6055, L6100, L6110, L6120, L6130, L6200, L6205, L6250, L6300, L6310, L6320, L6350, L6360, L6370, L6380, L6382, L6384, L6386, L6388, L6400, L6450, L6500, L6550, L6570, L6580, L6582, L6584, L6586, L6588, L6590, L6621, L6623 - L6625, L6628, L6638, L6646 - L6648, L6684, L6686 - L6690, L6692 - L6698, L6704, L6707 - L6709, L6711 - L6715, L6721 - L6722, L6880 - L6885, L6895, L6900, L6905, L6910, L6915, L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7007 - L7009, L7040, L7045, L7170, L7180 - L7181, L7185 - L7186, L7190 - L7191, L7259, L7364, L7366, L7368, L7404 - L7405, L7499, L7510, L7600, L8035, L8039, L8499 - L8501, S1040, T5001, T5999, V2623, V2625, V2627, V2629.
<b>Genetic Testing</b>	Authorization required.	0001U-0419U, 81105-81479, 81507, 81518-81552, 81599
<b>Home Enteral Services</b>	Authorization is <b>NOT</b> required for formula and supplies delivered via tube.	B4100-B4162, B9998, E1399
<b>Home Health Services</b>	Authorization required.	G0151-G0162, G0299, G0300, G0320-G0322, G0493-G0496, S9474, T1021, T1030-T1031
<b>Injectable Medications (i.e., medications that are delivered in the physician's office, clinic, outpatient or home setting)</b>	Authorization required for all listed codes.	<b>Anti-Cancer Drugs</b> Anti-cancer therapy drugs (J9000-J9999) Anti-cancer drugs that have a Q code Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous HCPCS code.

**Injectable colony-stimulating factor:**

Pegfilgrastim (Neulasta®) J2506  
Pegfilgrastim-apgf, biosimilar (Nyvepria®) Q5122  
Pegfilgrastim-bmez (Ziextenzo®) Q5120  
Pegfilgrastim-jmdb (Fulphila™) Q5108  
Pegfilgrastim-cbqv (UDENYCA™) Q5111  
Filgrastim biosimilar(Releuko)Q5125

**Bone-modifying agent:**

Denosumab (Prolia) J0897

**Antiemetic Drugs**

Fosaprepitant (Emend) J1453

**Other Injectable Drugs:**

Alemtuzumab (Lemtrada) J0202  
Belimumab (Benlysta) J0490  
Botulinum toxins (Botox) J0585, J0586, J0587, J0588  
Brolucizumab-dblI (Beovu) J0179  
Canakinumab (Ilaris) J0638  
Certolizumab pegol (Cimzia) J0717  
Corticotropin (Cortrophin Gel, Acthar gel) J0801, J0802  
Faricimab-svoa (Vabysmo) J2777  
Immune globulin (Xembify) J1558  
Infliximab (Remicade) J1745  
Infliximab-abda (Renflexis) Q5104  
Infliximab-axxq (Avsola) Q5121  
Infliximab-dyyb (Inflectra) Q5103  
Lanreotide (Cipla) J1932  
Leuprolide acetate (Fensolvi) J1951  
Mepolizumab (Nucala) J2182  
Ocrelizumab (Ocrevus) J2350  
Octreotide (Sandostatin LAR) J2353  
Pasireotide LAR (Signifor) J2502  
pegcetacoplan (Syfovre) J2781  
Pegfilgrastim-pbbk (Fylnetra) Q5130

		<p>Reslizumab (Cinqair) J2786          Romosozumab-aqqg (Evenity) J3111          Tildrakizumab (Ilumya) J3245          Tocilizumab (Actemra) J3262          Tofersen (Qalsody) C9157          Ublituximab-xiyy (Briumvi) J2329          Ustekinumab (Stelara) J3358          Vedolizumab (Entyvio) J3380          Vutrisiran (AMVUTTRA) J0225</p> <p><b>Unclassified Codes</b>          C9399, J3490, J3590</p> <p><b>All injectables that are not FDA approved, have temporary codes or are being requested for off-label use require prior authorization.</b></p>
<b>Inpatient Hospital Admissions (Includes Inpatient Rehabilitation)</b>	<p>Authorization is <b>NOT</b> required for:</p> <p>Antepartum through delivery including complications associated with pregnancy.</p> <p>Newborns and children with length of stay &lt;4 days to the NICU or level II-III Special Care Nursery</p> <p>Observation level of care</p>	Code per CMS Guidelines
<b>Pain Management</b>		<p><b>Epidural Steroid Injections</b>          62320, 62321, 62322, 62323, 64479, 64480, 64483, 64484, 64999</p> <p><b>Facet Joint Injections</b>          64490, 64491, 64492, 64493, 64494, 64495, 64633, 64634, 64635, 64636, 64999, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T</p>

		<p><b>Pain Infusion Pump</b> 62350, 62351, 62360, 62361, 62362, 64999, C1772, C1891, C2626, E0782, E0783, E0785, E0786</p> <p><b>Radiofrequency Ablation/Chemical Denervation</b> 64624-64629</p> <p><b>SI Joint Injections</b> 27096</p>
<p><b>Out of State (Does not apply to urgent or emergent services)</b></p>	<p>Medicaid members must obtain routine and non-urgent services within Washington State.</p> <p>Authorization is <b>NOT</b> required for Medicare members for office visits, routine lab, and imaging services outside Washington State. All other services require authorization.</p>	<p>All Codes</p>
<p><b>Outpatient Cardiac and Pulmonary Rehabilitation</b></p>	<p>Authorization required.</p>	<p><b>Cardiac Rehabilitation</b> 93797-93798</p> <p><b>Pulmonary Rehabilitation</b> 94625-94626</p>
<p><b>Outpatient Therapy (Physical, Occupational, Speech Therapy)</b></p>	<p>Authorization is <b>NOT</b> required for Medicaid members &lt;21 years of age.</p> <p><b>Medicaid</b> Initial 24 <b>units</b> per calendar year, per modality do NOT require authorization.</p> <p><b>Medicare</b> Initial 24 <b>visits</b> per calendar year, per modality do NOT require authorization.</p>	<p><b>Occupational Therapy</b> 92526, 95851-95852, 96112-96113, 96125, 97010, 97014, 97018, 97032, 97034, 97110-97113, 97124, 97140, 97150, 97165-97537, 97542, 97750-97763, 97799</p> <p><b>Physical Therapy</b> 95992, 96125, 97010-97032, 97033-97039, 97110-97130, 97140, 97150, 97161-97164, 97530, 97535-97537, 97542, 97750-97763, 97799</p>

		<p><b>Speech Therapy</b> 92507-92508, 92521-92526, 92551, 92597, 92605-92618, 92630-92633, 95851-95852, 96112-96113, 96125, 97129-97130, 97533, S9152</p>
<b>Radiology</b>	Non-oncological PET Scans require authorization	78811-78815
<b>Skilled Nursing Facility</b>	<p>Authorization required.</p> <p>Admitting facility must have a 2 star or higher Medicare rating.</p>	Code per CMS Guidelines
<b>Surgical Services Site of Service: Ambulatory Surgery Center and Office</b>	<p>Authorization is <b>NOT</b> required: Post mastectomy reconstruction (Z42.1, Z90.1*) Breast cancer (C50.*) Women's Health services by a Women's Health provider ICW surgeons and ASC's</p> <p>*Contact the health plan for Medicaid Bariatric and Gender Reassignment Surgery services</p>	<p><b>Bariatric Surgery (Medicare only)*</b> 43659, 43770, 43842</p> <p><b>Bladder Surgeries</b> 53445</p> <p><b>Breast Procedures</b> 11971, 19316 -19399</p> <p><b>Cochlear Implants</b> 69710, 69714, 69930</p> <p><b>Cosmetic and Reconstructive Surgery</b> 11960, 11971, 15830, 15847,15877-15879, 17999, 21172-21184, 21230,21235, 21248- 21268, 21275, 21299,21740-21743, Q2026</p> <p><b>Eye and eyelid Surgery</b> 65756, 67900-67912, 67917, 67950-67966, 15820- 15823</p> <p><b>Foot/Toe Surgeries</b> 28120, 28285, 28288 ,28291,28296, 28344</p>

		<p><b>Gender Reassignment (Medicare only)*</b> 55970 55980 For DX: F64.0 F64.1 F64.2 F64.8 F64.9 Z87.890</p> <p><b>Nervous System Surgeries</b> 64718</p> <p><b>Orthognathic Surgery</b> 21120-21127, 21141-21160, 21206, 21210, 21215, 21240, 21242, 21244-21247</p> <p><b>Otolaryngology surgery</b> 30400- 30465, 31298, 31299, 30520-30560, 30620</p> <p><b>Sleep Apnea</b> 21685, 41512, 41530, 41599, 42145</p> <p><b>Spine Surgery</b> 20930, 20931, 22514, 22854, 22858</p> <p><b>Stimulator</b> 61850, 61863-61868, 61885, 61886, 63650, 63655, 63685, 64555, 64568, 64590, 20974-20979</p> <p><b>Vein Procedures</b> 36468-36483, 37243, 37700-37722, 37765-37780, 37799</p>
<p><b>Surgical Services</b> <b>Site of Service: Outpatient Hospital</b></p>	<p>Authorization is <b>NOT</b> required: Post mastectomy reconstruction (Z42.1, Z90.1*) Breast cancer (C50.*) Women’s Health services by a Women’s Health provider ICW surgeons</p> <p>*Contact the health plan for Medicaid Bariatric and Gender Reassignment Surgery services</p>	<p><b>Bariatric Surgery (Medicare only)*</b> 43659, 43770, 43842</p> <p><b>Bladder Surgeries</b> 53445</p> <p><b>Breast Procedures</b> 11971, 19316 -19399</p> <p><b>Cochlear Implants</b> 69710, 69714, 69930</p>



**Cosmetic and Reconstructive Surgery**

11960, 11971, 15830, 15847,15877-15879, 17106-17108, 17999, 21172-21184, 21230,21235, 21248- 21268, 21275, 21299,21740- 21743, Q2026

**Eye and eyelid Surgery**

65756, 67900-67912, 67917, 67950-67966, 15820- 15823

**Foot/Toe Surgeries**

28120, 28285, 28288 ,28291,28296, 28344

**Gender Reassignment (Medicare Only)\***

55970, 55980

For Dx:F64.0 F64.1 F64.2 F64.8 F64.9 Z87.890

**Nervous System Surgeries**

64718, 64721

**Orthognathic Surgery**

21120-21127, 21141-21160, 21206, 21210, 21215, 21240, 21242, 21244-21247

**Otolaryngology surgery**

30400- 30465, 31298, 31299, 30520-30560, 30620

**Sleep Apnea**

21685, 41512, 41530, 41599, 42145

**Spine Surgery**

20930, 20931, 22514, 22854, 22858

**Stimulator**

61850, 61863-61868, 61885, 61886, 63650, 63655, 63685, 64555, 64568, 64590, 20974-20979

**Vein Procedures**

36468-36483, 37243, 37700-37722, 37765-37780, 37799

<b>Surgical Services</b> <b>Site of Service: Inpatient Surgery (Planned)</b>	Authorization is <b>NOT</b> required: Post mastectomy reconstruction (Z42.1, Z90.1*) Breast cancer (C50.*) Women’s Health services by a Women’s Health provider ICW surgeons	All codes
<b>Wound Care</b>	Authorization required for all listed codes.	<b>Hyperbaric therapy</b> 99183-99184, G0277  <b>Negative Pressure Wound Therapy (NPWT)</b> 97605, 97606, A6550, E2402, K0743  <b>Skin grafts and Skin substitute</b> 14040-14301, 15100, 15120, 15220, 15240, 15260, A2001-A2013, A4100, C1832, C1849, C9354, C9358, C9360-C9364, Q4100- Q4261

### Additional Information

Some services are not managed by ICW and may require authorization by the health plan, including:

- Mental health
- Transplant (except corneal)
- Medicaid plans bariatric surgery
- Routine vision
- Hospice

If a patient has an appointment scheduled within 5 calendar days, mark the prior authorization with “appointment scheduled” along with the appointment date. ICW’s goal is to process within two business days.

The federal regulations define an urgent/expedited request as:

- A serious threat to life, limb, or eyesight;
- Worsening impairment of a bodily function that threatens the body’s ability to regain maximum function;
- Worsening dysfunction or damage of any bodily organ or part that threatens the body’s ability to recover from the dysfunction or damage;
- or
- Severe pain that cannot be managed without prompt medical care

Refrain from submitting urgent/expedited requests if the patient does not meet the above definition.

**Contact the Utilization Management Department**

Outpatient services and general authorization: Phone 206-724-0868

Inpatient, skilled nursing, and home health: Phone 206-724-0865

General Email: [MedManagement@ic-wa.org](mailto:MedManagement@ic-wa.org)

***Emails must be sent HIPAA compliant!***

***Contact an ICW staff member if you need access to a HIPAA compliant link***

\*These guidelines are effective for dates of service on or after 01/01/2024.

*Revision History*

<b>Date of Change</b>	<b>Changes</b>
11/16/23	Policy Updated: Formatting changes to align with new branding. Codes updated in all sections. Section for Out of State coverage added. QUMC review and approval for 1/1/2024 implementation.
5/1/23	Policy Updated: Minor formatting changes. Added ICW surgeons to exceptions for surgical services. Verbiage clarifications.
11/17/22	Policy Reviewed and approved by QUMC for implementation on 1/1/2023. Extensive content and formatting changes
9/1/22	Removal of PA requirement for office visits effective 10/1/2022
1/1/22	Policy Implemented
11/18/21	Policy Reviewed and approved by QUMC for implementation on 1/1/2022