

2025 Prior Authorization Requirements

General Information:

This list contains prior authorization requirements for health care professionals participating with **UnitedHealthcare of Washington or Wellpoint of Washington**. Refer to the "Additional Information" section at the bottom for further guidance.

Referral Requirement: ICW does not require a specialist referral from the Primary Care Provider (PCP).

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

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

Prior authorization is not required for emergent or urgent care.

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 & Apple Health 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
Durable Medical Equipment (DME) (Includes Prosthetics and Orthotics)		Medicare HMO members require prior authorization if the following items are not obtained from Performance Home Medical: E0135, E0143, E0163, E0260-E0261, E0424, E0431, E0434, E0439, E0441-E0444, E0570, E0562, E1226, E1390, K0001-K0006, K0195
Genetic Testing		0001U-0419U, 81105-81479, 81507, 81518-81552, 81599
Home Health Services		G0151-G0162, G0299, G0300, G0320-G0322, G0493-G0496, S9474, T1000, T1021, T1030-T1031
Medications (i.e., medications that are delivered in the physician's office, clinic, outpatient or home setting)	Prior authorization is NOT required for: Inpatient admission for administration of Injectable medications. The facility must contact ICW at time of admission.	Anti-Cancer Drugs 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-ppgf, biosimilar (Nyvepria®) Q5122

Pegfilgrastim-bmez (Ziextenzo®) Q5120

Pegfilgrastim-jmdb (Fulphila™) Q5108

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

Canakinumab (Ilaris) J0638

Certolizumab pegol (Cimzia) J0717

Esketamine (Spravato) S0013

Faricimab-svoa (Vabysmo) J2777

Immune globulin (Xembify) J1558

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

Reslizumab (Cinqair) J2786

Romosozumab-aqqg (Evenity) J3111

Tildrakizumab (Ilumya) J3245

Tocilizumab (Actemra) J3262

Tofersen (Qalsody) J1304

Ublituximab-xiyy (Briumvi) J2329

Ustekinumab (Stelara) J3358

Vedolizumab (Entyvio) J3380

		<p>Vutrisiran (AMVUTTRA) J0225</p> <p>Unclassified Codes C9399, J3490, J3590</p> <p>All medications that are not FDA approved, have temporary codes or are being requested for off-label use require prior authorization.</p>
<p>Inpatient Hospital Admissions (Includes Inpatient Rehabilitation)</p>	<p>Authorization is NOT required for:</p> <p>Antepartum through delivery including complications associated with pregnancy.</p> <p>Newborns with length of stay ≤4 days</p> <p>Observation level of care</p>	<p>Code per CMS and HCA Guidelines</p>
<p>Out of Network (Does not apply to urgent/emergent services)</p>		<p>Apple Health and Medicare HMO: Authorization is required for all out of network services.</p> <p>Medicare PPO: Authorization is required for services outlined in this authorization guideline.</p>
<p>Out of State (Does not apply to urgent or emergent services)</p>		<p>Apple Health: All routine services provided outside of Washington State require prior authorization.</p> <p>Medicare HMO and PPO: Authorization is only required for services outlined in this authorization guide.</p>
<p>Outpatient Therapy (Physical, Occupational, Speech Therapy)</p>	<p>Authorization is NOT required for Apple Health members <21 years of age.</p>	<p>Occupational Therapy</p>

	<p>Apple Health Initial 24 units per calendar year, per modality do NOT require authorization.</p> <p>Medicare Initial 24 visits per calendar year, per modality do NOT require authorization.</p>	<p>92526, 95851-95852, 96112-96113, 96125, 97010, 97014, 97018, 97032, 97034, 97110-97113, 97124, 97140, 97150, 97165-97537, 97542, 97750-97763, 97799</p> <p>Physical Therapy 95992, 96125, 97010-97032, 97033-97039, 97110-97130, 97140, 97150, 97161-97164, 97530, 97535-97537, 97542, 97750-97763, 97799</p> <p>Speech Therapy 92507-92508, 92521-92526, 92551, 92597, 92605-92618, 92630-92633, 95851-95852, 96112-96113, 96125, 97129-97130, 97533, S9152</p>
Pain Management		<p>Pain Infusion Pump 62350, 62351, 62360, , 62362, 64999, C1772, C1891, C2626, E0782, E0783, E0785, E0786</p>
Primary Care Providers and Services	<p>Members can see any health plan contracted provider for:</p> <ul style="list-style-type: none"> • Women’s health and family planning • HIV and AIDS testing • Immunizations • Tuberculosis screening and follow-up • Sexually transmitted disease treatment and follow-up <p>Medicare HMO Excludes services received out of state.</p>	<p>Apple Health and Medicare HMO: Members must receive primary care services from an ICW provider.</p>
Skilled Nursing Facility	Admitting facility must have a 2 star or higher Medicare rating.	Code per CMS and HCA Guidelines
Surgical Services Site of Service: Ambulatory Surgery Center and Office	Authorization is NOT required: Post mastectomy reconstruction (Z42.1, Z90.1*)	Bariatric Surgery (Medicare only)* 43659, 43770, 43842

	<p>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 Apple Health Bariatric and Gender Reassignment Surgery services</p>	<p>Breast Procedures 11971, 19316 -19399</p> <p>Cochlear Implants 69710, 69714, 69930</p> <p>Cosmetic and Reconstructive Surgery 11960, 11971, 15830, 15847,15877-15879, 17999, 21172- 21184, 21230,21235, 21248- 21268, 21275, 21299,21740- 21743, Q2026</p> <p>Eye and eyelid Surgery 65756, 67900-67912, 67917, 67950-67966, 15820- 15823</p> <p>Gender Reassignment (Medicare only)* 55970 55980 For DX: F64.0 F64.1 F64.2 F64.8 F64.9 Z87.890</p> <p>Otolaryngology surgery 30400- 30465, 31298, 31299, 30520-30560, 30620</p> <p>Sleep Apnea 21685, 41512, 41530, 41599, 42145</p> <p>Stimulator 61850, 61863-61868, 61885, 61886, 63650, 63655, 63685, 64555, 64568, 64590,</p> <p>Vein Procedures 36468-36483, 37243, 37700,37722, 37765, 37766, 37799</p>
<p>Surgical Services Site of Service: Outpatient Hospital</p>	<p>Authorization is NOT required: Post mastectomy reconstruction (Z42.1, Z90.1*) Breast cancer (C50.*) Women's Health services by a Women's Health provider</p>	<p>Bariatric Surgery (Medicare only)* 43659, 43770, 43842</p> <p>Breast Procedures 11971, 19316 -19399</p>

	<p>ICW surgeons</p> <p>*Contact the health plan for Apple Health Bariatric and Gender Reassignment Surgery services</p>	<p>Cochlear Implants 69710, 69714, 69930</p> <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</p> <p>Eye and eyelid Surgery 65756, 67900-67912, 67917, 67950-67966, 15820- 15823</p> <p>Gender Reassignment (Medicare Only)* 55970, 55980 For Dx:F64.0 F64.1 F64.2 F64.8 F64.9 Z87.890</p> <p>Otolaryngology surgery 30400- 30465, 31298, 31299, 30520-30560, 30620</p> <p>Sleep Apnea 41512, 41530, 41599, 42145</p> <p>Stimulator 61850, 61863-61868, 61885, 61886, 63650, 63655, 63685, 64555, 64568, 64590, 20974-20979</p> <p>Vein Procedures 36471, 36475, 36479-36483, 37243, 37700-37722, 37765-37780, 37799</p>
<p>Surgical Services Site of Service: Inpatient Surgery (Planned)</p>	<p>Authorization is NOT 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>All codes</p>
<p>Wound Care</p>		<p>Hyperbaric therapy 99183-99184, G0277</p>

Additional Information

- Carve-out Services: Some services are not managed by ICW and may require authorization by the health plan, including:
 - Mental health
 - Transplant (except corneal)
 - Apple Health plans bariatric surgery
 - Routine vision
 - Hospice

- Urgent/ Emergent Requests: If a patient has an appointment scheduled within 0-5 calendar days, mark the prior authorization with "appointment scheduled" along with the appointment date. ICW's goal is to process within 2-3 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.

- ICW does not require the use of a specific authorization request form. All submissions must include a cover sheet and the following details:
 - **Servicing provider/facility information:** Name, NPI, TIN, phone, and fax number
 - **Applicable codes:** ICD-10, HCPCS, CPT, or other relevant codes
 - **Service date:** Scheduled or anticipated date of service
 - **Clinical documentation:** Information necessary to determine medical necessity and coverage criteria

- These guidelines are effective for dates of service on or after 01/01/2025.

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

Revision History

Date of Change	Changes
11/21/24	Policy Updated: PCP section added. Some codes removed. Additional verbiage for clarification. QUMC review and approval for 1/1/2025 implementation.
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