Independent Clinics
OF WASHINGTON

2026 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). **For the Medicare HMO plans only –** UnitedHealthcare does require specialist referrals:

- Referrals must be submitted through the United Provider Portal
- Clinics do not send these referrals to ICW
- For details, refer to the 2026 UnitedHealthcare Medicare Advantage Referral Requirements Guide
- Refer to United Provider Portal for the patient's current approved referrals

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

Independent Clinics
OF WASHINGTON

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-apgf, 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 Pegfilfrastim-pbbk (Fylnetra) Q5130 Reslizumab (Cinqair) J2786 Romosozumab-aqqg (Evenity) J3111

		Tildrakizumab (Ilumya) J3245 Tocilizumab (Actemra) J3262 Tofersen (Qalsody) J1304 Ublituximab-xiiy (Briumvi) J2329 Ustekinumab (Stelara) J3358 Vedolizumab (Entyvio) J3380 Vutrisiran (AMVUTTRA) J0225 **Unclassified Codes** C9399, J3490, J3590 **All medications that are not FDA approved, have temporary codes or are being requested for off-label use require prior authorization.**
Inpatient Hospital Admissions (Includes Inpatient Rehabilitation)	Authorization is **NOT** required for: Antepartum through delivery including complications associated with pregnancy. Newborns with length of stay ≤4 days Observation level of care	Code per CMS and HCA Guidelines
Out of Network (Does not apply to urgent/emergent services)		**Apple Health and Medicare HMO:** Authorization is required for all out of network services. **Medicare PPO:** Authorization is required for services outlined in this authorization guideline.
Out of State (Does not apply to urgent or emergent services)		**Apple Health:** All routine services provided outside of Washington State require prior authorization. **Medicare HMO and PPO:** Authorization is only required for services outlined in this authorization guide.

Independent Clinics
OF WASHINGTON

Outpatient Therapy (Physical, Occupational, Speech Therapy)	Authorization is **NOT** required for Apple Health members<21 years of age. **Apple Health** Initial 24 **units** per calendar year, per modality do NOT require authorization. **Medicare** Initial 24 **visits** per calendar year, per modality do NOT require authorization.	**Occupational Therapy** 92526, 95851-95852, 96112-96113, 96125, 97010, 97014, 97018, 97032, 97034, 97110-97113, 97124, 97140, 97150, 97165-97537, 97542, 97750-97763, 97799 **Physical Therapy** 95992, 96125, 97010-97032, 97033-97039, 97110-97130, 97140, 97150, 97161-97164, 97530, 97535-97537, 97542, 97750-97763, 97799 **Speech Therapy** 92507-92508, 92521-92526, 92551, 92597, 92605-92618, 92630-92633, 95851-95852, 96112-96113, 96125, 97129-97130, 97533, S9152
Pain Management		**Pain Infusion Pump** 62350, 62351, 62360, , 62362, 64999, C1772, C1891, C2626, E0782, E0783, E0785, E0786
Primary Care Providers and Services	Members can see any health plan contracted provider for: • Women's health and family planning • HIV and AIDS testing • Immunizations • Tuberculosis screening and follow-up • Sexually transmitted disease treatment and follow-up **Medicare HMO** Excludes services received out of state.	**Apple Health and Medicare HMO:** Members must receive primary care services from an ICW provider.
Skilled Nursing Facility	Admitting facility must have a 2 star or higher Medicare rating.	Code per CMS and HCA Guidelines

Independent Clinics
OF WASHINGTON

Surgical Services **Site of Service: Ambulatory Surgery Center and Office**	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 and ASC's *Contact the health plan for Apple Health Bariatric and Gender Reassignment Surgery services	**Bariatric Surgery (Medicare only)*** 43659, 43770, 43842 **Breast Procedures** 11971, 19316 -19399 **Cochlear Implants** 69710, 69714, 69930 **Cosmetic and Reconstructive Surgery** 11960, 11971, 15830, 15847,15877-15879, 17999, 21172-21184, 21230,21235, 21248- 21268, 21275, 21299,21740-21743, Q2026 **Eye and eyelid Surgery** 65756, 67900-67912, 67917, 67950-67966, 15820- 15823 **Gender Reassignment (Medicare only)*** 55970 55980 For DX: F64.0 F64.1 F64.2 F64.8 F64.9 Z87.890 **Otolaryngology surgery** 30400- 30465, 31298, 31299, 30520-30560, 30620 **Sleep Apnea** 21685, 41512, 41530, 41599, 42145 **Stimulator** 61850, 61863-61868, 61885, 61886, 63650, 63655, 63685, 64555, 64568, 64590, **Vein Procedures** 36468-36483, 37243, 37700,37722, 37765, 37766, 37799

Independent Clinics
OF WASHINGTON

Surgical Services **Site of Service: Outpatient Hospital**	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 *Contact the health plan for Apple Health Bariatric and Gender Reassignment Surgery services	**Bariatric Surgery (Medicare only)*** 43659, 43770, 43842 **Breast Procedures** 11971, 19316 -19399 **Cochlear Implants** 69710, 69714, 69930 **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 **Gender Reassignment (Medicare Only)*** 55970, 55980 For Dx:F64.0 F64.1 F64.2 F64.8 F64.9 Z87.890 **Otolaryngology surgery** 30400- 30465, 31298, 31299, 30520-30560, 30620 **Sleep Apnea** 41512, 41530, 41599, 42145 **Stimulator** 61850, 61863-61868, 61885, 61886, 63650, 63655, 63685, 64555, 64568, 64590, 20974-20979 **Vein Procedures** 36471, 36475, 36479-36483, 37243, 37700-37722, 37765-37780, 37799

Independent Clinics
OF WASHINGTON

Surgical Services **Site of Service: Inpatient Surgery (Planned)**	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	All codes
Wound Care		**Hyperbaric therapy** 99183-99184, G0277

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

Independent Clinics
OF WASHINGTON

- These guidelines are effective for dates of service on or after 01/01/2026.

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
11/20/25	Policy Updated: Referral requirements updated for Medicare HMO members. QUMC review and approval for 1/1/26 implementation.
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