

# Prior Authorization Requirements for Washington Medicaid

Effective April 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](https://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			
<b>Bariatric surgery</b> 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			
<b>Behavioral health services</b>	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.			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization is required.	20975	20979		
<b>Breast reconstruction (non-mastectomy)</b> 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
<b>Cancer supportive care</b>	Prior authorization is required for colony-stimulating factor drugs and bone-modifying agent administered in an outpatient setting for a cancer diagnosis.	<b><u>Injectable colony-stimulating factor drugs that require prior authorization:</u></b> <b>Bio similar (Zarxio®)</b> Q5101 <b>Filgrastim (Neupogen®)</b> J1442 <b>Filgrastim-aafi (Nivestym™)</b> Q5110 <b>Filgrastim-ayow, (Releuko®)</b>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization																																
Cancer supportive care (continued)		<p>Q5125  <b>Pegfilgrastim (Neulasta®)</b>  J2506</p> <p><b>Pegfilgrastim-appgf, biosimilar (Nyvepria®)</b>  Q5122  <b>Pegfilgrastim-bmez (Ziextenzo®)</b>  Q5120  <b>Pegfilgrastim-jmdb (Fulphila™)</b>  Q5108  <b>Pegfilgrastim-cbqv (UDENYCA™)</b>  Q5111  <b>Sargramostim (Leukine®)</b>  J2820  <b>Tbo-filgrastim (Granix®)</b>  J1447  <b>Trilaciclib (Cosela®)</b>  J1448</p> <p><b><u>Bone-modifying agent that requires prior authorization:</u></b>  <b>Denosumab</b>  J0897</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to <a href="http://UHCprovider.com">UHCprovider.com</a> 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 <b>888-397-8129</b>.</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 <a href="http://UHCprovider.com">UHCprovider.com</a> 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 <b>866-889-8054</b>. For more details and the CPT® codes that require prior authorization, please visit <a href="http://UHCprovider.com/WAcommunityplan">UHCprovider.com/WAcommunityplan</a> &gt; Prior Authorization and Notification Resources &gt; Cardiology Prior Authorization and Notification Program.</p>																																
Cardiovascular	Prior authorization is required	<p>37220* 37221* 37224* 37225*  37226* 37227* 37228* 37229*  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> <tr> <td>I70.268</td> <td>I70.269</td> <td>I70.321</td> <td>I70.322</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	I70.268	I70.269	I70.321	I70.322
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																															
I70.268	I70.269	I70.321	I70.322																															

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		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
		M86.272	M86.279	M86.28	M86.29

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (continued)</b>		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			
<b>Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)</b>	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
<b>Chemotherapy</b>	Prior authorization is required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis.	<b>Injectable chemotherapy drugs that require prior authorization:</b> 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 <a href="http://UHCprovider.com">UHCprovider.com</a> 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 <b>888-397-8129</b> . *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			
<b>Cochlear implants and other auditory implants</b>	Prior authorization is required.	69710 L8690	69714 L8691	69930 L8692	L8614
A medical device within the inner ear and an external portion that helps persons with profound sensorineural deafness achieve conversational speech					
<b>Continuous glucose monitor</b>	Prior authorization is required when billed with type 2 diabetes diagnosis.	A4226 A9278 A4238	A4239 E0787	A9276 E2103	A9277 E2102
<b>Cosmetic and reconstructive procedures</b>	Prior authorization is required.	11960 14061 15823 15878 17999 21172 21181 21230 21280 21742 67900 67904 67911 67916 67923 67966	14020 15820 15830 17106 21137 21175 21182 21235 21282 21743 67901 67906 67912 67917 67924 Q2026	14021 15821 15847 17107 21138 21179 21183 21256 21295 28344 67902 67908 67914 67921 67950	14041 15822 15877 17108 21139 21180 21184 21275 21740 30620 67903 67909 67915 67922 67961
<b>Durable medical equipment (DME)</b>	Prior authorization is required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500.  Prosthetics are not DME – see Orthotics and prosthetics.  Some home health care services may qualify but are not subject to the cost threshold –see Home health care.	A9279 E0194 E0277 E0445 E0466 E0486 E0652 E0675 E0731 E0766 E1002 E1006 E1010 E1130 E1232 E1236 E1825	A9280 E0265 E0300 E0457 E0470 E0620 E0656 E0693 E0745 E0784 E1003 E1007 E1030 E1161 E1233 E1237 E2100	A9900 E0266 E0328 E0460 E0471 E0636 E0669 E0694 E0762 E0984 E1004 E1008 E1035 E1229 E1234 E1238 E2227	E0118 E0270 E0329 E0465 E0483 E0637 E0670 E0710 E0764 E0986 E1005 E1009 E1036 E1231 E1235 E1239 E2228

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable medical equipment (DME) (continued)</b>		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	
<b>Enteral services</b>	Prior authorization is required.	B4034	B4035	B4036	B4100
In-home nutritional therapy, either enteral or through a gastrostomy tube		B4102	B4103	B4104	B4149
		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
		B9002	B9998		
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization is required.	36514	64722	65765	65767
		66180	0191T	A4638	A6000
		A9274	E0231	E1831	S0810
		S1030	S1031	S2102	S9988
		S9990	S9991		
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization is required for members <b>21 and older.</b>	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization is required.	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
<b>Genetic and molecular testing to include BRCA gene testing</b>	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
		81177	81178	81179	81180
		81181	81182	81183	81184

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)		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	
	81431	81432	81433	81435	
	81436	81439	81440	81443	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Genetic and molecular testing to include BRCA gene testing (continued)</b>		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	
<b>Home health care</b>	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	
<b>Injectable medications</b>	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.	<b>Actemra®</b>			
		J3262			
		<b>Acthar®</b>			
		J0800			
		<b>Amvuttra™</b>			
		J0225			
		<b>Aralast NP, Prolastin-C, Zemaira</b>			
		J0256			
		<b>Avsola™</b>			
		Q5121			
		<b>Benlysta</b>			
		J0490			
		<b>Botulinum toxins</b>			
		J0585	J0586	J0587	J0588
		<b>Cimzia®*</b>			
		J0717			
		<b>Cinqair®</b>			
		J2786			
		<b>Cutaquig®</b>			
		J1551			
<b>Entyvio®</b>					
J3380					
<b>Evenity™</b>					
J3111					
<b>Fasenra™</b>					
J0517					
<b>Fensolvi®</b>					
J1951					
<b>Feraheme®</b>					



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	Q0138				
	<b>Firmagon®</b>				
	J9155				
	<b>Fynetra®</b>				
	Q5130				
	<b>Glassia</b>				
	J0257				
	<b>Ilaris®</b>				
	J0638				
	<b>Ilumya™</b>				
	J3245				
	<b>Inflectra®</b>				
	Q5103				
	<b>Injectafer®</b>				
	J1439				
	<b>IVIG</b>				
	90283	90284	J1459	J1554	
	J1555	J1556	J1557	J1559	
	J1561	J1566	J1568	J1569	
	J1572	J1575	J1599		
<b>Korsuva®</b>					
J0879					
<b>Lanreotide</b>					
J1932					
<b>Lemtrada®</b>					
J0202					
<b>Leqvio®</b>					
J1306					
<b>Lupron Depot®</b>					
J1950					
<b>Lupron Depot, Eligard®</b>					
J9217					
<b>Makena®</b>					
J1726	J1729	J2675			
<b>Monoferric®</b>					
J1437					
<b>Nplate®</b>					
J2796					
<b>Nucala®</b>					
J2182					
<b>Ocrevus™</b>					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Injectable medications (continued)		J2350				
		<b>Octreotide Acetate</b>				
		J2354				
			<b>Orencia®</b>			
		J0129				
			<b>Parsabiv™</b>			
		J0606				
			<b>Probuphine®</b>			
		J0570				
			<b>Prolia®****</b>			
		J0897				
			<b>Releuko®</b>			
		Q5152				
			<b>Remicade®</b>			
		J1745				
			<b>Renflexis®</b>			
		Q5104				
			<b>Riabni™</b>			
		Q5123				
			<b>Rituxan®</b>			
		J9312				
			<b>Rituxan Hycela®</b>			
		J9311				
			<b>Ruxience®</b>			
		Q5119				
			<b>Sandostatin® LAR</b>			
		J2353				
			<b>Saphnelo®</b>			
		J0491				
			<b>Signifor® LAR</b>			
	J2502					
		<b>Simponi Aria®</b>				
	J1602					
		<b>Skyrizi®</b>				
	J2327					
		<b>Sodium Hyaluronate</b>				
	J7320	J7321	J7322	J7324		
	J7325	J7326	J7327	J7329		
	J7331	J7332				
		<b>Somatuline® Depot</b>				
	J1930					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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**Injectable medications (continued)**

**Spevigo®**

J1747

**Spravato®**

S0013

**Stelara®**

J3358

**Supprelin® LA**

J9226

**Synagis®\***

90378

**Tezspire™**

J2356

**Therapeutic radiopharmaceuticals\*\*\***

A9590

A9606

A9699

A9607

**Trelstar®**

J3315

**Triptodur®**

J3316

**Truxima®**

Q5115

**Unclassified Codes\*\***

C9399

J3490

J3590

**Vyepti™**

J3032

**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](http://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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectable medications (continued)</b>		to <a href="http://UHCprovider.com">UHCprovider.com</a> 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 <b>888-397-8129</b> . ****Effective 1/1/23 Prior authorization required for J0897 for non oncology DX.			
<b>Joint replacement</b>	Prior authorization is required.	24360	24361	24362	24363
		24370	24371	27120	27125
Joint, total hip and knee replacement procedures		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868	J7330	S2112	
<b>Musculoskeletal</b>	Prior authorization required	<b>Shoulder surgery</b>			
		23470	23472	23473	23474
<b>Non-emergent air ambulance transport</b>	Carved out to the state.				
<b>Orthognathic surgery</b>	Prior authorization is required.	21121	21123	21125	21127
		21141	21142	21143	21145
Treatment of maxillofacial/jaw functional impairment		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	
<b>Orthotics and prosthetics</b>	Prior authorization is required only for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		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
		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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and prosthetics (continued)</b>		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
<b>Outpatient therapy</b>	Prior authorization is required after the 12th visit for members <b>21 and older</b> .				
<b>Potentially unproven services</b>	Prior authorization is required	33289	C2624		
<b>Private duty nursing</b>	Prior authorization is required	T1000			
<b>Prostate procedure</b>	Prior authorization is required	37243 55873	53850	53852	55866
<b>Radiation therapy</b>	Prior authorization is required	<b>IGRT</b>			
		77014	77387	G6001	G6002
		<b>IMRT</b>			
		Intensity-Modulated Radiation Therapy			
		77385	77386	G6015	G6016
		<b>Proton Beam</b>			
		Focused radiation therapy that uses beams of protons (tiny particles with a positive charge)			
		77520	77522	77523	77525
		<b>Special/Associated Services</b>			
		77331	77370	77399	77470
		<b>SRS/SBRT</b>			
		77371	77372	77373	
		<b>Standard Radiation Therapy (2D/3D)</b>			
		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		
<b>Y90</b>					
Implantable Beta-Emitting Microspheres for treatment of malignant tumors					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Radiation therapy (continued)</b>		79445			
		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			
<b>Radiology</b>	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 <a href="http://UHCprovider.com">UHCprovider.com</a> 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 <b>866-889-8054</b> . For more details and the CPT® codes that require prior authorization, please visit <a href="http://UHCprovider.com/WAcommunityplan">UHCprovider.com/WAcommunityplan</a> > Prior Authorization and Notification Resources > Radiology Prior Authorization and Notification Program.			
<b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization is required.	30400 30435 30465	30410 30450	30420 30460	30430 30462
<b>Shoulder surgery</b>	Prior authorization is required.  SOS applies to all codes in this category	<b>Musculoskeletal System</b> 29805      29806      29807      29819 29820      29822      29823      29824 29825      29826      29827      29828			
<b>Sinuplasty</b>	Prior authorization is required.	31298			
<b>Site of service (SOS) - Outpatient hospital</b>	Prior authorization is only required when requesting service in an outpatient hospital setting.  Prior authorization is not required if performed at a participating Ambulatory Surgery Center (ASC).	<b>Auditory System</b> 69205 <b>Cardiovascular System</b> 36590      36832 <b>Carpal Tunnel Surgery</b> 64721 <b>Cataract Surgery</b> 66821      66982      66984      66987 66988 <b>Colonoscopy</b> 45378      45380      45384      45385 <b>Cosmetic and Reconstructive</b> 13101      13132      14040      14060 14301      21552      21931 <b>Digestive System</b>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service (SOS) – Outpatient hospital (continued)</b>		42415	42440	43200	43236
		43237	43238	43242	43245
		43246	43247	43248	43251
		43254	43255	43259	44360
		44361	45171	45334	45335
		45381	45390	45990	46020
		46040	46050	46200	46220
		46221	46250	46255	46261
		46270	46275	46288	46505
		46750	46910	46946	
	<b>Ear, Nose and Throat (ENT) Procedures</b>				
	21320	30140	30520	69436	
	69631				
	<b>Eye and Ocular Adnexa System</b>				
	65710	65820	66250	66710	
	66711	66825	66986	67010	
	67041	67042	67105	67108	
	67113	67840	68110	68115	
	68320	68720	68815		
	<b>Gynecologic Procedures</b>				
	57240	57250	57461	57520	
	57522	58353	58558	58561	
	58562	58563	58565		
	<b>Hemic and Lymphatic System</b>				
	38500	38510	38525		
	Hernia Repair				
	49505	49585	49587	49650	
	49651	49652	49653	49654	
	49655				
	<b>Integumentary System</b>				
	10121	11440	11450	11624	
	11770	13121	15100	15120	
	15240	19020	19120	19125	
	<b>Liver Biopsy</b>				
	47000				
	<b>Male Genital System</b>				
	54840				
	<b>Miscellaneous</b>				
	20680				
	<b>Musculoskeletal System</b>				
	20552	20553	21012	21013	



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Site of service (SOS) – Outpatient hospital (continued)</b>		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		
		<b>Nervous System</b>			
		64561	64640		
	<b>Ophthalmologic</b>				
	65426	65730	65855	66170	
	66761	67028	67036	67040	
	67228	67311	67312		
	<b>Respiratory System</b>				
	30802	30930	31525	31535	
	31536	31541	31624		
	<b>Tonsillectomy and Adenoidectomy</b>				
	42820	42821	42825	42826	
	42830				
	<b>Upper and Lower Gastrointestinal Endoscopy</b>				
	43235	43239	43249		
	<b>Urologic Procedures</b>				
	50590	52000	52005	52204	
	52224	52234	52235	52260	
	52276	52281	52287	52310	
	52320	52332	52344	52351	
	52352	52353	52356	54161	
	55040	55700	57288		
<b>Sleep apnea procedures and surgeries</b>	Prior authorization is required.	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea					
<b>Spinal surgery</b>	Prior authorization is required.	22100	22101	22102	22110

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Spinal surgery (continued)</b>		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	
<b>Sterilization</b>	Prior authorization is required	58150	58152	58180	58260
		58262	58263	58267	58270
		58275	58290	58291	58292
		58542	58543	58544	58550
		58552	58553	58570	58571
		58572	58573		
<b>Stimulators</b>  Implantation of a device that sends electrical impulses	Prior authorization is required.	<b>Bone-Growth Stimulator</b>			
		E0747	E0748	E0749	E0760
		<b>Neurostimulator</b>			
		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
<b>Transplants</b>	Prior authorization is required.	For transplant and CAR T-Cell therapy services including Carvykti (ciltacabtagene autoleucel), please call the Optum Transplant Case			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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**Transplants (continued)** 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

<b>Vein procedures</b>	Prior authorization is required.	36468	36473	36475	36478
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37700	37718	37722	37765
		37766	37780		

**Ventricular assist devices (VAD)** 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**.

A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509

<b>Wound vac</b>	Prior authorization required.	E2402			
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