

2021 Prior Authorization List and Utilization Guidelines

Q1 update – effective: January 01, 2021

Community Health Plan of Washington is accountable for ensuring safe and appropriate care for CHPW and CHNW health plan members. Based on semi-annual reviews of utilization data, changes to the PA list are made. It is important that both the provider and CHPW work in partnership to ensure appropriate care for those we serve.

Below is a summary of the changes to the Prior Authorization List and Utilization Guidelines from 2020 to 2021. Please refer to the Procedure Code Lookup Tool on the website <https://forms.chpw.org/pclt> for all the services that require prior authorization.

Added to Prior Authorization List	
Category: Professionally Administered Medications	Specific Code(s):
MEDICARE ADVANTAGE AND CHNW-Cascade Select	
Professionally Administered Medications	<ul style="list-style-type: none"> • J0791 • J0567 • J0584 • J1428 • J9210 • J2326 • Q2041 • J1301 • J0223 • Q2040 • A9513 • J3398 • J1429 • J3399 • J0896
ALL LINES OF BUSINESS	
Professionally Administered Medications	<ul style="list-style-type: none"> • J9309 • J9039 • J9119 • J9145 • J9203 • J9043 • J9261 • J0178 • J0598 • Q5106 • J0775 • J1930 • J2353 • J1931 • J1322 • J0180 • J1458 • J1743 • J2840 • J0179 • J0597 • Q5105
Category: Medical & Surgical Services	Specific Code(s):
ALL LINES OF BUSINESS	
Spinal Cord Stimulator	<ul style="list-style-type: none"> • 63650 • 63655 • 63661 • 63662 • 63663 • 63664 • 63685 • 63688 • C1767 • C1778 • C1816 • C1820 • C1822 • C1823 • C1883 • C1897

Category: Medical & Surgical Services (<i>continued</i>)	Specific Code(s):
ALL LINES OF BUSINESS	
Spinal Cord Stimulator	<ul style="list-style-type: none"> • L8679 • L8681 • L8683 • L8686 • L8688 • L8695 • L8680 • L8682 • L8685 • L8687 • L8689
ALL LINES OF BUSINESS	
HLA Testing	<i>CPT: 81370 through 81383 (All codes in this series)</i>
ALL LINES OF BUSINESS	
CT Heart with Quantitative Evaluation of Coronary Artery Calcium	<ul style="list-style-type: none"> • 75571
Category: Behavioral Services	Specific Code(s):
APPLE HEALTH (MEDICAID) AND BEHAVIORAL HEALTH SERVICES ONLY	
High Intensity Outpatient Programs	<i>Intensive Residential Treatment (IRT)</i>
Removed from Prior Authorization List	
Category: Professionally Administered Medications	Specific Code(s):
ALL LINES OF BUSINESS	
Injection, paclitaxel, 1mg	<ul style="list-style-type: none"> • J9267
Updates To Existing Requirements	
Specific Update(s):	
<ol style="list-style-type: none"> 1. For All Lines Of Business Therapies (Physical, Occupational, Speech) <ol style="list-style-type: none"> a. <i>Prior Authorization is not required until after the first 12 visits in a calendar year.</i> 	