

2022 Prior Authorization List and Utilization Guidelines

Q1 update – effective: January 01, 2022

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 Prior Authorization list are made. It is important that 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 2021 to 2022. Please refer to the Prior Authorization List and Utilization Guidelines on the website (www.chpw.org/provider-center/prior-authorization/) for all the services that require prior authorization.

Added to Prior Authorization List	
Category: Professionally Administered Medications	Specific Code(s):
MEDICARE, MEDICAID, AND CHNW-Cascade Select Professionally Administered Medications	<ul style="list-style-type: none"> <li style="width: 50%;">• J7311 <li style="width: 50%;">• J7312 <li style="width: 50%;">• J7313 <li style="width: 50%;">• J7314 <li style="width: 50%;">• J7351 <li style="width: 50%;">• J9032 <li style="width: 50%;">• J9145 <li style="width: 50%;">• J9266 <li style="width: 50%;">• Q2043
MEDICARE AND CHNW-Cascade Select <i>*Medicaid members coverage is through HCA fee for service not CHPW</i> Professionally administered Hemophilia Medications	<ul style="list-style-type: none"> <li style="width: 50%;">• J7170 <li style="width: 50%;">• J7175 <li style="width: 50%;">• J7179 <li style="width: 50%;">• J7180 <li style="width: 50%;">• J7181 <li style="width: 50%;">• J7182 <li style="width: 50%;">• J7183 <li style="width: 50%;">• J7185 <li style="width: 50%;">• J7186 <li style="width: 50%;">• J7187 <li style="width: 50%;">• J7188 <li style="width: 50%;">• J7189 <li style="width: 50%;">• J7190 <li style="width: 50%;">• J7191 <li style="width: 50%;">• J7192 <li style="width: 50%;">• J7193 <li style="width: 50%;">• J7194 <li style="width: 50%;">• J7195 <li style="width: 50%;">• J7198 <li style="width: 50%;">• J7199 <li style="width: 50%;">• J7200 <li style="width: 50%;">• J7201 <li style="width: 50%;">• J7202 <li style="width: 50%;">• J7203 <li style="width: 50%;">• J7205 <li style="width: 50%;">• J7207 <li style="width: 50%;">• J7208 <li style="width: 50%;">• J7209 <li style="width: 50%;">• J7210 <li style="width: 50%;">• J7211
Category: Medical & Surgical Services	Specific Code(s):
MEDICARE, MEDICAID, AND CHNW-Cascade Select Surgical: arthroplasty, arthroscopy hip, adjacent issue transfer, and submucous resection inferior turbinate	<ul style="list-style-type: none"> <li style="width: 50%;">• 23470 <li style="width: 50%;">• 23472 <li style="width: 50%;">• 24361 <li style="width: 50%;">• 24366 <li style="width: 50%;">• 25447 <li style="width: 50%;">• 27125 <li style="width: 50%;">• 27130 <li style="width: 50%;">• 27438 <li style="width: 50%;">• 27442 <li style="width: 50%;">• 27446 <li style="width: 50%;">• 27447 <li style="width: 50%;">• 29914 <li style="width: 50%;">• 29915 <li style="width: 50%;">• 29916 <li style="width: 50%;">• 14040 <li style="width: 50%;">• 14061 <li style="width: 50%;">• 14301 <li style="width: 50%;">• 30140
MEDICARE, MEDICAID, AND CHNW-Cascade Select Cranial Neurostimulator	<ul style="list-style-type: none"> • 61885 • 61886 • 64553
Removed from Prior Authorization List	
Category: Professionally Administered Medications	Specific Code(s):
MEDICARE, MEDICAID, AND CHNW-Cascade Select Zoledronic Acid, 1mg; Aflibercept, 1mg; Brolucizumab-dbl, 1mg; and Ranibizumab, 0.1mg	<ul style="list-style-type: none"> • J3489 • J0178 • J0179 • J2778