

2020 Prior Authorization List and Utilization Guidelines

Q1 update – effective: January 01, 2020



COMMUNITY HEALTH PLAN
of Washington™
MEDICARE ADVANTAGE

Community Health Plan of Washington is accountable for our members' safety and ensures appropriate care. Based on semi-annual reviews of utilization data, changes to the PA list are made. It is important that both the provider and the health plan 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 2019 to 2020. Please refer to the Prior Authorization List and Utilization Guidelines on the website (<https://www.chpw.org/for-providers/prior-authorization-and-medical-review>) for all the services that require prior authorization.

Added to Prior Authorization List	
Category: PROFESSIONALLY ADMINISTERED MEDS	Specific Code(s):
MEDICAID AND MEDICARE Professionally Administered Medications	<ul style="list-style-type: none"> • J0221 • J0596 • J0717 • J1744 • J2793 • J9019 • J9202 • J9301 • J9315 • J9395
Category: GENETIC TESTING/COUNSELING	Specific Code(s):
MEDICAID AND MEDICARE Aneuploidy Testing (Cell Free DNA Testing)	<ul style="list-style-type: none"> • 81420 • 81507
Removed from Prior Authorization List	
Category: DURABLE MEDICAL EQUIPMENT	Specific Code(s):
MEDICAID AND MEDICARE Oxygen	<ul style="list-style-type: none"> • E0441 • E0442 • E0443 • E0444 • E1390 • E1392
Category: GENETIC TESTING/COUNSELING	Specific Code(s):
MEDICAID AND MEDICARE HLA Genetic Testing	<ul style="list-style-type: none"> • 81370 • 81371 • 81372 • 81373 • 81374 • 81375 • 81376 • 81377 • 81378 • 81379 • 81380 • 81381 • 81382 • 81383
Category: SURGICAL PROCEDURES	Specific Code(s):
MEDICAID Tympanostomy Tubes	<ul style="list-style-type: none"> • 69433 • 69436
Updates to Existing Requirements	
Specific Update(s):	
<ol style="list-style-type: none"> 1. Durable Medical Equipment, Prosthetics & Medical Supplies: <ol style="list-style-type: none"> a. Old requirement: "All DME > \$500 allowed amount per line item or >\$1000 total allowed amount" b. New 2020 update: "All DME > \$500" 2. Unlisted Codes <ol style="list-style-type: none"> a. Old requirement: "Unlisted codes with charge greater than \$500" b. New 2020 update: "Unlisted codes with charge greater than \$250. Medical necessity documentation and pricing must be submitted with the request." 	