

List of items and service that require Prior Authorization

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Line of Business	State	Procedure Code	Description
Medicaid	WA	67218	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of
Medicaid	WA	66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach
Medicaid	WA	72196	Mri, Pelvis; W/Contrast Matl(S)
Medicaid	WA	70460	Ct Scan, Head/Brain; W/Contrast Matl(S)
Medicaid	WA	70470	Ct Scan, Head/Brain; W/O Contrast, Then W/Contrast
Medicaid	WA	70450	Ct Scan, Head/Brain; W/O Contrast Matl
Medicaid	WA	70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing
Medicaid	WA	70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing
Medicaid	WA	70492	Ct Scan, Neck Tissue; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	WA	70482	Ct Scan, Orbit/Sella/Posterior Fossa/ Outer, Middle, Inner Ear; W/O Contrast, Then W/Contrast
Medicaid	WA	70490	Ct Scan, Soft Tissue Neck; W/O Contrast Matl
Medicaid	WA	70480	Ct Scan, Orbit/Sella/Posterior Fossa/Outer, Middle, Inner Ear; W/O Contrast
Medicaid	WA	70481	Ct Scan, Orbit/Sella/Posterior Fossa/ Outer, Middle, Inner Ear; W/Contrast
Medicaid	WA	70544	Mra, Head; W/O Contrast Matl(S)
Medicaid	WA	70546	Mra, Head; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences
Medicaid	WA	70545	Mra, Head; W/Contrast Matl(S)
Medicaid	WA	71250	Ct Scan, Thorax; W/O Contrast Matl
Medicaid	WA	70553	Mri, Brain; W/O Contrast, Then W/Contrast & Further Sequences
Medicaid	WA	70552	Mri, Brain; W/Contrast
Medicaid	WA	70551	Mri, Brain; W/O Contrast
Medicaid	WA	70549	Mra, Neck; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences
Medicaid	WA	70548	Mra, Neck; W/Contrast Matl(S)
Medicaid	WA	72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections
Medicaid	WA	72129	Computed tomography, thoracic spine; with contrast material
Medicaid	WA	72128	Computed tomography, thoracic spine; without contrast material
Medicaid	WA	71555	Mra, Chest (Exclude Myocardium), W/Wo Contrast Matl(S)
Medicaid	WA	71552	Mri, Chest; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences
Medicaid	WA	72126	Computed tomography, cervical spine; with contrast material
Medicaid	WA	72125	Computed tomography, cervical spine; without contrast material
Medicaid	WA	71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing
Medicaid	WA	71550	Mri, Chest; W/O Contrast Matl(S)
Medicaid	WA	71551	Mri, Chest; W/Contrast Matl(S)
Medicaid	WA	71260	Ct Scan, Thorax; W/Contrast Matl(S)
Medicaid	WA	71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)

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Medicaid	WA	72146	Mri, Thoracic Spine; W/O Contrast
Medicaid	WA	72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections
Medicaid	WA	72142	Mri, Cervical Spine; W/Contrast
Medicaid	WA	72141	Mri, Cervical Spine; W/O Contrast
Medicaid	WA	72131	Computed tomography, lumbar spine; without contrast material
Medicaid	WA	72157	Mri, Spine W/O Contrast, Then W/Contrast; Thoracic
Medicaid	WA	72156	Mri, Spine W/O Contrast, Then W/Contrast; Cervical
Medicaid	WA	72149	Mri, Lumbar Spine; W/Contrast
Medicaid	WA	72148	Mri, Lumbar Spine; W/O Contrast
Medicaid	WA	72147	Mri, Thoracic Spine; W/Contrast
Medicaid	WA	73201	Ct Scan, Upper Extremity; W/Contrast
Medicaid	WA	73200	Ct Scan, Upper Extremity; W/O Contrast
Medicaid	WA	72198	Mra, Pelvis, W/Wo Contrast
Medicaid	WA	72197	Mri, Pelvis; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences
Medicaid	WA	72194	Ct Scan, Pelvis; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	WA	72193	Ct Scan, Pelvis; W/Contrast
Medicaid	WA	72192	Ct Scan, Pelvis; W/O Contrast
Medicaid	WA	72195	Mri, Pelvis; W/O Contrast Matl(S)
Medicaid	WA	72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and ima
Medicaid	WA	72158	Mri, Spine W/O Contrast, Then W/Contrast; Lumbar
Medicaid	WA	73718	Mri, Lower Extremity Other Than Joint; W/O Contrast Matl(S)
Medicaid	WA	73701	Ct Scan, Lower Extremity; W/Contrast
Medicaid	WA	73225	Mra, Upper Extremity, W/Wo Contrast
Medicaid	WA	73223	Mri, Any Joint Of Upper Extremity; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequ
Medicaid	WA	73221	Mri, Any Joint, Upper Extremity; W/O Contrast Matl(S)
Medicaid	WA	73222	Mri, Any Joint, Upper Extremity; W/Contrast Matl(S)
Medicaid	WA	73220	Mri, Upper Extremity, Other Than Joint; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Sequenc
Medicaid	WA	73218	Mri, Upper Extremity, Other Than Joint; W/O Contrast Matl(S)
Medicaid	WA	73219	Mri, Upper Extremity, Other Than Joint; W/Contrast Matl(S)
Medicaid	WA	73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed
Medicaid	WA	73202	Ct Scan, Upper Extremity; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	WA	75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D ima
Medicaid	WA	74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single of first gestation
Medicaid	WA	74183	Mri, Abdomen; W/O Contrast Matl(S) Followed By Contrast Matl(S) & Further Sequences
Medicaid	WA	74182	Mri, Abdomen; W/Contrast Matl(S)
Medicaid	WA	74181	Mri, Abdomen; W/O Contrast Matl(S)
Medicaid	WA	74176	Computed tomography, abdomen and pelvis; without contrast material

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Line of Business	State	Procedure Code	Description
Medicaid	WA	74174	Computed Tomographic Angiography, Abdomen And Pelvis, With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing
Medicaid	WA	74170	Ct Scan, Abdomen; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	WA	74160	Computed tomography, abdomen; with contrast material(s)
Medicaid	WA	74150	Ct Scan, Abdomen; W/O Contrast
Medicaid	WA	73722	Mri, Any Joint, Lower Extremity; W/Contrast Matl(S)
Medicaid	WA	73723	Mri, Any Joint, Lower Extremity; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Seq
Medicaid	WA	73721	Mri, Any Joint, Lower Extremity; W/O Contrast Matl
Medicaid	WA	73720	Mri, Lower Extremity, Other Than Joint; W/O Contrast Matl(S), Followed Contrast Matl(S) & Furthr Seq
Medicaid	WA	73702	Ct Scan, Lower Extremity; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	WA	75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast materi
Medicaid	WA	75580	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, wit
Medicaid	WA	75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of
Medicaid	WA	78483	Cardiac Blood Pool Imaging, Planar, 1st Pass; Mult Studies, Rest & Stress & Eject Fractn W/Wo Quant
Medicaid	WA	78481	Cardiac Blood Pool Imaging, Planar, 1st Pass; Single Study & Ejection Fraction W/Wo Quantification
Medicaid	WA	78473	Cardiac Blood Pool Imaging, Gated Equilibrium; Planar, Multiple Studies, Rest/Stress
Medicaid	WA	78472	Cardiac Blood Pool Imaging, Gated Equilibrium; Planar, Single Study, Rest/Stress
Medicaid	WA	78494	Cardiac Blood Pool Imaging, Gated Equilibrium, Rest, Spect, & Ejection Fraction W/Wo Quantification
Medicaid	WA	93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement
Medicaid	WA	93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acq
Medicaid	WA	93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including
Medicaid	WA	93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, fol
Medicaid	WA	93316	Echocardiography, Transesophageal, Congenital Anomalies; Transesophageal Probe Placement Only
Medicaid	WA	93303	Transthoracic Echocardiography, Congenital Cardiac Anomalies; Complete
Medicaid	WA	93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, com
Medicaid	WA	93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, dur

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Line of Business	State	Procedure Code	Description
Medicaid	WA	93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional
Medicaid	WA	93317	Echocardiography, Transesophageal, Congenital Anomalies; Image, Interpretation & Report
Medicaid	WA	93315	Echocardiography, Transesophageal, Congenital Anomalies; W/Probe, Image, Intepretation & Report
Medicaid	WA	78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan
Medicaid	WA	78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);
Medicaid	WA	78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan
Medicaid	WA	78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan
Medicaid	WA	70488	Ct Scan, Maxillofacial Area; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	WA	70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part m
Medicaid	WA	70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)
Medicaid	WA	70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)
Medicaid	WA	70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofun
Medicaid	WA	78813	Positron emission tomography (PET) imaging; whole body
Medicaid	WA	78812	Positron emission tomography (PET) imaging; skull base to mid-thigh
Medicaid	WA	78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
Medicaid	WA	78608	Brain Imaging, Positron Emission Tomography (Pet); Metabolic Evaluation
Medicaid	WA	78491	Myocardial Pet; Single Study, Rest/Stress
Medicaid	WA	77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral

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Line of Business	State	Procedure Code	Description
Medicaid	WA	77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral
Medicaid	WA	77047	Magnetic resonance imaging, breast, without contrast material; bilateral
Medicaid	WA	77046	Magnetic resonance imaging, breast, without contrast material; unilateral
Medicaid	WA	75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, inc
Medicaid	WA	75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast materi
Medicaid	WA	75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast materi
Medicaid	WA	75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
Medicaid	WA	75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;
Medicaid	WA	78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan
Medicaid	WA	78469	Myocardial Imaging, Infarct Avid, Planar; Tomographic Spect W/Wo Quantification
Medicaid	WA	78468	Myocardial Imaging, Infarct Avid, Planar; W/Ejection Fraction, 1st Pass Technique
Medicaid	WA	78466	Myocardial Imaging, Infarct Avid, Planar; Qualitative/Quantitative
Medicaid	WA	78459	Myocardial Imaging, Positron Emission Tomography (Pet), Metabolic Evaluation
Medicaid	WA	78453	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo
Medicaid	WA	78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo
Medicaid	WA	78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo

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Medicaid	WA	78814	Positron emission tomography (PET) produces thin slice images of the body that can be reassembled into three-dimensional representations by detecting positron-emitting radionuclides from a radiopharmaceutical introduced into the body. These radionuclides must be produced in a cyclotron or generator that can bombard chemicals with neutrons to produce unstable, short-lived radioisotopes, such as carbon-11, nitrogen-13, and oxygen-15. These can be readily incorporated into common and important, biological body compounds for administration. Data from this kind of imaging yields metabolic or biochemical function information depending on the type of molecule tagged. In PET tumor imaging, information about the tumor's glucose and oxygen utilization is obtained, which reveals the tumor's behavior compared to normal tissue or benign tumors. Report 78811 for PET imaging of a limited area such as the chest alone; 78812 for imaging from the skull base to the mid-thigh; and 78813 for imaging of the whole body.
Medicaid	WA	78815	Positron emission tomography (PET) produces thin slice images of the body that can be reassembled into three-dimensional representations by detecting positron-emitting radionuclides from a radiopharmaceutical introduced into the body. Computed tomography (CT) directs multiple narrow beams of x-rays around a body structure to produce thin, cross-sectional views of anatomical layers (or slices) of the body. The PET scan is highly sensitive to metabolic activity of the tumor while CT provides a detailed internal picture of the size, shape, and location of the tumor. PET, alone, has a definite limitation with respect to spatial resolution and physiological uptake of the radiopharmaceutical tracer, in some areas, can be underestimated or misinterpreted without accurate, anatomical correlations. Scanners that concurrently utilize PET with CT imaging correct for this limitation of PET, by fusing the data for precise anatomical location together with highly sensitive metabolic imaging. Report 78814 for concurrently acquired PET/CT imaging of a limited area, such as the head and neck alone; 78815 for imaging from the skull base to the mid-thigh; and 78816 for whole body scanning
Medicaid	WA	93304	Transthoracic Echocardiography, Congenital Cardiac Anomalies; Follow-Up/Limited Study
Medicaid	WA	74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and im
Medicaid	WA	73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed
Medicaid	WA	77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply
Medicaid	WA	70547	Mra, Neck; W/O Contrast Matl(S)
Medicaid	WA	72132	Computed tomography, lumbar spine; with contrast material
Medicaid	WA	74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions
Medicaid	WA	74185	Mra, Abdomen, W/Wo Contrast
Medicaid	WA	70487	Ct Scan, Maxillofacial Area; W/Contrast Matl(S)

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Line of Business	State	Procedure Code	Description
Medicaid	WA	70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast ma
Medicaid	WA	76390	Mr Spectroscopy
Medicaid	WA	93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, com
Medicaid	WA	72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections
Medicaid	WA	70491	Ct Scan, Soft Tissue Neck; W/Contrast Matl(S)
Medicaid	WA	72159	Mra, Spine W/Wo Contrast
Medicaid	WA	73725	Mra, Lower Extremity, W/Wo Contrast
Medicaid	WA	73719	Mri, Lower Extremity Other Than Joint; W/Contrast Matl(S)
Medicaid	WA	75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium
Medicaid	WA	70486	Ct Scan, Maxillofacial Area; W/O Contrast Matl
Medicaid	WA	78816	Positron emission tomography (PET) produces thin slice images of the body that can be reassembled into three-dimensional representations by detecting positron-emitting radionuclides from a radiopharmaceutical introduced into the body. Computed tomography (CT) directs multiple narrow beams of x-rays around a body structure to produce thin, cross-sectional views of anatomical layers (or slices) of the body. The PET scan is highly sensitive to metabolic activity of the tumor while CT provides a detailed internal picture of the size, shape, and location of the tumor. PET, alone, has a definite limitation with respect to spatial resolution and physiological uptake of the radiopharmaceutical tracer, in some areas, can be underestimated or misinterpreted without accurate, anatomical correlations. Scanners that concurrently utilize PET with CT imaging correct for this limitation of PET, by fusing the data for precise anatomical location together with highly sensitive metabolic imaging. Report 78814 for concurrently acquired PET/CT imaging of a limited area, such as the head and neck alone; 78815 for imaging from the skull base to the mid-thigh; and 78816 for whole body scanning.
Medicaid	WA	78492	Myocardial Pet; Multiple Studies, Rest &/Or Stress
Medicaid	WA	78454	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo
Medicaid	WA	77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)
Medicaid	WA	74177	Computed tomography, abdomen and pelvis; with contrast material(s)
Medicaid	WA	70336	Mri, Temporomandibular Joints
Medicaid	WA	71270	Ct Scan, Thorax; W/O Contrast, Then W/Contrast & Further Sections
Medicaid	WA	73700	Ct Scan, Lower Extremity; W/O Contrast
Medicaid	WA	22812	Spinal Fixation, Wiring, Spinous Processes
Medicaid	WA	81546	Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)
Medicaid	WA	81309	PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9,
Medicaid	WA	J9145	Injection, daratumumab, 10 mg

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Medicaid	WA	31627	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided n
Medicaid	WA	G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes
Medicaid	WA	36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk
Medicaid	WA	E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware
Medicaid	WA	K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD
Medicaid	WA	E2301	Wheelchair accessory, power standing system, any type
Medicaid	WA	E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional
Medicaid	WA	Q5104	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg
Medicaid	WA	61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion
Medicaid	WA	J1303	Injection, ravulizumab-cwvz, 10 mg
Medicaid	WA	J1459	Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg
Medicaid	WA	J9119	Injection, cemiplimab-rwlc, 1 mg
Medicaid	WA	J9202	Goserelin Acetate Implant
Medicaid	WA	J3032	Injection, eptinezumab-jjmr, 1 mg
Medicaid	WA	J1427	Injection, viltolarsen, 10 mg
Medicaid	WA	A9606	Radium ra-223 dichloride, therapeutic, per microcurie
Medicaid	WA	J9321	Injection, epcoritamab-bysp, 0.16 mg
Medicaid	WA	J9380	Injection, teclistamab-cqyv, 0.5 mg
Medicaid	WA	S5100	Day Care Services, Adult, Per 15 Minutes
Medicaid	WA	J2820	Sargramostim Injection
Medicaid	WA	J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg
Medicaid	WA	J1952	Leuprolide injectable, camcevi, 1 mg
Medicaid	WA	J1304	Injection, tofersen, 1 mg
Medicaid	WA	62263	Lysis, Perq, Epidural Adhesions, Solution Injection/Mechanical W/Radiologic Localization; 2 Days/>
Medicaid	WA	J9272	Injection, dostarlimab-gxly, 10 mg
Medicaid	WA	J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg
Medicaid	WA	J9047	Injection, carfilzomib, 1 mg
Medicaid	WA	J7213	Injection, coagulation factor ix (recombinant), ixinity, 1 i.u.
Medicaid	WA	81418	Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication/deletion an
Medicaid	WA	E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware
Medicaid	WA	E0955	Wheelchair accessory, headrest, cushioned, prefabricated, including fixed mounting hardware, each
Medicaid	WA	E0958	Whlchr Att- Conv 1 Arm Drive
Medicaid	WA	K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS

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Medicaid	WA	G0088	Professional services, initial visit, for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 min
Medicaid	WA	J1748	Injection, infliximab-dyyb (Zymfentra), 10 mg
Medicaid	WA	Q5135	Injection, tocilizumab-aazg (Tyenne), biosimilar, 1 mg
Medicaid	WA	J1569	Injection, immune globulin, (Gammagard liquid), nonlyophilized, (e.g., liquid), 500 mg
Medicaid	WA	22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single le
Medicaid	WA	81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)
Medicaid	WA	E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment
Medicaid	WA	Q5110	Injection, filgrastim-aafi, biosimilar, (nivistym), 1 microgram
Medicaid	WA	J1628	Injection, guselkumab, 1 mg
Medicaid	WA	J2350	Injection, ocrelizumab, 1 mg
Medicaid	WA	J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg
Medicaid	WA	C1734	Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to bone (implantable)
Medicaid	WA	E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type
Medicaid	WA	J9302	Injection, ofatumumab, 10 mg
Medicaid	WA	J9400	Injection, ziv-aflibercept, 1 mg
Medicaid	WA	S2340	Chemodenervation Of Abductor
Medicaid	WA	J9055	Cetuximab injection
Medicaid	WA	J9203	Injection, gemtuzumab ozogamicin, 0.1 mg
Medicaid	WA	J2781	Injection, pegcetacoplan, intravitreal, 1 mg
Medicaid	WA	E0982	Wheelchair accessory, back upholstery, replacement only, each
Medicaid	WA	J1561	Injection, immune globulin, (Gamunex/Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg
Medicaid	WA	J1954	Injection, leuprolide acetate for depot suspension (Lutrate), 7.5 mg
Medicaid	WA	J3262	Injection, tocilizumab, 1 mg
Medicaid	WA	33249	Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber
Medicaid	WA	33979	Insertion, Ventricular Assist Device, Implantable Intracorporeal, Single Ventricle
Medicaid	WA	E1011	Modification To Pediatric Wheelchair, Width Adjustment Package (Not To
Medicaid	WA	K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P
Medicaid	WA	K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INC
Medicaid	WA	K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED

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Medicaid	WA	K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P
Medicaid	WA	K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
Medicaid	WA	G0090	Professional services, initial visit, for the administration of intravenous chemotherapy or other highly complex infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 min
Medicaid	WA	Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-CD19 CAR positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Medicaid	WA	J2323	Injection, natalizumab, 1 mg
Medicaid	WA	J9285	Injection, olaratumab, 10 mg
Medicaid	WA	J7207	Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u.
Medicaid	WA	J7214	Injection, Factor VIII/von Willebrand factor complex, recombinant (Altuviiiio), per Factor VIII IU
Medicaid	WA	J3245	Injection, tildrakizumab, 1 mg
Medicaid	WA	H0035	Mental health partial hospitalization, treatment, less than 24 hours
Medicaid	WA	Q2049	Injection, doxorubicin hydrochloride, liposomal, imported Lipodox, 10 mg
Medicaid	WA	E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories
Medicaid	WA	J7211	Injection, Factor VIII, (antihemophilic factor, recombinant), (Kovaltry), 1 IU
Medicaid	WA	J2329	Injection, ublituximab-xiiy, 1mg
Medicaid	WA	J1073	Testosterone pellet, implant, 75 mg
Medicaid	WA	J0567	Injection, certiponase alfa, 1 mg
Medicaid	WA	J0208	Injection, sodium thiosulfate, 100 mg
Medicaid	WA	J7178	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg
Medicaid	WA	J7185	Injection, Factor Viii (Antihemophilic Factor, Recombinant) (Xyntha), Per I.U.
Medicaid	WA	S5121	Home Care Training, Family, Per Diem/TX LTC Pest Control
Medicaid	WA	Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Medicaid	WA	J7210	Injection, Factor VIII, (antihemophilic factor, recombinant), (Afstyla), 1 IU
Medicaid	WA	J7191	Factor Viii (Porcine)
Medicaid	WA	J2840	Injection, sebelipase alfa, 1 mg
Medicaid	WA	J1599	Injection, immune globulin, intravenous, non-lyophilized (e.g. liquid), not otherwise specified, 500 mg
Medicaid	WA	J1290	Injection, ecallantide, 1 mg
Medicaid	WA	J7209	Injection, factor viii, (antihemophilic factor, recombinant), (nuwiq), 1 i.u.
Medicaid	WA	J7192	Factor Viii (Antihemophilic Factor, Recombinant) Per I.U., Not Otherwise Specified
Medicaid	WA	J2797	Injection, rolapitant, 0.5 mg
Medicaid	WA	J9210	Injection, emapalumab-lzsg, 1 mg

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Medicaid	WA	J7208	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u.
Medicaid	WA	J0593	Injection, lanadelumab-flyo, 1 mg (code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)
Medicaid	WA	J0174	Injection, lecanemab-irmb, 1 mg
Medicaid	WA	J7175	Injection, factor x, (human), 1 i.u.
Medicaid	WA	J7183	Injection, von Willebrand factor complex (human), Wilate, 1 IU vWF:RCo
Medicaid	WA	J2327	Injection, risankizumab-rzaa, intravenous, 1 mg
Medicaid	WA	J1744	Injection, icatibant, 1 mg
Medicaid	WA	J0599	Injection, C-1 esterase inhibitor (human), (Haegarda), 10 units
Medicaid	WA	J7180	Injection, factor XIII (antihemophilic factor, human), 1 IU
Medicaid	WA	J7205	Injection, factor viii fc fusion (recombinant), per iu
Medicaid	WA	J3247	Injection, secukinumab, IV, 1 mg
Medicaid	WA	J3380	Injection, vedolizumab, 1 mg
Medicaid	WA	J2267	Injection, mirikizumab-mrkz, 1 mg
Medicaid	WA	J1572	Injection, immune globulin, (Flebogamma/Flebogamma Dif), intravenous, nonlyophilized (e.g., liquid), 500 mg
Medicaid	WA	J7170	Injection, emicizumab-kxwh, 0.5 mg
Medicaid	WA	J7177	Injection, human fibrinogen concentrate (Fibryga), 1 mg
Medicaid	WA	J7188	Injection, factor viii (antihemophilic factor, recombinant), (obizur), per i.u.
Medicaid	WA	J7181	Injection, factor xiii a-subunit, (recombinant), per iu
Medicaid	WA	J7186	Injection, antihemophilic factor VIII/von Willebrand factor complex (human), per factor VIII i.u.
Medicaid	WA	Q5120	Injection, pegfilgrastim-bmez, biosimilar, (ZIENTENZO), 0.5 mg
Medicaid	WA	Q5122	Injection, pegfilgrastim-apgf, biosimilar, (nyvepria), 0.5 mg
Medicaid	WA	Q5127	Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg
Medicaid	WA	Q5130	Injection, pegfilgrastim-pbbk (fynetra), biosimilar, 0.5 mg
Medicaid	WA	C9399	Unclassified Drugs Or Biologicals
Medicaid	WA	J9329	Injection, tislelizumab-jsgr, 1mg
Medicaid	WA	J9999	NOC, antineoplastic drug
Medicaid	WA	Q5101	Injection, filgrastim-sndz, biosimilar, (zarxio), 1 microgram
Medicaid	WA	Q5108	Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg
Medicaid	WA	Q5111	Injection, pegfilgrastim-cbqv, biosimilar, (Udenyca), 0.5 mg
Medicaid	WA	G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)
Medicaid	WA	81350	Ugt1A1 (Udp Glucuronosyltransferase 1 Family, Polypeptide A1) (Eg, Irinotecan Metabolism), Gene Analysis, Common Variants (Eg, *28, *36, *37)
Medicaid	WA	81226	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)
Medicaid	WA	81227	Cyp2C9 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 9) (Eg, Drug Metabolism), Gene Analysis, Common Variants (Eg, *2, *3, *5, *6)
Medicaid	WA	63017	Laminectomy W/O Facetectomy/Foraminotomy/Discectomy, > 2 Segments; Lumbar

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Medicaid	WA	63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar
Medicaid	WA	63042	Laminotomy W/Partl Facetectomy/Foraminotomy/Herniated Discect, Re-Explor, Sngle Interspc; Lumbar
Medicaid	WA	63047	Laminectomy. Facetectomy & Foraminotomy, 1 Segment; Lumbar
Medicaid	WA	63005	Laminectomy W/O Facetectomy/Foraminotomy/Discectomy, 1/2 Segments; Lumbar
Medicaid	WA	63012	Laminectomy W/Removal, Abnormal Facets, Lumbar
Medicaid	WA	E2510	Speech generating device, synthesized speech, permitting multiple methods
Medicaid	WA	J0217	Injection, velmanase alfa-tycv, 1 mg
Medicaid	WA	J2277	Injection, motixafortide, 0.25 mg
Medicaid	WA	J3263	Injection, toripalimab-tpzi, 1 mg
Medicaid	WA	J7171	Injection, ADAMTS13, recombinant-krhn, 10 IU
Medicaid	WA	J7355	Injection, travoprost, intracameral implant, 1 mcg
Medicaid	WA	41512	Tongue base suspension, permanent suture technique
Medicaid	WA	30435	Rhinoplasty, Secondary; Intermediate Revision (Bony Work W/Osteotomies)
Medicaid	WA	30430	Rhinoplasty, Secondary; Minor Revision (Small Amount, Nasal Tip Work)
Medicaid	WA	Q5115	Injection, rituximab-abbs, biosimilar, 10 mg
Medicaid	WA	Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg
Medicaid	WA	Q5119	Injection, rituximab-pvvr, biosimilar, (RUXIENCE), 10 mg
Medicaid	WA	Q5123	Injection, rituximab-arrx, biosimilar, (riabni), 10 m
Medicaid	WA	Q5124	Injection, ranibizumab-nuna, biosimilar, (Byooviz), 0.1 mg
Medicaid	WA	Q5126	Injection, bevacizumab-maly, biosimilar, (alymys), 10 mg
Medicaid	WA	Q5128	Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg
Medicaid	WA	S2341	Chemodenervation of adductor muscle(s) of vocal cord
Medicaid	WA	S2118	Metal-on-metal total hip resurfacing including acetabular and femoral components
Medicaid	WA	J9303	Injection, panitumumab, 10 mg
Medicaid	WA	J9304	Injection, pemetrexed (pemfexy), 10 mg
Medicaid	WA	J9305	Pemetrexed injection
Medicaid	WA	J9306	Injection, pertuzumab, 1 mg
Medicaid	WA	J9308	Injection, ramucirumab, 5 mg
Medicaid	WA	J9309	Injection, polatuzumab vedotin-piiq, 1 mg
Medicaid	WA	J9312	Injection, rituximab, 10 mg
Medicaid	WA	J9314	Injection, pemetrexed (Teva) not therapeutically equivalent to J9305, 10 mg
Medicaid	WA	J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg
Medicaid	WA	J9319	Injection, romidepsin, lyophilized, 0.1 mg
Medicaid	WA	J9322	Injection, pemetrexed (bluepoint) not therapeutically equivalent to j9305, 10 mg
Medicaid	WA	J9323	Injection, pemetrexed (hospira) not therapeutically equivalent to j9305, 10 mg
Medicaid	WA	J9324	Injection, pemetrexed (pemrydi rtu), 10 mg
Medicaid	WA	J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units
Medicaid	WA	J9345	Injection, retifanlimab-dlwr, 1 mg

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Medicaid	WA	J9330	Injection, temsirolimus, 1 mg
Medicaid	WA	J9349	Injection, tafasitamab-cxix, 2 mg
Medicaid	WA	J9353	Injection, margetuximab-cmkb, 5 m
Medicaid	WA	J9347	Injection, tremelimumab-actl, 1 mg
Medicaid	WA	J9348	Injection, naxitamab-gqgk, 1 m
Medicaid	WA	J9359	Injection, loncastuximab tesirine-lpyl, 0.075 mg
Medicaid	WA	J9354	Injection, ado-trastuzumab emtansine, 1 mg
Medicaid	WA	J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg
Medicaid	WA	J9381	Injection, teplizumab-mzwv, 5 mcg
Medicaid	WA	J9393	Injection, fulvestrant (teva) not therapeutically equivalent to j9395, 25 mg
Medicaid	WA	J9394	Injection, fulvestrant (fresenius kabi) not therapeutically equivalent to j9395, 25 mg
Medicaid	WA	J9395	Injection, fulvestrant, 25 mg
Medicaid	WA	Q2042	Tisagenlecleucel, up to 600 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Medicaid	WA	Q2050	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg
Medicaid	WA	Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Medicaid	WA	Q5107	Injection, bevacizumab-awwb, biosimilar, (Mvasi), 10 mg
Medicaid	WA	J9043	Injection, cabazitaxel, 1 mg
Medicaid	WA	J9034	Injection, bendamustine hcl (bendeke), 1 mg
Medicaid	WA	J9035	Bevacizumab injection
Medicaid	WA	J9036	Injection, bendamustine hydrochloride, (Belrapzo), 1 mg
Medicaid	WA	J9039	Injection, blinatumomab, 1 microgram
Medicaid	WA	J9056	Injection, bendamustine hydrochloride (vivimusta), 1 mg
Medicaid	WA	J9064	Injection, cabazitaxel (Sandoz), not therapeutically equivalent to J9043, 1 mg
Medicaid	WA	J9118	Injection, calaspargase pegol-mknl, 10 units
Medicaid	WA	J9057	Injection, copanlisib, 1 mg
Medicaid	WA	J9063	Injection, mirvetuximab soravtansine-gynx, 1 mg
Medicaid	WA	J9173	Injection, durvalumab, 10 mg
Medicaid	WA	J9176	Injection, elotuzumab, 1 mg
Medicaid	WA	J9228	Injection, ipilimumab, 1 mg
Medicaid	WA	J9155	Injection, Degarelix, 1 Mg
Medicaid	WA	J9207	Injection, ixabepilone, 1 mg
Medicaid	WA	J9177	Injection, enfortumab vedotin-efv, 0.25 mg
Medicaid	WA	J9179	Injection, eribulin mesylate, 0.1 mg
Medicaid	WA	J9223	Injection, lurbinectedin, 0.1 mg
Medicaid	WA	J9216	Injection, interferon, gamma-1B, 3 million units
Medicaid	WA	J9227	Injection, isatuximab-irfc, 10 mg
Medicaid	WA	J9229	Injection, inotuzumab ozogamicin, 0.1 mg
Medicaid	WA	J9262	Injection, omacetaxine mepesuccinate, 0.01 mg
Medicaid	WA	J9264	Injection, paclitaxel protein-bound particles, 1 mg
Medicaid	WA	J9269	Injection, tagraxofusp-erzs, 10 micrograms
Medicaid	WA	J9271	Injection, pembrolizumab, 1 mg
Medicaid	WA	J9273	Injection, tisotumab vedotin-tftv, 1 mg

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Medicaid	WA	J9266	Injection, pegaspargase, per single dose vial
Medicaid	WA	J9286	Injection, glofitamab-gxbm, 2.5 mg
Medicaid	WA	J9294	Injection, pemetrexed (hospira) not therapeutically equivalent to j9305, 10 mg
Medicaid	WA	J9296	Injection, pemetrexed (accord) not therapeutically equivalent to j9305, 10 mg
Medicaid	WA	J9297	Injection, pemetrexed (sandoz), not therapeutically equivalent to j9305, 10 mg
Medicaid	WA	J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg
Medicaid	WA	J9299	Injection, nivolumab, 1 mg
Medicaid	WA	J9301	Injection, obinutuzumab, 10 mg
Medicaid	WA	J7999	Compounded drug, not otherwise classified
Medicaid	WA	J9015	Injection, aldesleukin, per single use vial
Medicaid	WA	J9021	Injection, asparaginase, recombinant, (rylaze), 0.1 mg
Medicaid	WA	J9022	Injection, atezolizumab, 10 mg
Medicaid	WA	J9023	Injection, avelumab, 10 mg
Medicaid	WA	J9032	Injection, belinostat, 10 mg
Medicaid	WA	J9033	Injection, bendamustine HCl (Treanda), 1 mg
Medicaid	WA	J9042	Injection, brentuximab vedotin, 1 mg
Medicaid	WA	H2016	Comprehensive community support services, per diem
Medicaid	WA	J1632	Injection, brexanolone, 1 mg
Medicaid	WA	J7351	Injection, bimatoprost, intracameral implant, 1 microgram
Medicaid	WA	J7314	Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg
Medicaid	WA	J7193	Factor IX (antihemophilic factor, purified, non-recombinant) per IU
Medicaid	WA	J7194	Factor Ix Complex
Medicaid	WA	J7200	Injection, factor ix, (antihemophilic factor, recombinant), rixubis, per iu
Medicaid	WA	J7201	Injection, factor IX, Fc fusion protein, (recombinant), Alprolix, 1 IU
Medicaid	WA	J7202	Injection, factor ix, albumin fusion protein, (recombinant), idelvion, 1 i.u.
Medicaid	WA	J7203	Injection Factor IX, (antihemophilic factor, recombinant), glycopegylated, (Rebiny), 1 IU
Medicaid	WA	J2562	Injection, Plerixafor, 1 Mg
Medicaid	WA	J2777	Injection, faricimab-svoa, 0.1 mg
Medicaid	WA	J2860	Injection, siltuximab, 10 mg
Medicaid	WA	J2998	Injection, plasminogen, human-tvmh, 1 mg
Medicaid	WA	J3111	Injection, romosozumab-aqqg, 1 mg
Medicaid	WA	J3304	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg
Medicaid	WA	J3316	Injection, triptorelin, extended-release, 3.75 mg
Medicaid	WA	J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5×10^9 pfu/ml vector genomes, per 0.1 ml
Medicaid	WA	J1747	Injection, spesolimab-sbzo, 1 mg
Medicaid	WA	J1930	Injection, lanreotide, 1 mg
Medicaid	WA	J1932	Injection, lanreotide, (cipla), 1 mg
Medicaid	WA	J1951	Injection, leuprolide acetate for depot suspension (fensolvi), 0.25 m
Medicaid	WA	J1301	Injection, edaravone, 1 mg
Medicaid	WA	J1305	Injection, evinacumab-dgnb, 5 mg
Medicaid	WA	J1426	Injection, casimersen, 10 mg
Medicaid	WA	J1448	Injection, trilaciclib, 1 mg

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Medicaid	WA	J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg
Medicaid	WA	J1555	Injection, immune globulin (Cuvitru), 100 mg
Medicaid	WA	J1558	Injection, immune globulin (xembify), 100 mg
Medicaid	WA	J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin
Medicaid	WA	J1576	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg
Medicaid	WA	J0491	Injection, anifrolumab-fnia, 1 mg
Medicaid	WA	J0565	Injection, bezlotoxumab, 10 mg
Medicaid	WA	J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes
Medicaid	WA	J0641	Injection, levoleucovorin, 0.5 mg
Medicaid	WA	J0642	Injection, levoleucovorin (khapzory), 0.5 mg
Medicaid	WA	J0801	Injection, corticotropin (Acthar Gel), up to 40 units
Medicaid	WA	J0802	Injection, corticotropin (ANI), up to 40 units
Medicaid	WA	69300	Otoplasty, Protruding Ear, W/Wo Size Reduction
Medicaid	WA	J0224	Injection, lumasiran, 0.5 m
Medicaid	WA	J0179	Injection, brolocizumab-dbl, 1 mg
Medicaid	WA	J0207	Amifostine
Medicaid	WA	J0218	Injection, olipudase alfa-rpcp, 1 mg
Medicaid	WA	J0219	Injection, avalglucosidase alfa-ngpt, 4 mg
Medicaid	WA	A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, 1 unit = 1 day supply
Medicaid	WA	A9277	Transmitter; external, for use with interstitial continuous glucose monitoring system
Medicaid	WA	A9590	Iodine I-131, iobenguane, 1 mCi
Medicaid	WA	C9047	Injection, caplacizumab-yhdp, 1 mg
Medicaid	WA	L5615	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control
Medicaid	WA	63650	Percutaneous Implantation, Neurostimulator Electrode Array, Epidural
Medicaid	WA	H2019	Therapeutic behavioral services, per 15 minutes
Medicaid	WA	62264	Lysis, Perq Epidural Adhesions, Solution Injection/Mechanical W/Radiologic Localization; 1 Day
Medicaid	WA	J3394	Injection, lovotibeglogene autotemcel, per treatment
Medicaid	WA	22630	Arthrodesis, Post Interbody W/Laminectomy &/Or Discect, Prep Interspace, Single Interspace; Lumbar
Medicaid	WA	22800	Arthrodesis, Posterior, Spinal Deformity, W/Wo Cast; Up To 6 Vertebral Segments
Medicaid	WA	22802	Arthrodesis, Posterior, Spinal Deformity, W/Wo Cast; 7 To 12 Vertebral Segments
Medicaid	WA	22548	Arthrodesis, Anterior Transoral/Extraoral, Atlas-Axis, W/Wo Excision Odontoid Process
Medicaid	WA	22558	Arthrodesis, Anterior Interbody, W/Minimal Discectomy; Lumbar
Medicaid	WA	22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)
Medicaid	WA	64447	Injection, Anesthetic Agent; Femoral Nerve, Single
Medicaid	WA	64450	Injection, Anesthetic Agent; Other Peripheral Nerve/Branch

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Medicaid	WA	64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level
Medicaid	WA	50365	Renal Allotransplantation, Implantation, Graft; W/Recipient Nephrectomy
Medicaid	WA	22554	Arthrodesis, Anterior Interbody, W/Minimal Discectomy; Cervical Below C2
Medicaid	WA	22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes
Medicaid	WA	22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)
Medicaid	WA	48160	Pancreatectomy, Total/Subtotal W/Autologous Transplantation Pancreas/Pancreatic Islets
Medicaid	WA	22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2
Medicaid	WA	38243	Hematopoietic progenitor cell (HPC); HPC boost
Medicaid	WA	77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consist
Medicaid	WA	77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consist
Medicaid	WA	78609	Brain Imaging, Positron Emission Tomography (Pet); Perfusion Evaluation
Medicaid	WA	E0981	Wheelchair accessory, seat upholstery, replacement only, each
Medicaid	WA	E0995	Wheelchair accessory, calf rest/pad, replacement only, each
Medicaid	WA	77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, en
Medicaid	WA	74263	Computed tomographic (CT) colonography, screening, including image postprocessing
Medicaid	WA	30450	Rhinoplasty, Secondary; Major Revision (Nasal Tip Work & Osteotomies)
Medicaid	WA	J0129	Injection, abatacept, 10 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
Medicaid	WA	J0256	Injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg
Medicaid	WA	J0257	Injection, alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg
Medicaid	WA	J1322	Injection, elosulfase alfa, 1mg
Medicaid	WA	J1554	Injection, immune globulin (asceniv), 500 mg
Medicaid	WA	J1556	Injection, immune globulin (bivigam), 500 mg
Medicaid	WA	J1557	Injection, immune globulin, (Gammalex), intravenous, nonlyophilized (e.g., liquid), 500 mg
Medicaid	WA	J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg
Medicaid	WA	J1568	Injection, immune globulin, (Octagam), intravenous, nonlyophilized (e.g., liquid), 500 mg

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Medicaid	WA	97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan
Medicaid	WA	97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes
Medicaid	WA	97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes
Medicaid	WA	97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes
Medicaid	WA	97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes
Medicaid	WA	97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes
Medicaid	WA	97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes
Medicaid	WA	97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes
Medicaid	WA	J1460	Gamma Globulin 1 Cc Inj
Medicaid	WA	J3315	Injection, Triptorelin Pamoate, 3.75 Mg
Medicaid	WA	J1950	Leuprolide Acetate /3.75 Mg
Medicaid	WA	J2802	Injection, romiplostim, 1 microgram
Medicaid	WA	J9026	Injection, tarlatamab-dlle, 1 mg
Medicaid	WA	J9028	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram
Medicaid	WA	J9217	Leuprolide Acetate Suspnsion
Medicaid	WA	Q5146	Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg
Medicaid	WA	J1560	Injection, gamma globulin, intramuscular, over 10 cc
Medicaid	WA	S5180	Home Health Respiratory Therapy, Initial Evaluation

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Line of Business	State	Procedure Code	Description
Medicaid	WA	0373T	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.
Medicaid	WA	Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg
Medicaid	WA	J0139	Injection, adalimumab, 1 mg
Medicaid	WA	J1299	Injection, eculizumab, 2 mg
Medicaid	WA	J1602	Injection, golimumab, 1 mg, for intravenous use
Medicaid	WA	Q5121	Injection, infliximab-axxq, biosimilar, (AVSOLA), 10 mg
Medicaid	WA	22595	Arthrodesis, Posterior Technique, Atlas-Axis
Medicaid	WA	S1040	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL,
Medicaid	WA	22590	Arthrodesis, Posterior Technique, Craniocervical
Medicaid	WA	C9766	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed
Medicaid	WA	C9772	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed
Medicaid	WA	C9774	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed
Medicaid	WA	81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence
Medicaid	WA	81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence
Medicaid	WA	81541	Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease-specific mortality risk score
Medicaid	WA	C1778	Lead, neurostimulator (implantable)
Medicaid	WA	64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array
Medicaid	WA	81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis
Medicaid	WA	81173	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence
Medicaid	WA	L6935	Below Elbow Myoelectronic Ct
Medicaid	WA	L6945	Elbow Disart Myoelectronic C
Medicaid	WA	L6955	Above Elbow Myoelectronic Ct
Medicaid	WA	K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	WA	K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY, 451 TO 600 POUNDS

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Line of Business	State	Procedure Code	Description
Medicaid	WA	K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
Medicaid	WA	K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD
Medicaid	WA	K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300
Medicaid	WA	K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU
Medicaid	WA	K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	WA	K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 60
Medicaid	WA	K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO
Medicaid	WA	K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLU
Medicaid	WA	K0808	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid	WA	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	WA	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	WA	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	WA	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	WA	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid	WA	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid	WA	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
Medicaid	WA	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	WA	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
Medicaid	WA	K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300
Medicaid	WA	K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU
Medicaid	WA	K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 3
Medicaid	WA	K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

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Line of Business	State	Procedure Code	Description
Medicaid	WA	K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 60
Medicaid	WA	K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUN
Medicaid	WA	K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL
Medicaid	WA	K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	WA	K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	WA	K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	WA	J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10 ¹⁵ vector genomes
Medicaid	WA	G2168	Services performed by a physical therapist assistant in the home health setting in the delivery of a safe and effective physical therapy maintenance program, each 15 minutes
Medicaid	WA	G2169	Services performed by an occupational therapist assistant in the home health setting in the delivery of a safe and effective occupational therapy maintenance program, each 15
Medicaid	WA	G0068	Professional services for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 min
Medicaid	WA	G0089	Professional services, initial visit, for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 min
Medicaid	WA	38230	Bone marrow harvesting for transplantation; allogeneic
Medicaid	WA	J3392	Injection, exagamglogene autotemcel, per treatment
Medicaid	WA	E2331	Power wheelchair accessory, attendant control, proportional, including all electronics and hardware
Medicaid	WA	E1161	Manual Adult Size Wheelchair, Includes Tilt In Space
Medicaid	WA	E1220	Whlchr Special Size/Constrc
Medicaid	WA	E0969	Wheelchair Narrowing Device
Medicaid	WA	E0967	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each
Medicaid	WA	E0980	Wheelchair Safety Vest
Medicaid	WA	E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized
Medicaid	WA	E0985	Wheelchair accessory, seat lift mechanism
Medicaid	WA	E0988	Manual wheelchair accessory, lever-activated, wheel drive, pair
Medicaid	WA	E0992	Wheelchair Solid Seat Insert
Medicaid	WA	E1002	Wheelchair accessory, power seating system, tilt only
Medicaid	WA	E1003	Wheelchair accessory, power seating system, recline only, without shear

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Line of Business	State	Procedure Code	Description
Medicaid	WA	E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction
Medicaid	WA	E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear
Medicaid	WA	E1005	Wheelchair accessory, power seating system, recline only, with power shear
Medicaid	WA	E1006	Wheelchair accessory, power seating system, combination tilt and recline, w/o shear reduction
Medicaid	WA	E1007	Wheelchair accessory, power seating system, combination tilt and recline, with manual shear reduction
Medicaid	WA	E1010	Wheelchair accessory, addition to power seating system, power leg elevation
Medicaid	WA	E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each
Medicaid	WA	E1014	Reclining Back, Addition To Pediatric Wheelchair
Medicaid	WA	E1015	Shock Absorber For Manual Wheelchair, Each
Medicaid	WA	E1016	Shock Absorber For Power Wheelchair, Each
Medicaid	WA	E1018	Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Power Whe
Medicaid	WA	E1029	Wheelchair accessory, ventilator tray, fixed
Medicaid	WA	E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot
Medicaid	WA	E0956	Wheelchair accessory, lateral trunk or hip support, prefabricated, including fixed mounting hardware, each
Medicaid	WA	E0957	Wheelchair accessory, medial thigh support, prefabricated, including fixed mounting hardware, each
Medicaid	WA	E0280	Bed Cradle
Medicaid	WA	E0316	Safety enclosure frame/canopy for use with hospital bed, any type
Medicaid	WA	E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures,
Medicaid	WA	E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard
Medicaid	WA	C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (mr) guidance
Medicaid	WA	99600	Unlisted Home Visit Service/Procedure
Medicaid	WA	36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg
Medicaid	WA	36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated
Medicaid	WA	36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)
Medicaid	WA	81539	Oncology (high-grade prostate cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact PSA, and human kallikrein-2 [hK2]), utilizing plasma or serum, prognostic algorithm reported as a probability score

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Line of Business	State	Procedure Code	Description
Medicaid	WA	33991	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; both arterial and venous access, with transeptal puncture
Medicaid	WA	33993	Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion
Medicaid	WA	33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only
Medicaid	WA	33975	Insertion, Ventricular Assist Device; Extracorporeal, Single Ventricle
Medicaid	WA	53451	Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance
Medicaid	WA	53452	Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance
Medicaid	WA	53453	Periurethral transperineal adjustable balloon continence device; removal, each balloon
Medicaid	WA	53454	Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume
Medicaid	WA	54400	Insertion, Penile Prosthesis; Non-Inflatable (Semi-Rigid)
Medicaid	WA	54401	Insertion, Penile Prosthesis; Inflatable (Self-Contained)
Medicaid	WA	54405	Insertion, (Multi-Component) Inflatable Penile Prosthesis
Medicaid	WA	0117U	Pain management, analysis of 11 endogenous analytes (methylmalonic acid, xanthurenic acid, homocysteine, pyroglutamic acid, vanilmandelate, 5-hydroxyindoleacetic acid, hydroxymethylglutarate, ethylmalonate, 3-hydroxypropyl mercapturic acid (3-HPMA), quinolinic acid, kynurenic acid), LC-MS/MS, urine, algorithm reported as a pain-index score with likelihood of atypical biochemical function associated with pain
Medicaid	WA	66174	Transluminal dilation of aqueous outflow canal; without retention of device or stent
Medicaid	WA	66175	Transluminal dilation of aqueous outflow canal; with retention of device or stent
Medicaid	WA	95977	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional
Medicaid	WA	95976	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional
Medicaid	WA	33140	Transmyocardial Laser Revascularization, By Thoracotomy

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Line of Business	State	Procedure Code	Description
Medicaid	WA	33141	Transmyocardial Laser Revascularization, By Thoracotomy; Performed W/Other Open Cardiac Proc
Medicaid	WA	Q5002	Hospice or home health care provided in assisted living facility
Medicaid	WA	E1032	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware used with joystick or other drive control interface
Medicaid	WA	E1033	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for headrest, cushioned, any type
Medicaid	WA	E1034	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for lateral trunk or hip support, any type
Medicaid	WA	G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes
Medicaid	WA	L5991	Addition to lower extremity prostheses, osseointegrated external prosthetic connector
Medicaid	WA	G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes
Medicaid	WA	A7025	High Frequency Chest Wall Oscillation System Vest, Replacement For Use
Medicaid	WA	E0466	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)
Medicaid	WA	L5926	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type
Medicaid	WA	E0784	Ext Amb Infusn Pump Insulin
Medicaid	WA	H0037	Community psychiatric supportive treatment program, per diem
Medicaid	WA	G0339	Robot lin-radsurg com, first
Medicaid	WA	G0340	Robt lin-radsurg fractx 2-5
Medicaid	WA	G0448	Insertion or replacement of a permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber with insertion of pacing electrode, cardiac venous system, for left ventricular pacing
Medicaid	WA	E0601	Continuous positive airway pressure (cpap) device
Medicaid	WA	81518	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy
Medicaid	WA	81520	Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score
Medicaid	WA	81522	Oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported
Medicaid	WA	81523	Oncology (breast), mRNA, next-generation sequencing gene expression profiling of 70 content genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue,
Medicaid	WA	81439	Hereditary cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy), genomic sequence analysis panel, must include sequencing of at least 5 cardiomyopathy-related genes (eg, DSG2, MYBPC3, MYH7, PKP2, TTN)

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Medicaid	WA	G0282	Electrical Stimulation, (Unattended), To One Or More Areas, For Wound
Medicaid	WA	97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes
Medicaid	WA	81413	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A
Medicaid	WA	81414	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel, must include analysis of at least 2 genes, including KCNH2 and KCNQ1
Medicaid	WA	81412	Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, and SMPD1
Medicaid	WA	97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes
Medicaid	WA	81339	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10
Medicaid	WA	81347	SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D, L833F, R625C, R625L)
Medicaid	WA	81348	SRSF2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, P95H, P95L)
Medicaid	WA	81360	ZRSR2 (zinc finger CCCH-type, RNA binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (eg, E65fs, E122fs, R448fs)
Medicaid	WA	81357	U2AF1 (U2 small nuclear RNA auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, S34F, S34Y, Q157R, Q157P)
Medicaid	WA	Q4081	INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)
Medicaid	WA	Q5105	Injection, epoetin alfa, biosimilar, (retacrit) (for esrd on dialysis), 100 units
Medicaid	WA	Q5106	Injection, epoetin alfa, biosimilar, (retacrit) (for non-esrd use), 1000 units
Medicaid	WA	81279	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)
Medicaid	WA	J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj
Medicaid	WA	81191	NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis
Medicaid	WA	81192	NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis

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Medicaid	WA	81193	NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis
Medicaid	WA	81194	NTRK (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis
Medicaid	WA	81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis
Medicaid	WA	81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)
Medicaid	WA	81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)
Medicaid	WA	J7352	Afamelanotide implant, 1 mg
Medicaid	WA	74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material
Medicaid	WA	74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including
Medicaid	WA	B9006	Parenteral nutrition infusion pump, stationary
Medicaid	WA	J0881	Injection, darbepoetin alfa, 1 mcg (non-ESRD use)
Medicaid	WA	J0882	Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis)
Medicaid	WA	J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units
Medicaid	WA	J0897	Injection, denosumab, 1 mg
Medicaid	WA	J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg
Medicaid	WA	J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous
Medicaid	WA	J2786	Injection, reslizumab, 1 mg
Medicaid	WA	J0222	Injection, Patisiran, 0.1 mg
Medicaid	WA	J0490	Injection, belimumab, 10 mg
Medicaid	WA	J0517	Injection, benralizumab, 1 mg
Medicaid	WA	J0584	Injection, burosumab-twza 1 mg
Medicaid	WA	J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg
Medicaid	WA	22600	Arthrodesis, Posterior/Posterolateral Technique, Single Level; Cervical Below C2
Medicaid	WA	97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes
Medicaid	WA	22808	Arthrodesis, Anterior, Spinal Deformity, W/Wo Cast; 2 To 3 Vertebral Segments
Medicaid	WA	22810	Arthrodesis, Anterior, Spinal Deformity, W/Wo Cast; 4 To 7 Vertebral Segments
Medicaid	WA	J1559	Injection, immune globulin (hizentra), 100 mg
Medicaid	WA	22818	Kyphectomy, Exposure Of Spine & Resection Vertebral Segments; 1-2 Segs
Medicaid	WA	22819	Kyphectomy, Exposure Of Spine & Resection Vertebral Segments; 3 / More
Medicaid	WA	22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral, including fluoroscopic guidance; 1 or mor
Medicaid	WA	J1442	5G-CSFexcludes biosimilars, 1 microgram
Medicaid	WA	J1447	Injection, tbo-filgrastim, 1 microgram
Medicaid	WA	J1449	Injection, eflapegrastim-xnst, 0.1 mg

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Medicaid	WA	E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions
Medicaid	WA	15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
Medicaid	WA	15828	Rhytidectomy; Cheek, Chin, & Neck
Medicaid	WA	15783	Dermabrasion; Superficial, Any Site
Medicaid	WA	41530	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session
Medicaid	WA	33933	Backbench Standard Preparation Of Cadaver Donor Heart/Lung Allograft
Medicaid	WA	T1022	Contracted Home Health Agency Services, All Services Provided Under Co
Medicaid	WA	S9355	Home infusion therapy, chelation therapy
Medicaid	WA	0362T	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.
Medicaid	WA	44136	Intestinal Allotransplantation; From Living Donor
Medicaid	WA	C1767	Generator, neurostimulator (implantable), nonrechargeable
Medicaid	WA	C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system
Medicaid	WA	L7180	Electronic Elbow Utah Myoele
Medicaid	WA	L5828	Endo Knee-Shin Fluid Swg/Sta
Medicaid	WA	43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance
Medicaid	WA	38232	Bone Marrow Harvesting For Transplantation; Autologous
Medicaid	WA	E2376	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED
Medicaid	WA	E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth
Medicaid	WA	E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each
Medicaid	WA	E1232	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adj, W Seating
Medicaid	WA	E0637	Combination sit-to-stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels
Medicaid	WA	D7946	LeFort I (maxilla - total)
Medicaid	WA	76120	Cineradiography/Videoradiology, Except Where Specifically Included
Medicaid	WA	21685	Hyoid Myotomy and Suspension
Medicaid	WA	50300	Donor Nephrectomy; Cadaver Donor, Unilat/Bilat W/Prep & Maintenance, Allograft
Medicaid	WA	54360	Plastic Operation, Penis To Correct Angulation
Medicaid	WA	33366	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; transapical exposure (eg, left thoracotomy)

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Line of Business	State	Procedure Code	Description
Medicaid	WA	33264	Removal Of Pacing Cardioverter-Defibrillator Pulse Generator With Replacement Of Pacing Cardioverter-Defibrillator Pulse Generator; Multiple Lead System
Medicaid	WA	B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
Medicaid	WA	0496T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; each additional hour (List separately in addition to code for primary procedure)
Medicaid	WA	27120	Acetabuloplasty;
Medicaid	WA	81521	Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis
Medicaid	WA	81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant
Medicaid	WA	81416	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code for primary procedure)
Medicaid	WA	81317	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis
Medicaid	WA	81319	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants
Medicaid	WA	81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants
Medicaid	WA	81215	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant
Medicaid	WA	77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel
Medicaid	WA	76965	Us Guided, Interstitial Radioelement Application
Medicaid	WA	J0887	Injection, epoetin beta, 1 microgram, (for esrd on dialysis)
Medicaid	WA	21138	Reduction Forehead; Contouring/Prosthesis/Bone Graft W/Obtaining Autograft
Medicaid	WA	17106	Destruction, Cutaneous Vascular Proliferative Lesions; < 10 Sq Cm
Medicaid	WA	15824	Rhytidectomy; Forehead
Medicaid	WA	15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy, abdomen, infraumbilical panniculectomy)

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Medicaid	WA	H0010	Alcohol and/or drug services; subacute detoxification (residential addiction program inpatient)
Medicaid	WA	H0019	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem
Medicaid	WA	E0747	Elec Osteogen Stim Not Spine
Medicaid	WA	E0760	Osteogen Ultrasound Stimltor
Medicaid	WA	E2402	Negative pressure wound therapy electrical pump, stationary or portable
Medicaid	WA	15782	Dermabrasion; Regional, Other Than Face
Medicaid	WA	15786	Abrasion; Single Lesion
Medicaid	WA	15787	Abrasion; Add'l 4 Lesions/<
Medicaid	WA	15789	Chemical Peel, Facial; Dermal
Medicaid	WA	15792	Chemical Peel, Nonfacial; Epidermal
Medicaid	WA	15793	Chemical Peel, Nonfacial; Dermal
Medicaid	WA	15840	Graft, Facial Nerve Paralysis; Free Fascia Graft (W/Obtaining Fascia)
Medicaid	WA	15842	Graft, Facial Nerve Paralysis; Free Muscle Flap, Microsurgical Technique
Medicaid	WA	17107	Destruction, Cutaneous Vascular Proliferative Lesions; 10.0-50.0 Sq Cm
Medicaid	WA	17108	Destruction, Cutaneous Vascular Proliferative Lesions; > 50.0 Sq Cm
Medicaid	WA	19300	Mastectomy for gynecomastia
Medicaid	WA	19316	Mastopexy
Medicaid	WA	19325	Mammoplasty, Augmentation; W/Prosthetic Implant
Medicaid	WA	19318	Reduction Mammoplasty
Medicaid	WA	19330	Removal, Mammary Implant Matl
Medicaid	WA	19367	Breast Reconstruction W/Myocutaneous (Tram) Flap, Single Pedicle W/Closure Donor Site;
Medicaid	WA	19368	Breast Reconstruction W/Myocutan (Tram) Flap, Single Pedicle W/Closure Donor Site; W/Microvasc Anast
Medicaid	WA	19369	Breast Reconstruction W/Myocutaneous (Tram) Flap, Double Pedicle W/Closure Donor Site
Medicaid	WA	20555	Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (a
Medicaid	WA	21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin
Medicaid	WA	21199	Osteotomy, Mandible, Segmental; W/Genioglossus Advancement
Medicaid	WA	21206	Osteotomy, Maxilla, Segmental
Medicaid	WA	21742	Reconstructive Repair, Pectus Excavatum/Carinatum; Minimal Invasive Approach, W/O Thoracoscopy
Medicaid	WA	J1411	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose
Medicaid	WA	22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompr
Medicaid	WA	B4160	EF ped caloric dense>/=0.7kc
Medicaid	WA	L8692	Auditory Osseointegrated Device, External Sound Processor, Used Without Osseointegration, Body Worn, Includes Headband O
Medicaid	WA	J0888	Injectin, epoetin beta, 1 microgram, (for non esrd use)
Medicaid	WA	J2182	Injection, mepolizumab, 1 mg
Medicaid	WA	J2326	Injection, nusinersen, 0.1 mg
Medicaid	WA	J3110	Teriparatide injection
Medicaid	WA	Q5004	HOSPICE CARE PROVIDED IN SKILLED NURSING FACILITY (SNF)

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Medicaid	WA	Q5005	HOSPICE CARE PROVIDED IN INPATIENT HOSPITAL
Medicaid	WA	Q5006	HOSPICE CARE PROVIDED IN INPATIENT HOSPICE FACILITY
Medicaid	WA	Q5008	HOSPICE CARE PROVIDED IN INPATIENT PSYCHIATRIC FACILITY
Medicaid	WA	Q5010	Hospice home care provided in a hospice facility
Medicaid	WA	B9999	Parenteral Supp Not Othrws C
Medicaid	WA	B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit
Medicaid	WA	77301	Intensity Modulated Radiotherapy Plan W/Dose Volume Histograms
Medicaid	WA	77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT
Medicaid	WA	77523	Proton Treatment Delivery; Intermediate
Medicaid	WA	77525	Proton Treatment Delivery; Complex
Medicaid	WA	77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels
Medicaid	WA	77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels
Medicaid	WA	81170	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain
Medicaid	WA	81175	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence
Medicaid	WA	81176	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (eg, exon 12)
Medicaid	WA	81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence
Medicaid	WA	81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants
Medicaid	WA	81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants
Medicaid	WA	81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis
Medicaid	WA	81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant
Medicaid	WA	81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)
Medicaid	WA	21740	Reconstructive Repair, Pectus Excavatum/Carinatum; Open
Medicaid	WA	81270	Jak2 (Janus Kinase 2) (Eg, Myeloproliferative Disorder) Gene Analysis, P.Val617Phe (V617F) Variant

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Medicaid	WA	81292	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis
Medicaid	WA	81293	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants
Medicaid	WA	81294	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants
Medicaid	WA	81295	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis
Medicaid	WA	81296	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants
Medicaid	WA	81297	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants
Medicaid	WA	81298	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis
Medicaid	WA	81299	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants
Medicaid	WA	81300	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants
Medicaid	WA	81302	Mecp2 (Methyl Cpg Binding Protein 2) (Eg, Rett Syndrome) Gene Analysis; Full Sequence Analysis
Medicaid	WA	81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis
Medicaid	WA	81318	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants
Medicaid	WA	81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant
Medicaid	WA	81331	Snrpn/Ube3A (Small Nuclear Ribonucleoprotein Polypeptide N And Ubiquitin Protein Ligase E3A) (Eg, Prader-Willi Syndrome And/Or Angelman Syndrome), Methylation Analysis
Medicaid	WA	81334	RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy), gene analysis, targeted sequence analysis (eg, exons 3-8)
Medicaid	WA	81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis
Medicaid	WA	81417	Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)

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Line of Business	State	Procedure Code	Description
Medicaid	WA	81435	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); genomic sequence analysis panel, must include sequencing of at least 10 genes, including APC, BMPR1A, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, and STK11
Medicaid	WA	81440	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2, and TYMP
Medicaid	WA	S2202	Echosclerotherapy
Medicaid	WA	81519	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score
Medicaid	WA	C1777	Lead, cardioverter-defibrillator, endocardial single coil (implantable)
Medicaid	WA	E0470	Respiratory assist device, bi-level pressure capability, without backup rate
Medicaid	WA	E0471	Respiratory assist device, bi-level pressure capability, with back-up rate
Medicaid	WA	Q3001	Brachytherapy Radioelements
Medicaid	WA	S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy
Medicaid	WA	27122	Acetabuloplasty; Resection, Femoral Head
Medicaid	WA	27488	Removal, Knee Prosthesis, Methylmethacrylate W/Wo Spacer Insertion
Medicaid	WA	J1412	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10 ¹³ vector genomes
Medicaid	WA	L5969	Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)
Medicaid	WA	0494T	Surgical preparation and cannulation of marginal (extended) cadaver donor lung(s) to ex vivo organ perfusion system, including decannulation, separation from the perfusion system, and cold preservation of the allograft prior to implantation, when performed
Medicaid	WA	0495T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; first two hours in sterile field
Medicaid	WA	L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only
Medicaid	WA	L7510	Prosthetic Device Repair Rep
Medicaid	WA	L7520	Repair Prosthesis Per 15 Min
Medicaid	WA	B4102	EF adult fluids and electro
Medicaid	WA	B4103	EF ped fluid and electrolyte
Medicaid	WA	B4149	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, v

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Medicaid	WA	B4150	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
Medicaid	WA	B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
Medicaid	WA	B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
Medicaid	WA	B4161	EF ped hydrolyzed/amino acid
Medicaid	WA	B4162	EF ped specmetabolic inherit
Medicaid	WA	E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)
Medicaid	WA	E0483	High frequency chest wall oscillation system, includes all accessories and supplies, each
Medicaid	WA	B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit
Medicaid	WA	B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit
Medicaid	WA	B4159	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit
Medicaid	WA	B4168	Parenteral Sol Amino Acid 3.
Medicaid	WA	B4172	Parenteral Sol Amino Acid 5.
Medicaid	WA	B4176	Parenteral Sol Amino Acid 7-
Medicaid	WA	B4178	Parenteral Sol Amino Acid >
Medicaid	WA	B4180	Parenteral Sol Carb > 50%
Medicaid	WA	B4185	Parenteral nutrition solution, per 10 grams lipids
Medicaid	WA	B4189	Parenteral Sol Amino Acid &
Medicaid	WA	B4193	Parenteral Sol 52-73 Gm Prot
Medicaid	WA	B4197	Parenteral Sol 74-100 Gm Pro
Medicaid	WA	B4199	Parenteral Sol > 100gm Prote
Medicaid	WA	B4220	Parenteral Supply Kit Premix
Medicaid	WA	B4222	Parenteral Supply Kit Homemi
Medicaid	WA	B4224	Parenteral Administration Ki
Medicaid	WA	B5000	Parenteral Sol Renal-Amirosy
Medicaid	WA	B5100	Parenteral Sol Hepatic-Fream
Medicaid	WA	Q5001	Hospice or home health care provided in patient's home/residence
Medicaid	WA	G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes

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Medicaid	WA	G0300	Direct skilled nursing services of a license practical nurse (LPN) in the home health or hospice setting, each 15 minutes
Medicaid	WA	L8699	Prosthetic Implant Nos
Medicaid	WA	Q5003	HOSPICE CARE PROVIDED IN NURSING LONG TERM CARE FACILITY (LTC) OR NON-SKILLED
Medicaid	WA	Q5007	HOSPICE CARE PROVIDED IN LONG TERM CARE FACILITY
Medicaid	WA	Q5009	Hospice or home health care provided in place not otherwise specified (nos)
Medicaid	WA	32851	Lung Transplant, Single; W/O Cardiopulmonary Bypass
Medicaid	WA	32852	Lung Transplant, Single; W/Cardiopulmonary Bypass
Medicaid	WA	32853	Lung Transplant, Double (Bilat Sequential/En Bloc); W/O Cardiopulmonary Bypass
Medicaid	WA	33263	Removal Of Pacing Cardioverter-Defibrillator Pulse Generator With Replacement Of Pacing Cardioverter-Defibrillator Pulse Generator; Dual Lead System
Medicaid	WA	33271	Insertion of subcutaneous implantable defibrillator electrode
Medicaid	WA	95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
Medicaid	WA	95783	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist
Medicaid	WA	95805	Multiple Sleep Latency Test, Multiple Trails
Medicaid	WA	95807	Sleep Study, Attended
Medicaid	WA	95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist
Medicaid	WA	95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
Medicaid	WA	95811	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist
Medicaid	WA	S2409	Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified
Medicaid	WA	15841	Graft, Facial Nerve Paralysis; Free Muscle Graft (W/Obtaining Graft)
Medicaid	WA	53448	Remov & Replace Inflatable Sphincter W/Pump/Reservoir/Cuff, Infected, W/Irrig & Debride
Medicaid	WA	21159	Reconstruction Midface, Lefort Iii, (Extra/Intracranial), W/Bone Grafts, W/O Lefort I
Medicaid	WA	21160	Reconstruction Midface, Lefort Iii, (Extra/Intracranial), W/Bone Grafts, W/Lefort I
Medicaid	WA	E0250	Hosp Bed Fixed Ht W/ Mattres
Medicaid	WA	E0251	Hosp Bed Fixd Ht W/O Mattres
Medicaid	WA	E0255	Hospital Bed Var Ht W/ Matr
Medicaid	WA	E0256	Hospital Bed Var Ht W/O Matt
Medicaid	WA	E0261	Hosp Bed Semi-Electr W/O Mat
Medicaid	WA	E0290	Hosp Bed Fx Ht W/O Rails W/M
Medicaid	WA	E0294	Hosp Bed Semi-Elect W/ Matr
Medicaid	WA	21137	Reduction Forehead; Contouring Only

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Medicaid	WA	21193	Reconstruction, Mandibular Rami, Horizontal, Vertical, "C"/"L" Osteotomy; W/O Bone Graft
Medicaid	WA	21196	Reconstruction, Mandibular Rami &/Or Body, Sagittal Split; W/Int Rigid Fixation
Medicaid	WA	56800	Plastic Repair, Introitus
Medicaid	WA	57335	Vaginoplasty, Intersex State
Medicaid	WA	99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session
Medicaid	WA	G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval
Medicaid	WA	L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS
Medicaid	WA	C1883	Adaptor/extension, pacing lead or neurostimulator lead (implantable)
Medicaid	WA	L8619	Cochlear Implant, External Speech Processor And Controller, Integrated System, Replacement
Medicaid	WA	33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy
Medicaid	WA	33928	Removal and replacement of total replacement heart system (artificial heart)
Medicaid	WA	33930	Donor Cardiectomy-Pneumonectomy, W/Preparation & Maintenance, Allograft
Medicaid	WA	33940	Donor Cardiectomy, W/Preparation & Maintenance, Allograft
Medicaid	WA	33945	Heart Transplant, W/Wo Recipient Cardiectomy
Medicaid	WA	33976	Insertion, Ventricular Assist Device; Extracorporeal, Biventricular
Medicaid	WA	33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary
Medicaid	WA	33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary byp
Medicaid	WA	76125	Cineradiography/Videoradiography W/Routine Exam
Medicaid	WA	76499	Unlisted Dx Radiographic Procedure
Medicaid	WA	36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)
Medicaid	WA	36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg
Medicaid	WA	36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated
Medicaid	WA	99509	Home Visit, Assistance W/Activities Daily Living & Personal Care
Medicaid	WA	D7940	Osteoplasty - For Orthognathic Deformities
Medicaid	WA	D7941	Osteotomy - Mandibular Rami
Medicaid	WA	D7943	Osteotomy - Mandibular Rami With Bone Graft; Includes Obtaining The Graft
Medicaid	WA	D7944	OSTEOTOMY-SEGMENTED OR SUBAPICAL

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Medicaid	WA	D7945	osteotomy - body of mandible
Medicaid	WA	D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft
Medicaid	WA	D7949	Lefort li Or Lefort lii - With Bone Graft
Medicaid	WA	D7947	Lefort I (Maxilla - Segmented)
Medicaid	WA	D7996	Implant-Mandible For Augmentation Purposes (Excluding Alveolar Ridge), By Report
Medicaid	WA	E0194	Air Fluidized Bed
Medicaid	WA	E0217	Water Circ Heat Pad W Pump
Medicaid	WA	E0301	Hospital bed, heavy duty, extra wide, with weight capacity 350-600 lbs w/rails w/o mattress
Medicaid	WA	E0303	Hospital bed, heavy duty, extra wide, with weight capacity 350-600 lbs w/rails w/mattress
Medicaid	WA	E0638	Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels
Medicaid	WA	E0676	INTERMITTENT LIMB COMPRESSION DEVICE (INCLUDES ALL ACCESSORIES), NOT OTHERWISE
Medicaid	WA	E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized
Medicaid	WA	E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg
Medicaid	WA	E1017	Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Manual Wh
Medicaid	WA	E1050	Whelchr Fxd Full Length Arms
Medicaid	WA	E1084	Hemi-Wheelchair Detachable A
Medicaid	WA	E1085	Hemi-Wheelchair Fixed Arms
Medicaid	WA	E1086	Hemi-Wheelchair Detachable A
Medicaid	WA	E1087	Wheelchair Lightwt Fixed Arm
Medicaid	WA	E1090	Wheelchair Lightweight Det A
Medicaid	WA	E1110	Wheelchair Semi-Recl Detach
Medicaid	WA	E1170	Whlchr Ampu Fxd Arm Leg Rest
Medicaid	WA	E1171	Wheelchair Amputee W/O Leg R
Medicaid	WA	E1172	Wheelchair Amputee Detach Ar
Medicaid	WA	E1195	Wheelchair Amputee Heavy Dut
Medicaid	WA	E1200	Wheelchair Amputee Fixed Arm
Medicaid	WA	E1190	Wheelchair Amputee W/ Leg Re
Medicaid	WA	E1223	Wheelchair Spec Size W Foot
Medicaid	WA	E1221	Wheelchair Spec Size W Foot
Medicaid	WA	E1222	Wheelchair Spec Size W/ Leg
Medicaid	WA	E1224	Wheelchair Spec Size W/ Leg
Medicaid	WA	E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each
Medicaid	WA	E1229	Pediatric wheelchair NOS
Medicaid	WA	E1233	Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adj, Wo Seating
Medicaid	WA	E1234	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adj, Wo Seating
Medicaid	WA	E1235	Wheelchair, Pediatric Size, Rigid, Adjustable, With Seating System
Medicaid	WA	E1236	Wheelchair, Pediatric Size, Folding, Adjustable, With Seating System
Medicaid	WA	E1238	Wheelchair, Pediatric Size, Folding, Adjustable, Without Seating Syst

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Line of Business	State	Procedure Code	Description
Medicaid	WA	E1239	Ped power wheelchair NOS
Medicaid	WA	E1250	Wheelchair Lightwt Fixed Arm
Medicaid	WA	E1295	Wheelchair Heavy Duty Fixed
Medicaid	WA	E1285	Wheelchair Heavy Duty Fixed
Medicaid	WA	E1297	Wheelchair Special Seat Dept
Medicaid	WA	E2201	Manual wheelchair accessory, nonstandard seat frame, width 20-24 in.
Medicaid	WA	E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches
Medicaid	WA	E2206	Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each
Medicaid	WA	E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each
Medicaid	WA	E2208	Wheelchair accessory, cylinder tank carrier, each
Medicaid	WA	E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each
Medicaid	WA	E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each
Medicaid	WA	E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each
Medicaid	WA	E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each
Medicaid	WA	E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each
Medicaid	WA	E2217	Manual wheelchair accessory, foam filled caster tire, any size, each
Medicaid	WA	E2219	Manual wheelchair accessory, foam caster tire, any size, each
Medicaid	WA	E2218	Manual wheelchair accessory, foam propulsion tire, any size, each
Medicaid	WA	E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each
Medicaid	WA	E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each
Medicaid	WA	E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each
Medicaid	WA	E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each
Medicaid	WA	E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each
Medicaid	WA	E2227	Manual wheelchair accessory, gear reduction drive wheel, each
Medicaid	WA	E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware
Medicaid	WA	E2293	Contour back for ped size wc
Medicaid	WA	E2291	Planar back for ped size wc
Medicaid	WA	E2294	Contour seat for ped size wc
Medicaid	WA	E2311	Power wheelchair accessory, electronic connection between wheelchair controller
Medicaid	WA	E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional
Medicaid	WA	E2323	Power wheelchair accessory, specialty joystick handle for hand control
Medicaid	WA	E2313	Power wheelchair accessory, harness for upgrade to expandable controller,
Medicaid	WA	E2325	Power wheelchair accessory, sip and puff interface, nonproportional

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Line of Business	State	Procedure Code	Description
Medicaid	WA	E2327	Power wheelchair accessory, head control interface, mechanical, proportional
Medicaid	WA	E2326	Power wheelchair accessory, breath tube kit for sip and puff interface
Medicaid	WA	E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional
Medicaid	WA	E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional
Medicaid	WA	E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches
Medicaid	WA	E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches
Medicaid	WA	E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches
Medicaid	WA	E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches
Medicaid	WA	E2351	Power wheelchair accessory, electronic interface to operate speech generating device
Medicaid	WA	E2358	Power wheelchair accessory, group 34 nonsealed lead acid battery, each
Medicaid	WA	E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)
Medicaid	WA	E2361	Power wheelchair accessory, 22nf sealed lead acid battery, each
Medicaid	WA	E2360	Power wheelchair accessory, 22 nf non-sealed lead acid battery, each
Medicaid	WA	E2362	Power wheelchair accessory, group 24 non-sealed lead acid battery, each
Medicaid	WA	E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each
Medicaid	WA	E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mount
Medicaid	WA	E2365	Power wheelchair accessory, u-1 sealed lead acid battery, each
Medicaid	WA	E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type
Medicaid	WA	E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type
Medicaid	WA	E2369	Power wheelchair component, drive wheel gear box, replacement only
Medicaid	WA	E2370	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only
Medicaid	WA	E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each
Medicaid	WA	E2372	Power wheelchair accessory, group 27 nonsealed lead acid battery, each
Medicaid	WA	E2374	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE
Medicaid	WA	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT
Medicaid	WA	E2382	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE,
Medicaid	WA	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE),
Medicaid	WA	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY,

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Medicaid	WA	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT
Medicaid	WA	E2385	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE,
Medicaid	WA	E2389	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
Medicaid	WA	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT
Medicaid	WA	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH
Medicaid	WA	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY
Medicaid	WA	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED
Medicaid	WA	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT
Medicaid	WA	E2397	Power wheelchair accessory, lithium-based battery, each
Medicaid	WA	E2511	Speech generating software program, for personal computer or personal digital assistant
Medicaid	WA	E2606	Position wc cush wdth>=22 in
Medicaid	WA	E2608	Skin pro/pos wc cus wd>=22in
Medicaid	WA	E2605	Position wc cush width <22 in
Medicaid	WA	E2612	Gen use back cush width>=22in
Medicaid	WA	E2609	Custom fabricate w/c cushion
Medicaid	WA	E2615	Pos back post/lat width <22in
Medicaid	WA	E2616	Pos back post/lat width>=22in
Medicaid	WA	E2617	Custom fab w/c back cushion
Medicaid	WA	E2619	Replace cover w/c seat cush
Medicaid	WA	E2621	WC planar back cush wd>=22in
Medicaid	WA	E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth
Medicaid	WA	E2626	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable
Medicaid	WA	E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable Rancho type
Medicaid	WA	E2628	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining
Medicaid	WA	E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)
Medicaid	WA	E2631	Wheelchair accessory, addition to mobile arm support, elevating proximal arm
Medicaid	WA	E2632	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control
Medicaid	WA	E2633	Wheelchair accessory, addition to mobile arm support, supinator
Medicaid	WA	38241	Hematopoietic progenitor cell (HPC); autologous transplantation

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Line of Business	State	Procedure Code	Description
Medicaid	WA	G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes
Medicaid	WA	38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor
Medicaid	WA	G0176	Opps/Php;Activity Therapy
Medicaid	WA	K0005	Ultralightweight Wheelchair
Medicaid	WA	K0008	Custom manual wheelchair/base
Medicaid	WA	K0010	Stnd Wt Frame Power Whlchr
Medicaid	WA	K0011	Stnd Wt Pwr Whlchr W Control
Medicaid	WA	K0013	Custom motorized/power wheelchair base
Medicaid	WA	K0014	Other Power Whlchr Base
Medicaid	WA	K0012	Ltwt Portbl Power Whlchr
Medicaid	WA	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	WA	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY, 301 TO 450 POUNDS
Medicaid	WA	K0807	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicaid	WA	K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	WA	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300
Medicaid	WA	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	WA	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACTIY UP TO AND INCLUDING 300 POUNDS
Medicaid	WA	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POU
Medicaid	WA	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicaid	WA	K0830	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 30
Medicaid	WA	K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL
Medicaid	WA	K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED

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Medicaid	WA	L0631	Lumbar-sacral orthosis (LSO), sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
Medicaid	WA	L0632	LSO, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 v
Medicaid	WA	43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance
Medicaid	WA	L2034	KAFO, full plastic, single upright, with or without free motion knee, medial lateral rotation control, with or without f
Medicaid	WA	L2036	KAFO, full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricat
Medicaid	WA	L2037	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, with or without free motion an
Medicaid	WA	L2628	Metal Frame Recipro Hip & Ca
Medicaid	WA	50320	Donor Nephrectomy, Open, Living Donor W/O Allograft Preparation & Maintenance
Medicaid	WA	50340	Recipient Nephrectomy (Sep Proc)
Medicaid	WA	L5050	Ank Symes Mold Sckt Sach Ft
Medicaid	WA	L5100	Molded Socket Shin Sach Foot
Medicaid	WA	L5210	No Knee/Ankle Joints W/ Ft B
Medicaid	WA	L5220	No Knee Joint With Artic Ali
Medicaid	WA	43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
Medicaid	WA	84999	Unlisted Chemistry Proc
Medicaid	WA	L5280	Hemipelvect Canad Sing Axis
Medicaid	WA	L5301	Below knee, molded socket, shin, SACH foot, endoskeletal system
Medicaid	WA	L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, SACH foot, endoskeletal system
Medicaid	WA	L5321	Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee
Medicaid	WA	L5590	Prep Ak Ischial Laminated
Medicaid	WA	L5613	Ak 4 Bar Ling W/Hydraul Swig
Medicaid	WA	L5649	Addition to lower extremity, ischial containment/narrow M-L socket
Medicaid	WA	L5700	Replace Socket Below Knee
Medicaid	WA	L5701	Replace Socket Above Knee
Medicaid	WA	L5814	Endo Knee-Shin Hydral Swg Ph
Medicaid	WA	L5840	Multi-Axial Knee/Shin System
Medicaid	WA	L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control
Medicaid	WA	50547	Laparoscopy, Surgical; Donor Nephrectomy, Living Donor W/O Allograft Prep & Maintenance
Medicaid	WA	L5968	Multiaxial Ankle W Dorsiflex

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Line of Business	State	Procedure Code	Description
Medicaid	WA	L5979	Multi-Axial Ankle/Ft Prosth
Medicaid	WA	L5980	Flex Foot System
Medicaid	WA	L5981	Flex-Walk Sys Low Ext Prosth
Medicaid	WA	L5988	Vertical Shock Reducing Pylo
Medicaid	WA	L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow
Medicaid	WA	L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)
Medicaid	WA	L6881	AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LIMB ELECTRIC PROSTHETIC TERMINAL
Medicaid	WA	L6925	Wrist Disart Myoelectronic C
Medicaid	WA	L7009	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, ADULT
Medicaid	WA	L7045	ELECTRIC HOOK, SWITCH OR MYOELECTRIC ONTROLLED, PEDIATRIC
Medicaid	WA	L6965	Shldr Disartic Myoelectronic
Medicaid	WA	L6975	Interscap-Thor Myoelectronic
Medicaid	WA	L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT
Medicaid	WA	L7008	ELECTRIC HAND, SWITCH OR MYOELECTRIC, CONTROLLED, PEDIATRIC
Medicaid	WA	L7181	Electronic elbow simultaneous
Medicaid	WA	L7190	Elbow Adolescent Myoelectron
Medicaid	WA	L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS
Medicaid	WA	55899	Unlisted Proc, Male Genital System
Medicaid	WA	E1399	Durable medical equipment, miscellaneous
Medicaid	WA	62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance
Medicaid	WA	81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8
Medicaid	WA	81362	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)
Medicaid	WA	81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence
Medicaid	WA	81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5
Medicaid	WA	81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6
Medicaid	WA	81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9
Medicaid	WA	C1787	Patient programmer, neurostimulator
Medicaid	WA	C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral
Medicaid	WA	L8679	Implantable neurostimulator, pulse generator, any type
Medicaid	WA	L8680	Implantable neurostimulator electrode, each
Medicaid	WA	L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only
Medicaid	WA	L8682	Implantable neurostimulator radiofrequency receiver
Medicaid	WA	L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver
Medicaid	WA	L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension

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Line of Business	State	Procedure Code	Description
Medicaid	WA	L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension
Medicaid	WA	L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension
Medicaid	WA	L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension
Medicaid	WA	43842	Gastric Restrictive Proc, W/O Gastric Bypass, Morbid Obesity; Vertical-Banded Gastroplasty
Medicaid	WA	19342	Delayed Insertion, Breast Prosthesis Following Mastopexy, Mastectomy/In Reconstruction
Medicaid	WA	19350	Nipple/Areola Reconstruction
Medicaid	WA	19364	Breast Reconstruction W/Free Flap
Medicaid	WA	19357	Breast Reconstruction W/Tissue Expander, Immediate/Delayed, W/Subseq Expansion
Medicaid	WA	21139	Reduction Forehead; Contouring & Setback, Anterior Frontal Sinus Wall
Medicaid	WA	22804	Arthrodesis, Posterior, Spinal Deformity, W/Wo Cast; 13+ Vertebral Segments
Medicaid	WA	S2055	Harvesting Of Donor Multivis
Medicaid	WA	S2150	Bone marrow or blood-derived peripheral stem cell harvesting and transplantation, allogenic or autologous, including phe
Medicaid	WA	S2235	Implantation of auditory brain stem implant
Medicaid	WA	44132	Donor Enterectomy, Open, W/Prep & Maintenance, Allograft; Cadaver Donor
Medicaid	WA	44133	Donor Enterectomy, Open With Prep & Maintenance, Allograft; Partial, Living Donor
Medicaid	WA	44135	Intestinal Allotransplantation; From Cadaver Donor
Medicaid	WA	27132	Conversion, Previous Hip Surgery To Total Hip Arthroplasty, W/Wo Autograft/Allograft
Medicaid	WA	J0717	Injection, certolizumab pegol, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
Medicaid	WA	S5111	Home Care Training, Family, Per Session
Medicaid	WA	S5116	Home Care Training, Non-Family, Per Session
Medicaid	WA	S9122	Home health aide or certified nurse assistant, providing care in the home; per hour
Medicaid	WA	S9123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)
Medicaid	WA	S9124	Nursing care, in the home; by licensed practical nurse, per hour
Medicaid	WA	S9131	Physical therapy, in the home, per diem
Medicaid	WA	90281	Immune Globulin (Ig), Human, Im Use
Medicaid	WA	37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)
Medicaid	WA	J9225	Histrelin implant (Vantas), 50 mg

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Medicaid	WA	S9364	Home infusion therapy, total parenteral nutrition (TPN) (do not use with home infusion codes S9365-S9368 using daily vol
Medicaid	WA	S9365	Home infusion therapy, total parenteral nutrition (TPN); one liter per day
Medicaid	WA	S9366	Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two liters per day
Medicaid	WA	S9367	Home infusion therapy, total parenteral nutrition (TPN); more than two liter but no more than three liters per day
Medicaid	WA	S9368	Home infusion therapy, total parenteral nutrition (TPN); more than three liter per day
Medicaid	WA	J0180	Agalsidase beta injection
Medicaid	WA	J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg
Medicaid	WA	J1458	INJECTION, GALSULFASE, 1 MG
Medicaid	WA	J1931	Laronidase injection
Medicaid	WA	J3060	Injection, taliglucerase alfa, 10 units
Medicaid	WA	J3385	Injection, velaglucerase alfa, 100 units
Medicaid	WA	J1743	Injection, idursulfase, 1 mg
Medicaid	WA	J1786	Injection, imiglucerase, 10 units
Medicaid	WA	J3397	Injection, vestronidase alfa-vjvk, 1 mg
Medicaid	WA	30120	Excision/Surgical Planing, Skin, Nose, Rhinophyma
Medicaid	WA	S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)
Medicaid	WA	T1002	RN services, up to 15 minutes
Medicaid	WA	T1003	LPN/LVN services, up to 15 minutes
Medicaid	WA	32854	Lung Transplant, Double (Bilat Sequential/En Bloc); W/Cardiopulmonary Bypass
Medicaid	WA	61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion
Medicaid	WA	61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (Lis
Medicaid	WA	61800	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)
Medicaid	WA	77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)
Medicaid	WA	77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image g
Medicaid	WA	E2210	Wheelchair accessory, bearings, any type, replacement only, each
Medicaid	WA	33935	Heart-Lung Transplant W/Recipient Cardiectomy-Pneumonectomy
Medicaid	WA	47135	Liver Allotransplantation; Orthotopic, Partial/Whole, Cadaver/Living Donor, Any Age
Medicaid	WA	19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial rad
Medicaid	WA	19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial rad
Medicaid	WA	19298	Placement of radiotherapy after loading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance
Medicaid	WA	20974	Electrical Stimulation To Aid Bone Healing; Noninvasive (Nonoperative)

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Line of Business	State	Procedure Code	Description
Medicaid	WA	20979	Low Intensity Ultrasound Stimulation To Aid Bone Healing; Noninvasive
Medicaid	WA	21086	Impression & Custom Preparation; Auricular Prosthesis
Medicaid	WA	32856	Backbench Standard Preparation Of Cadaver Donor Lung Allograft; Bilateral
Medicaid	WA	32855	Backbench Standard Preparation Of Cadaver Donor Lung Allograft; Unilateral
Medicaid	WA	33944	Backbench Standard Preparation Of Cadaver Donor Heart Allograft
Medicaid	WA	38205	Blood-Derived Hematopoietic Progenitor Cell Harvesting, Transplantation/Collection; Allogenic
Medicaid	WA	38206	Blood-Derived Hematopoietic Progenitor Cell Harvesting, Transplantation/Collection; Autologous
Medicaid	WA	38207	Transplant Preparation, Hematopoietic Progenitor Cells; Cryopreservation & Storage
Medicaid	WA	38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor
Medicaid	WA	38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor
Medicaid	WA	38210	Transplant Prep, Hematopoietic Progenitor Cells; Specfc Cell Deplet W/In Harvest, T-Cell Deplete
Medicaid	WA	38211	Transplant Preparation, Hematopoietic Progenitor Cells; Tumor Cell Deplete
Medicaid	WA	38213	Transplant Preparation, Hematopoietic Progenitor Cells; Platelet Depletion
Medicaid	WA	38214	Transplant Preparation, Hematopoietic Progenitor Cells; Plasma (Volume) Depletion
Medicaid	WA	47133	Donor Hepatectomy, W/Preparation & Maintenance, Allograft; Cadaver Donor
Medicaid	WA	47143	Backbench Standard Preparation Of Cadaver Donor Whole Liver Graft; Without Trisegment Or Lobe Split
Medicaid	WA	47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy
Medicaid	WA	47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy
Medicaid	WA	47147	Backbench Reconstruction Of Cadaver Or Living Donor Liver Graft Prior To Allotransplantation; Arterial Anastomosis, Each
Medicaid	WA	48550	Donor Pancreatectomy, W/Prep & Maintenance, Cadaver Donor, W/Wo Duodenal Segment
Medicaid	WA	44715	Backbench Standard Preparation Of Cadaver Or Living Donor Intestine Allograft
Medicaid	WA	44720	Backbench Reconstruction Of Cadaver Or Living Donor Intestine Allograft; Venous Anastomosis, Each
Medicaid	WA	44721	Backbench Reconstruction Of Cadaver Or Living Donor Intestine Allograft; Arterial Anastomosis, Each
Medicaid	WA	48551	Backbench Standard Preparation Of Cadaver Donor Pancreas Allograft
Medicaid	WA	48552	Backbench Reconstruction Of Cadaver Donor Pancreas Allograft Prior To Transplantation, Venous Anastomosis, Each
Medicaid	WA	50323	Backbench Standard Preparation Of Cadaver Donor Renal Allograft

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Line of Business	State	Procedure Code	Description
Medicaid	WA	50325	Backbench Standard Preparation Of Living Donor Renal Allograft (Open Or Laparoscopic)
Medicaid	WA	50327	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Venous Anastomosis, Each
Medicaid	WA	50328	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Arterial Anastomosis, Each
Medicaid	WA	50329	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Ureteral Anastomosis, Each
Medicaid	WA	15877	Suction Assisted Lipectomy; Trunk
Medicaid	WA	17380	Electrolysis epilation, each 30 minutes
Medicaid	WA	47140	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Left Lateral Segment Only
Medicaid	WA	47141	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Total Left Lobectomy
Medicaid	WA	47142	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Total Right Lobectomy
Medicaid	WA	48554	Transplantation, Pancreatic Allograft
Medicaid	WA	48556	Removal, Transplanted Pancreatic Allograft
Medicaid	WA	22585	Arthrodesis, Anterior Interbody, W/Minimal Discectomy; Add'l Interspace
Medicaid	WA	22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar
Medicaid	WA	50360	Renal Allotransplantation, Implantation, Graft; W/O Donor & Recipient Nephrectomy
Medicaid	WA	54417	Removal & Replace, Non-Inflatable/Inflatable Penile Prosthesis Infect, W/Irrig & Debride
Medicaid	WA	57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy
Medicaid	WA	32850	Donor pneumonectomy(s) (including cold preservation), from cadaver donor
Medicaid	WA	64405	Injection, Anesthetic Agent; Greater Occipital Nerve
Medicaid	WA	64415	Injection, Anesthetic Agent; Brachial Plexus, Single
Medicaid	WA	64417	Injection, Anesthetic Agent; Axillary Nerve
Medicaid	WA	64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level
Medicaid	WA	64480	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
Medicaid	WA	64461	Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)
Medicaid	WA	64462	Paravertebral block (PVB) (paraspinous block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed) (List separately in addition to code for primary procedure)

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Line of Business	State	Procedure Code	Description
Medicaid	WA	64484	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level (List separately in addition to code for primary procedure)
Medicaid	WA	64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)
Medicaid	WA	64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)
Medicaid	WA	64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)
Medicaid	WA	64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)
Medicaid	WA	64505	Injection, Anesthetic Agent; Sphenopalatine Ganglion
Medicaid	WA	64520	Injection, Anesthetic Agent; Lumbar/Thoracic (Paravertebral Sympathetic)
Medicaid	WA	S2140	Cord Blood Harvesting
Medicaid	WA	58999	Unlisted Proc, Female Genital System (Nonobstetrical)
Medicaid	WA	22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompr
Medicaid	WA	61864	Burr Hole Craniotomy w Implantation of Subcortical Electrode Array, wo Intraop Microelectrode Recording; ea addl Array
Medicaid	WA	61868	Burr Hole Craniotomy w Implantation of Subcortical Electrode Array, w Intraop Microelectrode Recording; ea addl Array
Medicaid	WA	61886	Subq Placement Cranial Neurostimulator Pulse Generator/Receiver; W/Connection 2+ Electrode Arrays
Medicaid	WA	62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)
Medicaid	WA	62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)
Medicaid	WA	62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance

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Line of Business	State	Procedure Code	Description
Medicaid	WA	63185	Laminectomy with rhizotomy; 1 or 2 segments
Medicaid	WA	63190	Laminectomy with rhizotomy; more than 2 segments
Medicaid	WA	S5110	Home Care Training, Family, Per 15 Minutes
Medicaid	WA	S5108	Home care training to home care client, per 15 minutes
Medicaid	WA	63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion
Medicaid	WA	63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separat
Medicaid	WA	63655	Laminectomy, Implantation, Neurostimulator Electrodes, Plate/Paddle, Epidural
Medicaid	WA	63685	Incision/Placement, Spinal Neurostimulator Pulse Generator/Receiver
Medicaid	WA	64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve
Medicaid	WA	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
Medicaid	WA	64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed
Medicaid	WA	64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator
Medicaid	WA	64575	Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
Medicaid	WA	64581	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)
Medicaid	WA	64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupl
Medicaid	WA	64633	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Single Facet Joint
Medicaid	WA	64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)
Medicaid	WA	64640	Destruction, Neurolytic; Other Peripheral Nerve/Branch
Medicaid	WA	64635	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single Facet Joint
Medicaid	WA	64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)
Medicaid	WA	64716	Neuroplasty &/Or Transposition; Cranial Nerve (Specify)
Medicaid	WA	64734	Transection/Avulsion; Infraorbital Nerve
Medicaid	WA	64736	Transection/Avulsion; Mental Nerve
Medicaid	WA	64738	Transection/Avulsion; Inferior Alveolar Nerve, Osteotomy
Medicaid	WA	64740	Transection/Avulsion; Lingual Nerve
Medicaid	WA	64732	Transection/Avulsion; Supraorbital Nerve
Medicaid	WA	64742	Transection/Avulsion; Facial Nerve, Differential/Complete

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Line of Business	State	Procedure Code	Description
Medicaid	WA	90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each
Medicaid	WA	A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries
Medicaid	WA	J0178	Injection, aflibercept, 1 mg
Medicaid	WA	J0202	Injection, alemtuzumab, 1 mg
Medicaid	WA	A9278	Receiver (monitor); external, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM)
Medicaid	WA	64865	Suture, Facial Nerve; Infratemporal, W/Wo Grafting
Medicaid	WA	64866	Anastomosis; Facial-Spinal Accessory
Medicaid	WA	64868	Anastomosis; Facial-Hypoglossal
Medicaid	WA	69955	Total Facial Nerve Decompression &/Or Repair, (May Include Graft)
Medicaid	WA	J0585	Injection, Onabotulinumtoxina, 1 Unit
Medicaid	WA	J0586	Injection, Abobotulinumtoxina, 5 Units
Medicaid	WA	J0587	Injection, Rimabotulinumtoxinb, 100 Units
Medicaid	WA	J0588	Injection, incobotulinumtoxinA, 1 unit
Medicaid	WA	42145	Palatopharyngoplasty
Medicaid	WA	90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session
Medicaid	WA	90869	Therapeutic Repetitive Transcranial Magnetic Stimulation (Tms) Treatment; Subsequent Motor Threshold Re-Determination With Delivery And Management
Medicaid	WA	L6882	Microprocessor control feature, addition to upper limb prosthesis terminal device
Medicaid	WA	J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg
Medicaid	WA	27134	Revision, Total Hip Arthroplasty; Both Components, W/Wo Autograft/Allograft
Medicaid	WA	J1428	Injection, eteplirsen, 10 mg
Medicaid	WA	27138	Revision, Total Hip Arthroplasty; Femoral Component Only, W/Wo Allograft
Medicaid	WA	77762	Intracavitary Radiation Source Application; Intermediate
Medicaid	WA	77763	Intracavitary Radiation Source Application; Complex
Medicaid	WA	77778	Interstitial Radioelement Application; Complex
Medicaid	WA	J1830	Interferon Beta-1b / .25 Mg
Medicaid	WA	27125	Hemiarthroplasty, Hip, Partial
Medicaid	WA	27130	Arthroplasty, Acetabular/Proximal Femoral Prosthetic Replacement, W/Wo Autograft/Allograft
Medicaid	WA	J2170	INJECTION, MECASERMIN, 1 MG
Medicaid	WA	J2278	Injection, ziconotide, 1 mcg
Medicaid	WA	J2502	Injection, pasireotide long acting, 1 mg
Medicaid	WA	J2778	Injection, ranibizumab, 0.1 mg
Medicaid	WA	J7311	Injection, fluocinolone acetonide, intravitreal implant (Retisert), 0.01 mg
Medicaid	WA	93580	Perc Transcatheter Closure, Congenital Interatrial Communication W/Implant
Medicaid	WA	J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg
Medicaid	WA	J7313	Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg
Medicaid	WA	27415	Osteochondral allograft, knee, open

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Line of Business	State	Procedure Code	Description
Medicaid	WA	27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft(s))
Medicaid	WA	S2054	Transplantation Of Multivisc
Medicaid	WA	S2060	Lobar Lung Transplantation
Medicaid	WA	S2061	Donor Lobectomy (Lung)
Medicaid	WA	S2065	Simultaneous pancreas kidney transplantation
Medicaid	WA	S2066	Breast reconstruction with gluteal artery perforator (GAP) flap, including
Medicaid	WA	S2068	Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SI
Medicaid	WA	S2080	Laser-assisted uvulopalatoplasty (LAUP)
Medicaid	WA	J9226	Histrelin implant (supprelin LA), 50 mg
Medicaid	WA	Q3027	Injection, interferon beta-1a, 1 mcg for intramuscular use
Medicaid	WA	Q3028	Injection, interferon beta-1a, 1 mcg for subcutaneous use
Medicaid	WA	S9559	Home injectable therapy; interferon
Medicaid	WA	S9562	Home Injectable Therapy, Palivizumab, Including Administrative Service
Medicaid	WA	27437	Arthroplasty, Patella; W/O Prosthesis
Medicaid	WA	27447	Arthroplasty, Knee, Condyle & Plateau; Medial & Lateral Compartments, W/Wo Patella Resurfacing
Medicaid	WA	31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intr
Medicaid	WA	30410	Rhinoplasty, Primary; Complete, Ext Parts W/Bony Pyramid, Lat & Alar Cartilages &/Or Elev Nasal Tip
Medicaid	WA	30420	Rhinoplasty, Primary; W/Major Septal Repair
Medicaid	WA	41019	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transn
Medicaid	WA	29870	Arthroscopy, Knee, Dx, W/Wo Synovial Bx (Sep Proc)
Medicaid	WA	29873	Arthroscopy, Knee, Surgical; W/Lateral Release
Medicaid	WA	29874	Arthroscopy, Knee, Surgical; Removal, Loose/Fb
Medicaid	WA	29875	Arthroscopy, Knee, Surgical; Synovectomy, Limited (Sep Proc)
Medicaid	WA	29877	Arthroscopy, Knee, Surgical; Debridement/Shaving, Articular Cartilage (Chondroplasty)
Medicaid	WA	29879	Arthroscopy, Knee, Surgical; Abrasion Arthroplasty (W/Chondroplasty)/Multiple Drilling/Microfx
Medicaid	WA	29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
Medicaid	WA	L5856	Elec knee-shin swing/stance
Medicaid	WA	L5857	Elec knee-shin swing only
Medicaid	WA	T1030	Nursing Care, In The Home, By Registered Nurse, Per Diem
Medicaid	WA	29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
Medicaid	WA	E2500	Speech generating device, digitized speech, using pre-recorded messages, 8 min. or less
Medicaid	WA	E2502	Speech generating device, digitized speech, using pre-recorded messages, 8-20 min.

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Medicaid	WA	E2504	Speech generating device, digitized speech, using pre-recorded messages, 20-40 min.
Medicaid	WA	E2506	Speech generating device, digitized speech, using pre-recorded messages, over 40 min.
Medicaid	WA	E2508	Speech generating device, synthesized speech, requiring message formulation by spelling
Medicaid	WA	E2512	Accessory for speech generating device, mounting system
Medicaid	WA	30520	Septoplasty/Submucous Resection W/Wo Cartilage Scoring/Contouring/Graft
Medicaid	WA	30999	Unlisted Proc, Nose
Medicaid	WA	29882	Arthroscopy, Knee, Surgical; W/Meniscus Repair, Medial/Lateral
Medicaid	WA	29883	Arthroscopy, Knee, Surgical; W/Meniscus Repair, Medial & Lateral
Medicaid	WA	29884	Arthroscopy, Knee, Surgical; W/Lysis, Adhesions, W/Wo Manipulation (Sep Proc)
Medicaid	WA	29885	Arthroscopy, Knee, Surgical; Drill, Osteochondritis Dissecans W/Bone Graft, W/Wo Int/Ext Fixation
Medicaid	WA	29887	Arthroscopy, Knee, Surgical; Drilling, Intact Osteochondritis Dissecans Lesion W/Int Fixation
Medicaid	WA	29916	Arthroscopy, hip, surgical; with labral repair
Medicaid	WA	63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)
Medicaid	WA	81225	Cyp2C19 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 19) (Eg, Drug Metabolism), Gene Analysis, Common Variants (Eg, *2, *3, *4, *8, *17)
Medicaid	WA	55862	Exposure, Prostate, Any Approach, Radiation Insertion; W/Lymph Node Bx (Limited Pelvic Lymphadenect)
Medicaid	WA	55865	Exposure, Prostate, Any Approach, Radiation Insertion; W/Bilat Pelvic Lymphadenectomy
Medicaid	WA	81247	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-)
Medicaid	WA	57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy
Medicaid	WA	81249	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence
Medicaid	WA	81291	Mthfr (5,10-Methylenetetrahydrofolate Reductase) (Eg, Hereditary Hypercoagulability) Gene Analysis, Common Variants (Eg, 677T, 1298C)
Medicaid	WA	81381	Hla Class I Typing, High Resolution (Ie, Alleles Or Allele Groups); One Allele Or Allele Group (Eg, B*57:01P), Each
Medicaid	WA	0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi
Medicaid	WA	0214T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi
Medicaid	WA	0215T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi
Medicaid	WA	0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi

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Line of Business	State	Procedure Code	Description
Medicaid	WA	0218T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi
Medicaid	WA	81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis
Medicaid	WA	81426	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings) (List separately in addition to code for primary procedure)
Medicaid	WA	81427	Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome)
Medicaid	WA	C9727	Insertion of implants into the soft palate; minimum of 3 implants
Medicaid	WA	C1813	Prosthesis, penile, inflatable
Medicaid	WA	C2622	Prosthesis, penile, noninflatable
Medicaid	WA	L8600	Implant Breast Silicone/Eq
Medicaid	WA	J3590	Unclassified Biologics
Medicaid	WA	S5136	Companion Care, Adult, Per Diem
Medicaid	WA	S5170	Home Delivered Meals, Including Preparation, Per Meal
Medicaid	WA	J1071	Injection, testosterone cypionate, 1mg
Medicaid	WA	J0638	Injection, canakinumab, 1 mg
Medicaid	WA	S5165	Home Modifications, Per Service
Medicaid	WA	J7686	Treprostini, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, 1.74 mg
Medicaid	WA	H0011	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)
Medicaid	WA	99368	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present,30 m
Medicaid	WA	T2027	Specialized childcare, waiver; per 15 minutes
Medicaid	WA	S5130	Homemaker Service, NOS, Per 15 Minutes
Medicaid	WA	J7199	Hemophilia Clot Factor Noc
Medicaid	WA	H0018	Behavioral health; short-term residential (nonhospital residential treatment program), without room and board, per diem
Medicaid	WA	S5102	Day Care Services, Adult, Per Diem
Medicaid	WA	S5150	Unskilled Respite Care, Not Hospice, Per 15 Minutes
Medicaid	WA	J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml
Medicaid	WA	S5120	Chore Services, Per 15 Minutes
Medicaid	WA	S9558	Home injectable therapy; growth hormone,
Medicaid	WA	S5125	Attendant Care Services, Per 15 Minutes
Medicaid	WA	S5151	Unskilled Respite Care, Not Hospice, Per Diem
Medicaid	WA	S5160	Emergency Response System, Installation And Testing
Medicaid	WA	S0155	Sterile dilutant for epoprostenol, 50 ml
Medicaid	WA	J3357	Ustekinumab, for subcutaneous injection, 1 mg
Medicaid	WA	J1325	Epoprostenol Injection
Medicaid	WA	A4252	Blood ketone test or reagent strip, each
Medicaid	WA	S5140	Foster Care, Adult, Per Diem
Medicaid	WA	S5105	Day Care Services, Center Based, Not Incl In Program Fee, Per Diem
Medicaid	WA	J3145	Injection, testosterone undecanoate, 1 mg
Medicaid	WA	T1502	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit

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Line of Business	State	Procedure Code	Description
Medicaid	WA	T2031	Assisted living; waiver, per diem
Medicaid	WA	S9347	Home infusion therapy, uninterrupted, long-term, controlled rate intravenous infusion therapy (e.g., Epoprostenol)
Medicaid	WA	T1019	Personal Care Services, Per 15 Minutes, Not For An Inpatient Or Reside
Medicaid	WA	S5135	Companion Care, Adult, Per 15 Minutes
Medicaid	WA	Q0515	Injection, sermorelin acetate, 1 mcg
Medicaid	WA	J2793	Injection, Riloncept, 1 Mg
Medicaid	WA	J1675	Injection, histrelin acetate, 10 mcg
Medicaid	WA	J0598	Injection, c-1 esterase inhibitor (human), cinryze, 10 units
Medicaid	WA	S5101	Day Care Services, Adult, Per Half Day
Medicaid	WA	J3358	Ustekinumab, for intravenous injection, 1 mg
Medicaid	WA	J3121	Injection, testosterone enanthate, 1mg
Medicaid	WA	L7191	Elbow Child Myoelectronic Ct
Medicaid	WA	L5987	Shank Ft W Vert Load Pylon
Medicaid	WA	21255	Reconstruction, Zygomatic Arch/Glenoid Fossa W/Bone & Cartilage (Includes Obtaining Autografts)
Medicaid	WA	K0900	Customized durable medical equipment, other than wheelchair
Medicaid	WA	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicaid	WA	E2630	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support
Medicaid	WA	E2364	Power wheelchair accessory, u-1 non-sealed lead acid battery, each
Medicaid	WA	E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED
Medicaid	WA	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT
Medicaid	WA	E2390	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE,
Medicaid	WA	E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches
Medicaid	WA	E2205	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only,
Medicaid	WA	E2292	Planar seat for ped size wc
Medicaid	WA	E2310	Power wheelchair accessory, electronic connection between wheelchair controller
Medicaid	WA	E2321	Power wheelchair accessory, hand control interface, remote joystick,
Medicaid	WA	E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches
Medicaid	WA	E1180	Wheelchair Amputee W/ Foot R
Medicaid	WA	E1230	Power Operated Vehicle
Medicaid	WA	E1237	Wheelchair, Pediatric Size, Rigid, Adjustable, Without Seating System
Medicaid	WA	E1298	Wheelchair Spec Seat Depth/W
Medicaid	WA	E1296	Wheelchair Special Seat Heig
Medicaid	WA	E0968	Wheelchair Commode Seat
Medicaid	WA	E0277	Powered Pres-Redu Air Mattrs
Medicaid	WA	99511	Home Visit, Fecal Impaction Management & Enema Administration

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Line of Business	State	Procedure Code	Description
Medicaid	WA	L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder
Medicaid	WA	21195	Reconstruction, Mandibular Rami &/Or Body, Sagittal Split; W/O Int Rigid Fixation
Medicaid	WA	15845	Graft, Facial Nerve Paralysis; Regional Muscle Transfer
Medicaid	WA	B4164	Parenteral 50% Dextrose Solu
Medicaid	WA	L7499	Upper extremity prosthesis, not otherwise specified
Medicaid	WA	B4100	Food Thickener, Administered Orally, Per Ounce
Medicaid	WA	J1413	Injection, delandistrogene moxeparovvec-rokl, per therapeutic dose
Medicaid	WA	77520	Proton Treatment Delivery; Simple W/O Compensation
Medicaid	WA	J1438	Etanercept Injection
Medicaid	WA	22614	Arthrodesis, Posterior/Posterolateral Technique, Single Level; Add'l Segment
Medicaid	WA	21743	Reconstructive Repair, Pectus Excavatum/Carinatum; Minimal Invasive Approach, W/Thoracoscopy
Medicaid	WA	43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)
Medicaid	WA	81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)
Medicaid	WA	81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4
Medicaid	WA	47381	Ablation, Open, 1+ Liver Tumor(S); Cryosurgical
Medicaid	WA	38212	Transplant Preparation, Hematopoietic Progenitor Cells; Red Blood Cell Removal
Medicaid	WA	38215	Transplant Prep, Hematoiepotic Progenitor Cells; Cell Conc, Plasma/Mononuclear/Buffy Coat
Medicaid	WA	L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)
Medicaid	WA	S2067	Breast reconstruction of a single breast with "stacked" deep inferior
Medicaid	WA	77761	Intracavitary Radiation Source Application; Simple
Medicaid	WA	J1595	Injection, glatiramer acetate, 20 mg
Medicaid	WA	J1826	Injection, interferon beta-1a, 30 mcg
Medicaid	WA	64864	Suture, Facial Nerve; Extracranial
Medicaid	WA	61885	Subq Placement Cranial Neurostimulator Pulse Generator/Receiver; W/Connection Sngle Electrode Array
Medicaid	WA	64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level
Medicaid	WA	64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level
Medicaid	WA	0217T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint)
Medicaid	WA	99366	Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family
Medicaid	WA	E1037	Transport Chair, Pediatric Size

List of items and service that require Prior Authorization

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Line of Business	State	Procedure Code	Description
Medicaid	WA	J3285	Injection, treprostnil, 1 mg
Medicaid	WA	S5161	Emergency Response System, Service Fee Per Month
Medicaid	WA	T2030	Assisted living, waiver; per month
Medicaid	WA	33981	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump
Medicaid	WA	T1000	Private duty/independent nursing service(s) - licensed, up to 15 minutes
Medicaid	WA	33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed
Medicaid	WA	E0748	Elec Osteogen Stim Spinal
Medicaid	WA	77522	Proton Treatment Delivery; Simple W/Compensation
Medicaid	WA	H2020	Therapeutic behavioral services, per diem
Medicaid	WA	S2142	Cord Blood-Derived Stem-Cell
Medicaid	WA	58346	Insertion, Heyman Capsules, Clinical Brachytherapy
Medicaid	WA	38204	Management, Recipient Hematopoietic Progenitor Cell Donor Search & Cell Acquisition
Medicaid	WA	47146	Backbench Reconstruction Of Cadaver Or Living Donor Liver Graft Prior To Allotransplantation; Venous Anastomosis, Each
Medicaid	WA	S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)
Medicaid	WA	S5109	Home care training to home care client, per 15 minutes per session
Medicaid	WA	L5702	Replace Socket Hip
Medicaid	WA	L5200	Kne Sing Axis Fric Shin Sach
Medicaid	WA	K0831	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND
Medicaid	WA	G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes
Medicaid	WA	E2368	Power wheelchair component, drive wheel motor, replacement only
Medicaid	WA	E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED
Medicaid	WA	E2388	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY,
Medicaid	WA	E2613	Position back cush wd <22in
Medicaid	WA	E2610	Powered w/c cushion
Medicaid	WA	E2614	Position back cush wd>=22in
Medicaid	WA	E2324	Power wheelchair accessory, chin cup for chin control interface
Medicaid	WA	E1270	Wheelchair Lightweight Leg R
Medicaid	WA	E1083	Hemi-wheelchair, fixed full-length arms, swing-away, detachable elevating legrest
Medicaid	WA	E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails w/mattress
Medicaid	WA	29886	Arthroscopy, Knee, Surgical; Drilling, Intact Osteochondritis Dissecans Lesion
Medicaid	WA	S5126	Attendant Care Services, Per Diem
Medicaid	WA	90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management

List of items and service that require Prior Authorization

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Line of Business	State	Procedure Code	Description
Medicaid	WA	61867	Burr Hole Craniotomy with Implantation of Subcortical Electrode Array, w Intraop Microelectrode Recording; First Array
Medicaid	WA	61863	Burr Hole Craniotomy with Implantation of Subcortical Electrode Array, wo Intraop Microelectrode Recording; First Array
Medicaid	WA	J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units
Medicaid	WA	J1726	Injection, hydroxyprogesterone caproate, (Makena), 10 mg
Medicaid	WA	Q4074	Iloprost, Inhalation Solution, Fda-Approved Final Product, Non-Compounded, Administered Through Dme, Unit Dose Form, Up
Medicaid	WA	29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)
Medicaid	WA	S2053	Transplantation Of Small Int
Medicaid	WA	90283	Immune Globulin (Igiv), Human, Iv Use
Medicaid	WA	90284	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100mg, each
Medicaid	WA	K0108	W/C Component-Accessory Nos
Medicaid	WA	22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure)
Medicaid	WA	66991	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsif
Medicaid	WA	66989	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsif
Medicaid	WA	67900	Repair, Brow Ptosis, (Supraciliary/Mid-Forehead/Coronal Approach)