

# Prior authorization requirements for Hawaii Medicaid

Effective Nov. 1, 2023

## General information

This list contains prior authorization requirements for UnitedHealthcare Community Plan in Hawaii participating care providers for inpatient and outpatient services. To request prior authorization, please submit your request online or by phone:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to [UHCprovider.com](https://UHCprovider.com) and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tile on your provider portal dashboard.
- **Phone:** Call **888-980-8728**

**Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care providers must request prior authorization for all procedures and services, excluding emergent or urgent care.**

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	Prior authorization required	43644	43645	43659	43770
		43775	43842	43845	43846
		43847	43848	43860	
<b>Behavioral health services</b>	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance use services. For ABA Therapy, submit by fax or Provider Express.			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast, except when following mastectomy	Prior authorization required	11971	19316	19318	19325
		19328	19330	19340	19342
		19350	19357	19361	19364
		19367	19368	19369	19370
		19371	19380	19396	L8600
<b>Cardiovascular</b>	Prior authorization required	37220*	37221*	37224*	37225*
		37226*	37227*	37228*	37229*
		37230*	37231*	93580**	
<b>*Prior authorization not required for the following diagnosis codes:</b>					
		E08.52	E09.52	E10.52	E11.52
		E13.52	I70.221	I70.222	I70.223
		I70.228	I70.229	I70.231	I70.232

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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**Cardiovascular  
(cont.)**

I70.233	I70.234	I70.235	I70.238
I70.239	I70.241	I70.242	I70.243
I70.244	I70.245	I70.248	I70.249
I70.25	I70.261	I70.262	I70.263
I70.268	I70.269	I70.321	I70.322
I70.323	I70.329	I70.331	I70.332
I70.333	I70.334	I70.335	I70.338
I70.339	I70.341	I70.342	I70.343
I70.344	I70.345	I70.348	I70.349
I70.35	I70.361	I70.362	I70.363
I70.369	I70.421	I70.422	I70.423
I70.428	I70.429	I70.431	I70.432
I70.433	I70.434	I70.435	I70.438
I70.439	I70.441	I70.442	I70.443
I70.444	I70.445	I70.448	I70.449
I70.461	I70.462	I70.463	I70.468
I70.469	I70.521	I70.522	I70.523
I70.528	I70.529	I70.531	I70.532
I70.533	I70.534	I70.535	I70.538
I70.539	I70.541	I70.542	I70.543
I70.544	I70.545	I70.548	I70.549
I70.561	I70.562	I70.563	I70.568
I70.569	I70.621	I70.622	I70.623
I70.628	I70.629	I70.631	I70.632
I70.633	I70.634	I70.635	I70.638
I70.639	I70.641	I70.642	I70.643
I70.644	I70.645	I70.648	I70.649
I70.661	I70.662	I70.663	I70.668
I70.669	I70.721	I70.722	I70.723
I70.728	I70.729	I70.731	I70.732
I70.733	I70.734	I70.735	I70.738
I70.739	I70.741	I70.742	I70.743
I70.744	I70.745	I70.748	I70.749
I70.761	I70.762	I70.763	I70.768
I70.769	I72.3	I72.4	I72.8
I72.9	I77.2	I77.70	I77.72
I77.77	I77.79	I74.3	I74.4
I74.5	I74.8	I74.9	I75.021
I75.022	I75.023	I75.029	I75.89
T82.818A	T82.868A	S81.801A	S81.802A
S81.809A	S91.301A	S91.302A	S91.309A
M86.051	M86.052	M86.059	M86.061
M86.062	M86.069	M86.071	M86.072
M86.079	M86.08	M86.09	M86.1
M86.10	M86.151	M86.152	M86.159
M86.161	M86.162	M86.169	M86.171

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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**Cardiovascular (cont.)**

M86.172	M86.179	M86.18	M86.19
M86.20	M86.251	M86.252	M86.259
M86.261	M86.262	M86.269	M86.271
M86.272	M86.279	M86.28	M86.29
M86.30	M86.351	M86.352	M86.359
M86.361	M86.362	M86.369	M86.371
M86.372	M86.379	M86.38	M86.39
M86.40	M86.451	M86.452	M86.459
M86.461	M86.462	M86.469	M86.471
M86.472	M86.479	M86.48	M86.49
M86.50	M86.551	M86.552	M86.559
M86.561	M86.562	M86.571	M86.572
M86.579	M86.58	M86.59	M86.60
M86.651	M86.652	M86.659	M86.661
M86.662	M86.669	M86.671	M86.672
M86.679	M86.68	M86.69	M86.8X0
M86.8X5	M86.8X6	M86.8X7	M86.8X8
M86.8X9	M86.9	I96	L03.115
L03.116	Q27.30	Q27.32	Q27.39
Q27.8	Q27.9	Q87.2	S35.511A
S35.512A	T82.312A	T82.318A	T82.319A
T82.338A	T82.392A	T82.398A	T82.399A
T82.898A	I73.00	I73.01	I73.1
I73.81			

**\*\*Applies to members 18 years of age and older**

**Cerebral seizure monitoring – inpatient video electroencephalogram (EEG)**

Prior authorization required for inpatient services  
 Prior authorization is not required for outpatient hospital or ambulatory surgical center.

95700	95711	95712	95713
95714	95715	95716	95718
95720	95722	95724	95726

**Chemotherapy**

Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis

A9590	A9607	A9699	J0640
J0641	J0642	J0885	J0897
J1442	J1447	J1448	J1449
J1456	J1932	J1950	J1952
J1954	J2506	J2820	J9000
J9021	J9022	J9025	J9029
J9033	J9035	J9036	J9037
J9040	J9041	J9043	J9044
J9045	J9046	J9047	J9048
J9049	J9056	J9057	J9058
J9059	J9060	J9061	J9063
J9070	J9071	J9118	J9119
J9130	J9144	J9145	J9153
J9155	J9165	J9171	J9173
J9175	J9176	J9177	J9178
J9179	J9181	J9190	J9196

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Chemotherapy (cont.)</b>		J9198	J9201	J9202	J9203
		J9204	J9206	J9207	J9212
		J9213	J9214	J9215	J9216
		J9217	J9218	J9223	J9226
		J9227	J9228	J9229	J9246
		J9247	J9250	J9259	J9260
		J9263	J9264	J9266	J9267
		J9269	J9270	J9271	J9272
		J9273	J9274	J9280	J9281
		J9285	J9293	J9294	J9296
		J9297	J9298	J9299	J9301
		J9303	J9304	J9306	J9308
		J9309	J9311	J9312	J9313
		J9314	J9316	J9317	J9318
		J9319	J9322	J9323	J9325
		J9331	J9332	J9347	J9348
		J9349	J9350	J9352	J9353
		J9354	J9355	J9356	J9358
		J9359	J9360	J9370	J9380
		J9390	J9393	J9394	J9395
		J9400	J9600	J9999	Q2017
		Q2043	Q2049	Q2050	Q2055
		Q2056	Q5101	Q5107	Q5108
		Q5110	Q5111	Q5112	Q5113
		Q5114	Q5115	Q5116	Q5117
		Q5118	Q5119	Q5120	Q5122
		Q5123	Q5125	Q5126	Q5127
	Q5129	Q5130			
<b>Cochlear and other auditory implants</b> A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710	69714	69930	L8614
		L8619	L8690	L8691	L8692
<b>Continuous glucose monitor</b>	Prior authorization required	A4226	A4238	A4239	A9276
		A9277	A9278	E0787	E2102
		E2103			
<b>Cosmetic and reconstructive procedures</b> Cosmetic procedures that change or improve physical appearance without significantly improving	Prior authorization required	11960	14020*	14021*	14041
		14060	14061*	14301	15820
		15821	15822	15823	15830
		15847	15877	15878	15879
		17106	17107	17108	17999
		21137	21138	21139	21172

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
or restoring physiological function		21175	21179	21180	21181
		21182	21183	21184	21230
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21235	21256	21275	21280
		21282	21295	21740	21742
		21743	28344	30620	67900
		67901	67902	67903	67904
		67906	67908	67909	67911
		67912	67914	67915	67916
		67917	67921	67922	67923
		67924	67950	67961	67966
		Q2026			
		*Prior authorization not required when billed with the following diagnosis codes:			
	C43.0	C43.10	C43.111	C43.112	
	C43.121	C43.122	C43.20	C43.21	
	C43.22	C43.30	C43.31	C43.39	
	C43.4	C43.51	C43.52	C43.59	
	C43.60	C43.61	C43.62	C43.70	
	C43.71	C43.72	C43.8	C43.9	
	C44.01	C44.02	C44.09	C44.101	
	C44.1021	C44.1022	C44.1091	C44.1092	
	C44.111	C44.1121	C44.1122	C44.1191	
	C44.1192	C44.121	C44.1221	C44.1222	
	C44.1291	C44.1292	C44.131	C44.1321	
	C44.1322	C44.1391	C44.1392	C44.191	
	C44.1921	C44.1922	C44.1991	C44.1992	
	C44.201	C44.202	C44.209	C44.211	
	C44.212	C44.219	C44.221	C44.222	
	C44.229	C44.291	C44.292	C44.299	
	C44.300	C44.301	C44.309	C44.310	
	C44.311	C44.319	C44.320	C44.321	
	C44.329	C44.390	C44.391	C44.399	
	C44.40	C44.41	C44.42	C44.49	
	C44.500	C44.501	C44.509	C44.510	
	C44.511	C44.519	C44.520	C44.521	
	C44.529	C44.590	C44.591	C44.599	
	C44.601	C44.602	C44.609	C44.611	
	C44.612	C44.619	C44.621	C44.622	
	C44.629	C44.691	C44.692	C44.699	
	C44.701	C44.702	C44.709	C44.711	
	C44.712	C44.719	C44.721	C44.722	
	C44.729	C44.791	C44.792	C44.799	
	C44.80	C44.81	C44.82	C44.89	
	C44.90	C44.91	C44.92	C44.99	
	C46.0	C4A.0	C4A.10	C4A.111	
	C4A.112	C4A.121	C4A.122	C4A.20	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
<b>Cosmetic and reconstructive procedures (cont.)</b>		C4A.21	C4A.22	C4A.30	C4A.31	
		C4A.39	C4A.4	C4A.51	C4A.51	
		C4A.52	C4A.52	C4A.59	C4A.60	
		C4A.61	C4A.62	C4A.70	C4A.71	
		C4A.72	C4A.8	C4A.9	C79.2	
		D03.51	D03.52	D04.0	D04.10	
		D04.111	D04.112	D04.121	D04.122	
		D04.20	D04.21	D04.22	D04.30	
		D04.39	D04.4	D04.5	D04.60	
		D04.61	D04.62	D04.70	D04.71	
		D04.72	D04.8	D04.9		
	<b>Durable Medical Equipment (DME)</b>	Prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$500	A9279	A9280	A9900	E0194
			E0265	E0266	E0270	E0277
		E0300	E0328	E0329	E0445	
Prosthetics are not DME — see Orthotics and prosthetics.		E0457	E0460	E0465	E0466	
		E0470	E0471	E0483	E0486	
Some home health care services may qualify but are not subject to the cost threshold — see Home health care.		E0620	E0636	E0637	E0652	
		E0656	E0669	E0670	E0675	
		E0693	E0694	E0700	E0710	
		E0745	E0762	E0764	E0766	
		E0784	E0984	E0986	E1002	
		E1003	E1004	E1005	E1006	
		E1007	E1008	E1009	E1010	
		E1030	E1035	E1036	E1130	
		E1161	E1229	E1231	E1232	
		E1233	E1234	E1235	E1236	
		E1237	E1238	E1239	E1399	
		E1825	E2100	E2227	E2228	
		E2230	E2300	E2301	E2310	
		E2311	E2322	E2325	E2327	
		E2329	E2331	E2351	E2373	
		E2510	E2511	E2512	E2599	
		E2626	E2627	E2628	E2629	
		E2630	E8000	K0005	K0008	
K0013		K0108	K0812	K0830		
K0831		K0848	K0849	K0850		
K0851		K0852	K0853	K0854		
K0855		K0856	K0857	K0858		
K0859		K0860	K0861	K0862		
K0863		K0864	K0868	K0869		
K0870		K0871	K0877	K0878		
K0879	K0880	K0884	K0885			
K0886	K0890	K0891	S1040			
T1999	T5999	V2786	V5269			
V5270	V5271	V5272	V5274			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Durable Medical Equipment (DME) (cont.)</b>		V5281 V5287	V5282 V5288	V5283 V5290	V5286
<b>Durable medical equipment (DME) – incontinence supplies</b>	Incontinence supplies are a benefit only when provided through Medline®	To request incontinence supplies, please call Medline at <b>877-816-5587</b> .			
<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034 B4102 B4150 B4158 B9002	B4035 B4103 B4152 B4159 B9998	B4036 B4104 B4153 B4160	B4100 B4149 B4155 B4161
<b>Experimental and Investigational (and/or linked services)</b>	Prior authorization required	33477 65765 A4638 E1831 S2102	36514 65767 A6000 S0810 S9988	55866 66180 A9274 S1030 S9990	64722 0191T E0231 S1031 S9991
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
<b>Genetic and molecular testing to include BRCA gene testing</b>	Prior authorization required for genetic and molecular testing performed in an outpatient setting  Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test.  Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare	81162 81229 81400 81404 81408 81415 81431 81436 81443 81465 81519 81523 87505 0007M 0018U 0055U 0097U 0168U 0173U 0214U 0218U 0250U	81163 81277 81401 81405 81410 81416 81432 81437 81445 81479 81520 81546 87506 0012U 0022U 0060U 0111U 0170U 0175U 0215U 0237U 0252U	81164 81335 81402 81406 81411 81417 81433 81438 81448 81507 81521 81595 87507 0013U 0023U 0087U 0129U 0171U 0179U 0216U 0238U 0253U	81228 81349 81403 81407 81412 81420 81435 81440 81460 81518 81522 81599 0006M 0014U 0026U 0088U 0154U 0172U 0209U 0217U 0245U 0254U

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Genetic and molecular testing to include BRCA gene testing (cont.)</b>		0258U	0260U	0262U	0264U
		0265U	0266U	0267U	0268U
		0269U	0270U	0271U	0272U
		0273U	0274U	0276U	0277U
		0278U	0282U	0285U	0286U
		0287U	0288U	0289U	0290U
		0291U	0292U	0293U	0294U
		0296U	0297U	0298U	0299U
		0300U	S3870		
<b>Hearing aids and hearing aid services</b>	Prior authorization required	Submit prior authorization requests for hearing aid devices through the UnitedHealthcare Provider Portal at <a href="https://UHCprovider.com">UHCprovider.com</a> . You can also call <b>888-980-8728</b> or fax the prior authorization request to <b>800-267-8328</b> .			
		V5014	V5180	V5220	V5254
		V5255	V5256	V5257	V5258
		V5259	V5260	V5261	V5264
		V5266	V5275		
<b>Home- and Community-Based Services</b>	Prior authorization required for services including: <ul style="list-style-type: none"> <li>• Adult day health (ADH)</li> <li>• Adult day care (ADC)</li> <li>• Assisted living services</li> <li>• Attendant care services</li> <li>• Enteral nutritional</li> <li>• Environmental modifications</li> <li>• Foster home (FH)</li> <li>• Home delivered meals</li> <li>• Home health nursing services</li> <li>• Incontinence supplies</li> <li>• Moving assistance</li> <li>• Personal care services</li> <li>• Personal emergency response system (PERS)</li> </ul>	Please request prior authorization online or by phone, using the instructions at the top of page 1.			
<b>Home health care</b>	Prior authorization required only in outpatient settings, to include patient's home	G0151	G0152	G0153	G0155
		G0156	G0157	G0158	G0159
		G0160	G0161	G0299	G0300
		G0493	G0494	G0495	G0496
		S5180	S5181	S9122	S9124
		S9128	S9129	S9131	S9474
<b>Hospice</b>	Prior authorization required only in inpatient settings	T2044	T2045		
		Prior authorization not required for members residing in a skilled nursing facility			
<b>Injectable medications</b>	Prior authorization required*	<b>Actemra®</b> J3262 <b>Acthar®</b>			



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Injectable medications (cont.)	J0801				
	<b>Adakveo®</b>				
	J0791				
	<b>Aduhelm®</b>				
	J0172				
	<b>Aldurazyme®</b>				
	J1931				
	<b>Amondys 45</b>				
	J1426				
	<b>Amvuttra</b>				
	J0225				
	<b>Apretude™</b>				
	J0739				
	<b>Aralast NP®</b>				
	J0256				
	<b>Avsola™</b>				
	Q5121				
	<b>Benlysta</b>				
	J0490				
	<b>Beovu</b>				
	J0179				
	<b>Berinert®</b>				
	J0597				
	<b>Botulinum toxins</b>				
	J0585	J0586	J0587	J0588	
	<b>Brineura™</b>				
	J0567				
	<b>Briumvi</b>				
	J2329				
	<b>Byooviz</b>				
	Q5124				
	<b>Cabenuva®</b>				
	J0741				
	<b>Cerezyme®</b>				
	J1786				
	<b>Cimerli</b>				
	Q5128				
	<b>Cimzia®</b>				
J0717					
<b>Cinqair®</b>					
J2786					
<b>Cinryze®</b>					
J0598					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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**Injectable medications (cont.)**

- Cortrophin® Gel**  
J0802
- Crysvita®**  
J0584
- Cutaquig®**  
J1551
- Elaprase®**  
J1743
- Elelyso®**  
J3060
- Enjaymo®**  
J1302
- Entyvio®**  
J3380
- Erythropoiesis Stimulating Agents**  
J0885
- Evenity™**  
J3111
- Evkeeza™**  
J1305
- Exondys 51™**  
J1428
- Eylea**  
J0178
- Fabrazyme®**  
J0180
- Fasenra™**  
J0517
- Fensolvi®**  
J1951
- Feraheme®**  
Q0138
- FyInetra®**  
Q5130
- Gamifant®**  
J9210
- Givlaari®**  
J0223
- Glassia®**  
J0257
- Hemgenix®**  
J1411
- Ilaris®**

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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**Injectable medications (cont.)**

J0638				
<b>Ilumya™</b>				
J3245				
<b>Inflectra®</b>				
Q5103				
<b>Injectafer®</b>				
J1439				
<b>IVIG</b>				
90283	90284	J1459	J1554	
J1555	J1556	J1557	J1559	
J1561	J1566	J1568	J1569	
J1572	J1575	J1599		
<b>Kalbitor®</b>				
J1290				
<b>Kanuma®</b>				
J2840				
<b>Korsuva®</b>				
J0879				
<b>Krystexxa®</b>				
J2507				
<b>Lanreotide®</b>				
J1932				
<b>Lemtrada®</b>				
J0202				
<b>Leqembi®</b>				
J0174				
<b>Leqvio®</b>				
J1306				
<b>Lucentis</b>				
J2778				
<b>Lumizyme®</b>				
J0221				
<b>Luxturna™</b>				
J3398				
<b>Mepsevii®</b>				
J3397				
<b>Monoferric®</b>				
J1437				
<b>Naglazyme®</b>				
J1458				
<b>Nexviazyme®</b>				
J0219				
<b>Nplate®</b>				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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Injectable medications (cont.)	J2796	<b>Nucala®</b>
	J2182	<b>Octreotide Acetate</b>
	J2354	<b>Ocrevus™</b>
	J2350	<b>Onpattro™</b>
	J0222	<b>Orencia®</b>
	J0129	<b>Oxlumo™</b>
	J0224	<b>Panzyga®</b>
	J1576	<b>Parsabiv™</b>
	J0606	<b>Probuphine®</b>
	J0570	<b>Prolastin C®</b>
	J0256	<b>Prolia***</b>
	J0897	<b>Radicava®</b>
	J1301	<b>Reblozyl®</b>
	J0896	<b>Releuko®</b>
	Q5125	<b>Remicade®</b>
	J1745	<b>Renflexis®</b>
	Q5104	<b>Revcovi®</b>
	J3590	<b>Rolvedon™</b>
	J1449	<b>Ruconest®</b>
	J0596	<b>Ryplazim®</b>
	J2998	<b>Sandostatin LAR Depot</b>
	J2353	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
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**Injectable medications (cont.)**

<b>Saphnelo™</b>				
J0491				
<b>Scenesse®</b>				
J7352				
<b>Signifor® LAR</b>				
J2502				
<b>Simponi Aria®</b>				
J1602				
<b>Skyrizi®</b>				
J2327				
<b>Sodium Hyaluronate</b>				
J7320	J7321	J7322	J7324	
J7325	J7326	J7327	J7329	
J7331	J7332			
<b>Soliris®</b>				
J1300				
<b>Somatuline Depot</b>				
J1930				
<b>Spevigo®</b>				
J1747				
<b>Spinraza™</b>				
J2326				
<b>Spravato™</b>				
S0013				
<b>Stimufend®</b>				
Q5127				
<b>Stelara®</b>				
J3358				
<b>Sunlenca®</b>				
J1961				
<b>Susvimo</b>				
J2779				
<b>Syfovre</b>				
J2781				
<b>Synagis®</b>				
90378				
<b>Tepezza®</b>				
J3241				
<b>Tezspire®</b>				
J2356				
<b>Trelstar</b>				
J3315				
<b>Triptodur®</b>				
J3316				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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**Injectable medications (cont.)**

TzieldΣ				
J9381				
<b>Ultomiris™</b>				
J1303				
<b>Unclassified and temporary codes**</b>				
C9090				
C9151	C9149	J3490	J3590	
<b>Uplizna®</b>	C9157			
J1823				
<b>Vabysmo</b>				
J2777				
<b>Viltepso™</b>				
J1427				
<b>Vimizim®</b>				
J1322				
<b>Vyepti™</b>				
J3032				
<b>Vyondys 53®</b>				
J1429				
<b>Vyvgart™</b>				
J9332				
<b>White blood cell colony stimulating factors</b>				
J1442	J1447	J2506	Q5101	
Q5108	Q5110	Q5111	Q5120	
Q5122				
<b>Xembify®</b>				
J1558				
<b>Xenpozyme™</b>				
J0218				
<b>Xolair®</b>				
J2357				
<b>Zemaira®</b>				
J0256				

\*For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or call 888-397-8129.

\*\* For unclassified and temporary codes C9086, C9399, J3490 and J3590, prior authorization is only required for Lamzede, Elevidys,

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		<p>Elfabrio, Nulibry™, Purified Cortrophin Gel™ Qalsody, and Vyjuvek</p> <p>***For code J0897: Prior authorization required for non-oncology diagnosis.</p> <p>Please check our Review at Launch for New to Market Medications Policy for the most up-to-date information on drugs newly approved by the Food &amp; Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. The Review at Launch for New to Market Medications Policy is available at <a href="https://UHCprovider.com/policies">UHCprovider.com/policies</a> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.</p>			
<b>Inpatient services</b>	<p>Prior authorization required For emergency admissions, please notify us within 48 hours of admission.</p> <p>Routine obstetrics (OB) and deliveries require notification only. Examples of inpatient services include:</p> <ul style="list-style-type: none"> <li>• Acute inpatient rehabilitation</li> <li>• All neonatal intensive care (NICU) admissions including newborns, regardless of length of stay (LOS)</li> <li>• Elective inpatient admissions</li> <li>• OB and newborn confinements exceeding 2 days' LOS for vaginal and 4-day LOS for cesarean section</li> <li>• Skilled nursing facility (SNF), transitional and sub-acute care</li> </ul>	<p>To request prior authorization, please fax the member's registration/admission document with pertinent information, including date of service or date of admission, to UnitedHealthcare Community Plan of Hawaii at <b>800-267-8328</b>.</p>			
<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required	23470 24360 24370 27130 27138 27486 29868	23472 24361 24371 27132 27412 27487 J7330	23473 24362 27120 27134 27446 29866 S2112	23474 24363 27125 27137 27447 29867
<b>Non-emergent air ambulance transport</b>	Prior authorization required	S9960	S9961		
<b>Off island travel (including out-of-state travel)</b>	Prior authorization required	Please request prior authorization online, or by phone, using the instructions at the top of page 1.			
<b>Orthognathic surgery</b> Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121 21141 21146 21154	21123 21142 21147 21155	21125 21143 21150 21159	21127 21145 21151 21160

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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21188	21193	21194	21195
21196	21198	21199	21206
21208	21209	21210	21215
21240	21242	21244	21245
21246	21247	21248	21249
21255	21296	21299	

<b>Orthotics and prosthetics</b>	Prior authorization required for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
<b>Orthotics and prosthetics (cont.)</b>		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1820	L1832	L1834
		L1840	L1844	L1845	L1846
		L1860	L1945	L1950	L1970
		L2000	L2005	L2010	L2020
		L2030	L2034	L2036	L2037
		L2038	L2060	L2106	L2108
		L2126	L2136	L2350	L2510
		L2526	L2627	L2628	L3230
		L3265	L3649	L3671	L3674
		L3720	L3730	L3740	L3763
		L3764	L3900	L3901	L3904
		L3905	L3961	L3971	L3975
		L3976	L3977	L3999	L4000
		L4010	L4020	L4631	L5010
		L5020	L5050	L5060	L5100
		L5105	L5150	L5160	L5200
		L5210	L5220	L5230	L5250
		L5270	L5280	L5301	L5312
		L5321	L5331	L5341	L5400
		L5420	L5460	L5500	L5505
		L5510	L5520	L5530	L5535
		L5540	L5560	L5570	L5580
		L5585	L5590	L5595	L5600
		L5610	L5613	L5614	L5616
		L5639	L5640	L5642	L5643
		L5644	L5646	L5647	L5648
	L5649	L5651	L5653	L5661	
	L5673	L5682	L5683	L5700	
	L5702	L5703	L5705	L5706	
	L5716	L5718	L5722	L5724	



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Orthotics and prosthetics (cont.)</b>		L5726	L5728	L5780	L5790
		L5795	L5811	L5812	L5814
		L5816	L5818	L5822	L5824
		L5826	L5828	L5830	L5845
		L5848	L5857	L5858	L5930
		L5950	L5960	L5961	L5962
		L5964	L5966	L5968	L5973
		L5976	L5979	L5980	L5981
		L5982	L5984	L5986	L5987
		L5988	L5990	L5999	L6000
		L6010	L6020	L6050	L6055
		L6100	L6110	L6120	L6130
		L6200	L6205	L6250	L6300
		L6310	L6320	L6350	L6360
		L6370	L6380	L6382	L6384
		L6400	L6450	L6500	L6550
		L6570	L6580	L6582	L6584
		L6586	L6588	L6590	L6621
		L6623	L6624	L6646	L6648
		L6686	L6687	L6689	L6690
		L6692	L6693	L6694	L6695
		L6696	L6697	L6704	L6707
		L6708	L6709	L6711	L6712
		L6713	L6714	L6715	L6880
		L6881	L6882	L6883	L6884
		L6885	L6895	L6900	L6905
		L6910	L6915	L6920	L6925
		L6930	L6935	L6940	L6945
		L6950	L6955	L6960	L6965
		L6970	L6975	L7007	L7008
	L7009	L7040	L7045	L7170	
	L7180	L7181	L7185	L7186	
	L7190	L7191	L7405	L8040	
	L8042	L8043	L8044	L8045	
	L8046	L8047	L8499	L8609	
	L8610	L8612	L8631	L8659	
<b>Private duty nursing</b>	Prior authorization only required	T1000	T1002	T1003	
<b>Potentially unproven services</b>	Prior authorization required	33289	C2624		
<b>Prostate Procedures</b>	Prior authorization required	37243 53852	52441 55873	52442 55874	53850
<b>Proton beam therapy</b> Focused radiation therapy using beams	Prior authorization required	77520	77522	77523	77525

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
of protons, which are tiny particles with a positive charge					
<b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization only required	21685	41599	42145	
<b>Spinal surgery</b>	Prior authorization required	22100 22112 22210 22224 22513 22533 22556 22595 22630 22804 22818 22850 22861 63005 63016 63040 63047 63064 63085 63102 63185 63250 63267 63272 63302 63306	22101 22114 22212 22510 22514 22548 22558 22600 22633 22808 22819 22852 22899 63011 63017 63042 63050 63075 63087 63170 63190 63251 63268 63286 63303 63307	22102 22206 22214 22511 22515 22551 22586 22610 22800 22810 22830 22855 63001 63012 63020 63045 63055 63077 63090 63172 63191 63252 63270 63300 63304 63308	22110 22207 22220 22512 22532 22554 22590 22612 22802 22812 22849 22856 63003 63015 63030 63046 63056 63081 63101 63173 63200 63265 63271 63301 63305 0098T
<b>Stimulators</b> Implantation of a device that sends electrical impulses	Prior authorization required	<b>Bone growth stimulator</b> E0747 <b>Neurostimulator</b> 43648	E0748	E0749	E0760 61863

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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61864	61867	61868	61885
61886	63650	63655	63685
64553	64555	64568	64570
64590	L8680	L8682	L8685
L8686	L8687	L8688	

<b>Transplants</b>	Prior authorization required	For transplant and CAR T-cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi®, (Lisocabtagene), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), call the UnitedHealthcare Community and State Transplant Case Management team at <b>888-936-7246</b> or the notification number on the back of the member's health plan ID card.			
	Organ transplants are a carve-out benefit under the State of Hawaii Organ and Tissue Transplant (SHOTT) program and are not covered by the Hawaii Medicaid QUEST Integration health plan.				
	UnitedHealthcare Community Plan of Hawaii manages the referral process to SHOTT. Transplant services include:	<b>CAR-T cell therapy</b>			
	<ul style="list-style-type: none"> <li>Allogenic and autologous bone marrow transplants</li> <li>Heart</li> <li>Kidney</li> <li>Liver</li> <li>Lung</li> <li>Pancreas</li> <li>Small bowel with or without liver</li> <li>Corneal transplant and bone graft procedures are covered by the health plan.</li> </ul>	0537T	0538T	0539T	0540T
		J9999	Q2041	Q2042	Q2053
	Q2054	Q2055	Q2056		
	<b>Gene Therapy</b>				
	C9098	C9399*	J3490*	J3590*	
	* Skysona™ and Zynteglo™ will require PA through Optum Transplant				

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

<b>Vision</b>	Prior authorization required	S0500	S0580	V2200*	V2201*
	*Prior authorization is <b>not</b> required for members 40 years of age or older.	V2202*	V2203*	V2204*	V2205*
		V2206*	V2207*	V2208*	V2209
	**Prior authorization <b>is</b> required for members ages 21 and older.	V2210*	V2211*	V2212*	V2213*
		V2214*	V2215*	V2218*	V2219*
		V2220*	V2221*	V2299*	V2430
		V2500	V2501	V2502	V2503
		V2510	V2511	V2512	V2513
		V2520	V2521	V2522	V2523
		V2524	V2530	V2531	V2599
		V2624	V2625	V2626	V2627
		V2628	V2629	V2630	V2631

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		V2632	V2700	V2710	V2715
		V2730	V2744	V2745	V2750
		V2755	V2760	V2761	V2770
		V2780	V2782	V2783	V2784**
		V2799			
<b>Wound vac</b>	Prior authorization required	E2402			