

Prior Authorization Requirements for Hawaii Medicaid

Effective Jan. 1, 2022

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 app 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 app tile on your Provider Portal dashboard.
- **Phone: 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 | | | |
|---|--|---|--------|---------|---------|
| Bariatric surgery Bariatric surgery and specific obesity-related services | Prior authorization required | 43644 | 43645 | 43659 | 43770 |
| | | 43775 | 43842 | 43845 | 43846 |
| | | 43847 | 43848 | 43860 | |
| Behavioral health services | 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 via fax or Provider Express | | | |
| Bone growth stimulator Electronic stimulation or ultrasound to heal fractures | Prior authorization required | 20975 | 20979 | | |
| Breast reconstruction (non-mastectomy) Reconstruction of the breast other than following mastectomy | Prior authorization required | 19316 | 19318 | 19325 | 19328 |
| | | 19330 | 19340 | 19342 | 19350 |
| | | 19357 | 19361 | 19364 | 19367 |
| | | 19368 | 19369 | 19370 | 19371 |
| | | 19380 | 19396 | L8600 | |
| Cardiovascular | Prior authorization required | 37220 | 37221 | 37224 | 37225 |
| | | 37226 | 37227 | 37228 | 37229 |
| | | 75710* | 75716* | | |
| | | E08.51 | E08.52 | E08.59 | E08.621 |
| | | E09.51 | E09.52 | E09.59 | E09.621 |
| | E10.51 | E10.52 | E10.59 | E10.621 | |
| | E11.51 | E11.52 | E11.59 | E11.621 | |

*Prior authorization required for the following diagnosis codes:

| | | | |
|--------|--------|--------|---------|
| E08.51 | E08.52 | E08.59 | E08.621 |
| E09.51 | E09.52 | E09.59 | E09.621 |
| E10.51 | E10.52 | E10.59 | E10.621 |
| E11.51 | E11.52 | E11.59 | E11.621 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|----------------------------|------------------------|--|---------|---------|---------|
| Cardiovascular (continued) | | E13.51 | E13.52 | E13.59 | E13.621 |
| | | I70.201 | I70.202 | I70.203 | I70.208 |
| | | I70.209 | I70.211 | I70.212 | I70.213 |
| | | I70.218 | I70.219 | I70.221 | I70.222 |
| | | I70.223 | I70.228 | I70.229 | I70.231 |
| | | I70.232 | 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 | I70.291 |
| | | I70.292 | I70.293 | I70.298 | I70.299 |
| | | I70.301 | I70.302 | I70.303 | I70.308 |
| | | I70.309 | I70.311 | I70.312 | I70.313 |
| | | I70.318 | I70.319 | 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 | I70.391 | I70.392 | I70.393 |
| | | I70.399 | I70.401 | I70.402 | I70.403 |
| | | I70.408 | I70.409 | I70.411 | I70.412 |
| | | I70.413 | I70.418 | 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 | I70.491 | I70.492 |
| | | I70.493 | I70.498 | I70.499 | I70.501 |
| | | I70.502 | I70.503 | I70.508 | I70.509 |
| | | I70.511 | I70.512 | I70.513 | I70.518 |
| | | I70.519 | 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 | I70.591 | I70.592 | I70.593 |
| | | I70.598 | I70.599 | I70.601 | I70.602 |
| | | I70.603 | I70.608 | I70.609 | I70.611 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|----------------------------|------------------------|--|----------|----------|----------|
| Cardiovascular (continued) | | I70.612 | I70.613 | I70.618 | I70.619 |
| | | 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 |
| | | I70.691 | I70.692 | I70.693 | I70.698 |
| | | I70.699 | I70.701 | I70.702 | I70.703 |
| | | I70.708 | I70.709 | I70.711 | I70.712 |
| | | I70.713 | I70.718 | I70.719 | 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 | I70.791 |
| | | I70.792 | I70.793 | I70.798 | I70.799 |
| | | I70.8 | I70.90 | I70.91 | I70.92 |
| | | I72.3 | I72.4 | I72.8 | I72.9 |
| | | I73.89 | I73.9 | I74.3 | I74.4 |
| | | I74.5 | I74.8 | I74.9 | I75.021 |
| | | I75.022 | I75.023 | I75.029 | I75.89 |
| | | I77.1 | I77.2 | I77.70 | I77.72 |
| | | I77.77 | I77.79 | I96 | L03.115 |
| | | L03.116 | L97.319 | L97.329 | L97.419 |
| | | L97.429 | L97.511 | L97.512 | L97.513 |
| | | L97.519 | L97.521 | L97.522 | L97.529 |
| | | L97.819 | L97.828 | L97.829 | L97.909 |
| | | L97.919 | L97.929 | L98.491 | L98.499 |
| | | M79.604 | M79.605 | M79.606 | M79.609 |
| | | M79.651 | M79.652 | M79.659 | M79.661 |
| | | M79.662 | M79.669 | M79.671 | M79.672 |
| | | M79.673 | M79.674 | M79.675 | M79.676 |
| | | M86.661 | M86.662 | M86.669 | M86.671 |
| | | M86.672 | M86.679 | M86.8X7 | Q27.30 |
| | | Q27.32 | Q27.39 | Q27.8 | Q27.9 |
| | | Q87.2 | R93.6 | S35.511A | S35.512A |
| | | S81.801A | S81.802A | S81.809A | S91.301A |
| | | S91.302A | S91.309A | T82.312A | T82.318A |
| | | T82.319A | T82.338A | T82.392A | T82.398A |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|--|----------|----------|----------|
| Cardiovascular (continued) | | T82.399A | T82.818A | T82.856A | T82.858A |
| | | T82.868A | T82.898A | Z95.820 | Z98.62 |
| Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG) | Prior authorization required for inpatient services | 95700 | 95711 | 95712 | 95713 |
| | Prior authorization is not required for outpatient hospital or ambulatory surgical center | 95714 | 95715 | 95716 | 95718 |
| | | 95720 | 95722 | 95724 | 95726 |
| Cochlear and other auditory implants | Prior authorization required | 69710 | 69714 | 69715 | 69718 |
| A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech | | 69930 | L8614 | L8619 | L8690 |
| | | L8691 | L8692 | | |
| Continuous Glucose Monitor | Prior authorization required | A4226 | A9276 | A9277 | A9278 |
| | | E0787 | K0553 | K0554 | |
| Cosmetic and reconstructive procedures | Prior authorization required | 11960 | 11971 | 14020 | 14021 |
| Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function | | 14041 | 14060 | 14061 | 14301 |
| | | 15820 | 15821 | 15822 | 15823 |
| | | 15830 | 15847 | 15877 | 17106 |
| | | 17107 | 17108 | 17999 | 21137 |
| | | 21138 | 21139 | 21172 | 21175 |
| Reconstructive procedures that treat a medical condition or improve or restore physiologic function | | 21179 | 21180 | 21181 | 21182 |
| | | 21183 | 21184 | 21230 | 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 |
| Durable medical equipment (DME) | 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 |
| | | E0457 | E0460 | E0465 | E0466 |
| | Prosthetics are not DME – see Orthotics and prosthetics. | E0470 | E0471 | E0483 | E0486 |
| | | E0620 | E0636 | E0637 | E0652 |
| | Some home health care services may qualify but are not subject to the cost threshold – see Home health care. | E0656 | E0669 | E0670 | E0675 |
| | | E0693 | E0694 | E0700 | E0710 |
| | | E0745 | E0762 | E0764 | E0766 |
| | | E0784 | E0984 | E0986 | E1002 |
| | | E1003 | E1004 | E1005 | E1006 |
| | | E1007 | E1008 | E1009 | E1010 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|--|-------|-------|-------|
| Durable medical equipment (DME) (continued) | | 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 | |
| | V5281 | V5282 | V5283 | V5286 | |
| | V5287 | V5288 | V5290 | | |
| Durable medical equipment (DME) – incontinence supplies | Incontinence supplies are a benefit only when provided through Medline® | To request incontinence supplies, please call Medline at 877-816-5587 . | | | |
| Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube | Prior authorization required | B4034 | B4035 | B4036 | B4100 |
| | | B4102 | B4103 | B4104 | B4149 |
| | | B4150 | B4152 | B4153 | B4155 |
| | | B4158 | B4159 | B4160 | B4161 |
| | | B9002 | B9998 | | |
| Experimental and investigational (and/or linked services) | Prior authorization required | 33477 | 36514 | 55866 | 64722 |
| | | 65765 | 65767 | 66180 | 0191T |
| | | A4638 | A6000 | A9274 | E0231 |
| | | E1831 | S0810 | S1030 | S1031 |
| | | S2102 | S9988 | S9990 | S9991 |
| Femoroacetabular impingement syndrome (FAI) | Prior authorization required | 29914 | 29915 | 29916 | |
| Functional endoscopic sinus surgery (FESS) | Prior authorization required | 31240 | 31253 | 31254 | 31255 |
| | | 31256 | 31257 | 31259 | 31267 |
| | | 31276 | 31287 | 31288 | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|--|-------|-------|-------|
| Genetic and molecular testing to include BRCA | Prior authorization required for genetic and molecular testing performed in an outpatient setting | 81105 | 81106 | 81107 | 81108 |
| | | 81109 | 81110 | 81111 | 81120 |
| | | 81121 | 81161 | 81162 | 81163 |
| | Care providers requesting laboratory testing will be required to complete the prior | 81164 | 81165 | 81166 | 81167 |
| | | 81170 | 81171 | 81172 | 81173 |
| | | 81174 | 81175 | 81176 | 81177 |
| | | 81178 | 81179 | 81180 | 81181 |
| | authorization/notification process, which includes indicating the laboratory and test name. Payment will be | 81182 | 81183 | 81184 | 81185 |
| | | 81186 | 81187 | 81188 | 81189 |
| | | 81190 | 81200 | 81201 | 81203 |
| | | 81204 | 81205 | 81209 | 81212 |
| | | 81216 | 81218 | 81220 | 81222 |
| | Genetic and Molecular Testing Prior Authorization/Notification Program for each specified | 81223 | 81224 | 81225 | 81226 |
| | | 81228 | 81229 | 81230 | 81231 |
| | | 81232 | 81233 | 81234 | 81236 |
| | | 81237 | 81238 | 81239 | 81240 |
| | Notification/prior authorization required for BRCA testing before DNA | 81241 | 81242 | 81243 | 81244 |
| | | 81245 | 81247 | 81248 | 81249 |
| | | 81250 | 81251 | 81252 | 81253 |
| | | 81254 | 81255 | 81256 | 81257 |
| | | 81258 | 81259 | 81260 | 81261 |
| | The ordering care provider must notify the laboratory | 81262 | 81263 | 81264 | 81265 |
| | | 81266 | 81267 | 81268 | 81269 |
| | | 81271 | 81272 | 81273 | 81274 |
| | | 81276 | 81283 | 81284 | 81285 |
| | | 81286 | 81287 | 81289 | 81290 |
| | | 81291 | 81292 | 81294 | 81295 |
| | | 81297 | 81298 | 81300 | 81302 |
| | | 81303 | 81304 | 81305 | 81306 |
| | | 81307 | 81309 | 81310 | 81312 |
| | | 81314 | 81315 | 81316 | 81317 |
| | | 81318 | 81319 | 81320 | 81321 |
| | | 81322 | 81323 | 81324 | 81325 |
| | | 81326 | 81328 | 81329 | 81330 |
| | | 81331 | 81332 | 81333 | 81334 |
| | | 81335 | 81336 | 81337 | 81340 |
| | | 81341 | 81342 | 81343 | 81344 |
| | | 81345 | 81346 | 81350 | 81355 |
| | | 81361 | 81362 | 81363 | 81364 |
| | | 81370 | 81371 | 81372 | 81373 |
| | 81375 | 81376 | 81377 | 81378 | |
| | 81379 | 81380 | 81381 | 81382 | |
| | 81383 | 81400 | 81401 | 81402 | |
| | 81403 | 81404 | 81405 | 81406 | |
| | 81407 | 81408 | 81410 | 81411 | |
| | 81412 | 81415 | 81416 | 81417 | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|---|-------|-------|-------|
| Genetic and molecular testing to include BRCA (continued) | | 81420 | 81430 | 81431 | 81432 |
| | | 81433 | 81434 | 81437 | 81438 |
| | | 81440 | 81442 | 81448 | 81479 |
| | | 81507 | 81518 | 81520 | 81521 |
| | | 81522 | 81546 | 81595 | 87481 |
| | | 87482 | 87510 | 87511 | 87512 |
| | | 87623 | 87797 | 87798 | 87799 |
| | | 87800 | 87801 | 0001U | 0004M |
| | | 0006M | 0007M | 0012U | 0013U |
| | | 0014U | 0016U | 0017U | 0018U |
| | | 0022U | 0023U | 0026U | 0027U |
| | | 0030U | 0031U | 0032U | 0033U |
| | | 0034U | 0040U | 0046U | 0049U |
| | | 0055U | 0060U | 0068U | 0070U |
| | | 0071U | 0072U | 0073U | 0074U |
| | | 0075U | 0076U | 0084U | 0087U |
| | | 0088U | 0097U | 0111U | 0129U |
| | 0136U | 0137U | 0154U | 0155U | |
| | 0157U | 0158U | 0159U | 0160U | |
| | 0161U | | | | |
| Hearing aids and hearing aid services | Prior authorization required | Submit prior authorization requests for hearing aid devices through: UHCprovider.com/UnitedHealthcare Provider Portal. You can also call 1-888-980-8728 or fax the prior authorization request to 1-800-267-8328 | | | |
| | | V5014 | V5180 | V5220 | V5254 |
| | | V5255 | V5256 | V5257 | V5258 |
| | | V5259 | V5260 | V5261 | V5264 |
| | | V5266 | V5275 | | |
| Home- and community-based services | Prior authorization required for services including: <ul style="list-style-type: none"> • Adult day health (ADH) • Adult day care (ADC) • Assisted living services • Attendant care services • Enteral nutritional modifications • Environmental • Foster home (FH) • Home delivered meals • Home health nursing services • Incontinence supplies • Moving assistance • Personal care services • Personal emergency response system (PERS) | Please request prior authorization online, or by phone, using the instructions at the top of page 1. | | | |
| Home health care | Prior authorization required only in outpatient settings, to include patient's home | G0151 | G0152 | G0153 | G0155 |
| | | G0156 | G0157 | G0158 | G0159 |
| | | G0160 | G0161 | G0299 | G0300 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|------------------------------------|------------------------|--|-------|-------|--|
| Injectable medications (continued) | J3111 | | | | |
| | Evkeeza™ | | | | |
| | J1305 | | | | |
| | Exondys 51™ | | | | |
| | J1428 | | | | |
| | Fasenra™ | | | | |
| | J0517 | | | | |
| | Fensolvi® | | | | |
| | J1951 | | | | |
| | Feraheme® | | | | |
| | Q0138 | | | | |
| | Gamifant® | | | | |
| | J9210 | | | | |
| | Givlaari® | | | | |
| | J0223 | | | | |
| | Ilaris® | | | | |
| | J0638 | | | | |
| | Ilumya™ | | | | |
| | J3245 | | | | |
| | Inflectra® | | | | |
| | Q5103 | | | | |
| | Injectafer® | | | | |
| | J1439 | | | | |
| | IVIG | | | | |
| | 90283 | 90284 | J1459 | J1554 | |
| | J1555 | J1556 | J1557 | J1559 | |
| | J1561 | J1566 | J1568 | J1569 | |
| | J1572 | J1575 | J1599 | | |
| | Kalbitor® | | | | |
| | J1290 | | | | |
| Krystexxa® | | | | | |
| J2507 | | | | | |
| Lemtrada® | | | | | |
| J0202 | | | | | |
| Luxturna™ | | | | | |
| J3398 | | | | | |
| Monoferic® | | | | | |
| J1437 | | | | | |
| Nplate® | | | | | |
| J2796 | | | | | |
| Nucala® | | | | | |
| J2182 | | | | | |
| Ocrevus™ | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|------------------------------------|---------------------------|--|-------|-------|--|
| Injectable medications (continued) | J2350 | | | | |
| | Onpattro™ | | | | |
| | J0222 | | | | |
| | Orencia® | | | | |
| | J0129 | | | | |
| | Oxlumo™ | | | | |
| | J0224 | | | | |
| | Parsabiv™ | | | | |
| | J0606 | | | | |
| | Probuphine® | | | | |
| | J0570 | | | | |
| | Radicava® | | | | |
| | J1301 | | | | |
| | Reblozyl® | | | | |
| | J0896 | | | | |
| | Remicade® | | | | |
| | J1745 | | | | |
| | Renflexis® | | | | |
| | Q5104 | | | | |
| | Ruconest® | | | | |
| | J0596 | | | | |
| | Scenesse® | | | | |
| | J7352 | | | | |
| | Signifor® LAR | | | | |
| | J2502 | | | | |
| | Simponi Aria® | | | | |
| | J1602 | | | | |
| | Sodium Hyaluronate | | | | |
| | J7320 | J7321 | J7322 | J7324 | |
| | J7325 | J7326 | J7327 | J7329 | |
| | J7331 | J7332 | | | |
| | Soliris® | | | | |
| | J1300 | | | | |
| | Spinraza™ | | | | |
| | J2326 | | | | |
| Spravato™ | | | | | |
| S0013 | | | | | |
| Stelara® | | | | | |
| J3358 | | | | | |
| Sublocade™ | | | | | |
| Q9991 | | Q9992 | | | |
| Synagis®* | | | | | |
| 90378 | | | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|------------------------------------|--|---|--|--|--|
| Injectable medications (continued) | <p>Tepezza® J3241 Triptodur® J3316</p> <p>Ultomiris™ J1303</p> <p>Unclassified and temporary codes** C9086 C9399 J3490 J3590</p> <p>Uplizna® J1823</p> <p>Viltepso™ J1427</p> <p>Vyepti™ J3032</p> <p>Vyondys 53® J1429</p> <p>White blood cell colony stimulating factors J1442 J1447 J2506 Q5101 Q5108 Q5110 Q5111 Q5122</p> <p>Xembify® J1558</p> <p>Xolair®* J2357</p> <p>Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i>. Pre-determination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.</p> <p>*Please obtain prior notification for Cimzia, Synagis® and Xolair® through OptumRx prior notifications services at 800-310-6826.</p> <p>** For unclassified and temporary codes C9086, C9399, J3490 and J3590, prior authorization is only required for Cutaquig®, Lupaneta Pack™, Nulibry™, Ryplazm®, and Saphnelo™</p> <p>*** For code J0885 prior authorization is required for both oncology and non-oncology DX. Prior authorization is not required for ESRD diagnosis</p> | | | | |
| Inpatient services | <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.</p> <p>Examples of inpatient services include:</p> | <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 800-267-8328.</p> | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|---|-------|-------|-------|
| Inpatient services (continued) | <ul style="list-style-type: none"> Acute inpatient rehabilitation All neonatal intensive care (NICU) admissions including newborns, regardless of length of stay (LOS) Elective inpatient admissions OB and newborn confinements exceeding two days' LOS for vaginal and four-day LOS for Cesarean section Skilled nursing facility (SNF), transitional and sub-acute care | | | | |
| Joint replacement Joint, total hip and knee replacement procedures | Prior authorization required | 23470 | 23472 | 23473 | 23474 |
| | | 24360 | 24361 | 24362 | 24363 |
| | | 24370 | 24371 | 27120 | 27122 |
| | | 27125 | 27130 | 27132 | 27134 |
| | | 27137 | 27138 | 27412 | 27446 |
| | | 27447 | 27486 | 27487 | 29866 |
| | | 29867 | 29868 | J7330 | S2112 |
| Non-emergent air ambulance transport | Prior authorization required | S9960 | S9961 | | |
| Off island travel (including out-of-state travel) | Prior authorization required for travel to another island or out of state for covered services | Please request prior authorization online, or by phone, using the instructions at the top of Page 1 | | | |
| Orthognathic surgery Treatment of maxillofacial/jaw functional impairment | Prior authorization required | 21121 | 21123 | 21125 | 21127 |
| | | 21141 | 21142 | 21143 | 21145 |
| | | 21146 | 21147 | 21150 | 21151 |
| | | 21154 | 21155 | 21159 | 21160 |
| | | 21188 | 21193 | 21194 | 21195 |
| | | 21196 | 21198 | 21199 | 21206 |
| | | 21208 | 21209 | 21210 | 21215 |
| | | 21240 | 21242 | 21244 | 21245 |
| | | 21246 | 21247 | 21248 | 21249 |
| | | 21255 | 21296 | 21299 | |
| Orthotics and prosthetics | 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 |
| | | L0810 | L0820 | L0830 | L0859 |
| | | L1000 | L1005 | L1200 | L1300 |
| | | L1310 | L1499 | L1680 | L1685 |
| | | L1700 | L1710 | L1720 | L1730 |
| | | L1755 | L1820 | L1832 | L1834 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---------------------------------------|------------------------|--|-------|-------|-------|
| Orthotics and prosthetics (continued) | | 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 |
| | | 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 | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|------------------------------|---|---|---|---|
| Orthotics and prosthetics (continued) | | 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 | |
| Private duty nursing | Prior authorization required | T1000 | T1002 | T1003 | |
| Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge | Prior authorization required | 77520 | 77522 | 77523 | 77525 |
| Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation | Prior authorization required | 30400 30435 30465 | 30410 30450 | 30420 30460 | 30430 30462 |
| Sinuplasty | Prior authorization required | 31295 | 31296 | 31297 | 31298 |
| Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea | Prior authorization required | 21685 | 41599 | 42145 | |
| Spinal surgery | Prior authorization required | 22100 22112 22210 22224 22551 22586 22610 22800 22810 | 22101 22114 22212 22532 22554 22590 22612 22802 22812 | 22102 22206 22214 22533 22556 22595 22630 22804 22818 | 22110 22207 22220 22548 22558 22600 22633 22808 22819 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|----------------------------|------------------------|--|-------|-------|-------|
| Spinal surgery (continued) | | 22830 | 22849 | 22850 | 22852 |
| | | 22855 | 22856 | 22861 | 22864 |
| | | 22865 | 22899 | 63001 | 63003 |
| | | 63005 | 63011 | 63012 | 63015 |
| | | 63016 | 63017 | 63020 | 63030 |
| | | 63040 | 63042 | 63045 | 63046 |
| | | 63047 | 63050 | 63055 | 63056 |
| | | 63064 | 63075 | 63077 | 63081 |
| | | 63085 | 63087 | 63090 | 63101 |
| | | 63102 | 63170 | 63172 | 63173 |
| | | 63185 | 63190 | 63191 | 63200 |
| | | 63250 | 63251 | 63252 | 63265 |
| | | 63267 | 63268 | 63270 | 63271 |
| | | 63272 | 63286 | 63300 | 63301 |
| | | 63302 | 63303 | 63304 | 63305 |
| | | 63306 | 63307 | 63308 | 0095T |
| | 0098T | 0164T | | | |

| | | | | | |
|---|------------------------------|-------------------------------|-------|-------|-------|
| Stimulators Implantation of a device that sends electrical impulses | Prior authorization required | Bone growth stimulator | | | |
| | | E0747 | E0748 | E0749 | E0760 |
| | | Neurostimulator | | | |
| | | 43648 | 43881 | 43882 | 61863 |
| | | 61864 | 61867 | 61868 | 61885 |
| | | 61886 | 63650 | 63655 | 63685 |
| | | 64553 | 64555 | 64568 | 64570 |
| | | 64590 | 0312T | 0313T | 0314T |
| | | 0315T | 0316T | 0317T | L8680 |
| | | L8682 | L8685 | L8686 | L8687 |
| | | L8688 | | | |

| | | | | | |
|--------------------|--|--|-------|-------|-------|
| Transplants | Prior authorization required 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: • Allogenic and autologous bone marrow transplants • Heart • Kidney | For transplant and CAR T-cell therapy services including Abecma® (Idecaptogene Cicleucel), Breyanzi® (Lisocabtagene), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), call the UnitedHealthcare Community and State Transplant Case Management team at 888-936-7246 or the notification number on the back of the member's health plan ID card. | | | |
| | | CAR-T cell therapy | | | |
| | | 0537T | 0538T | 0539T | 0540T |
| | | Q2041 | Q2042 | Q2053 | Q2054 |
| | | Q2055 | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|--|---------|--------|--------|
| Transplants (continued) | <ul style="list-style-type: none"> Liver Lung Pancreas Small bowel with or without liver Corneal transplant and bone graft procedures are covered by the health plan. | | | | |
| Vein procedures | Prior authorization required | | | | |
| Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities | | 36468 | 36473 | 36475 | 36478 |
| | | 37700 | 37718 | 37722 | 37765 |
| | | 37766 | 37780 | | |
| Vision | Prior authorization required | | | | |
| | *Prior authorization is not required for members 40 years of age or older. | S0580 | V2200* | V2201* | V2202* |
| | | V2203* | V2204* | V2205* | V2206* |
| | **Prior authorization is required for members 21 years of age and older. | V2207* | V2208* | V2209 | V2210* |
| | | V2211* | V2212* | V2213* | V2214* |
| | | V2215* | V2218* | V2219* | V2220* |
| | | V2221* | V2299* | V2430 | V2502 |
| | | V2512 | V2522 | V2624 | V2625 |
| | | V2626 | V2627 | V2628 | V2629 |
| | | V2630 | V2631 | V2632 | V2700 |
| | | V2710 | V2715 | V2730 | V2744 |
| | | V2745 | V2750 | V2755 | V2760 |
| | | V2761 | V2770 | V2780 | V2782 |
| | | V2783 | V2784** | V2799 | |
| Wound vac | Prior authorization required | E2402 | | | |