

Prior authorization requirements for UnitedHealthcare Community Plan of Hawaii

Effective January 1, 2026

General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Hawaii health care professionals providing inpatient and outpatient services.

Please submit your request in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to **UHCprovider.com** and click Sign In in the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit **UHCprovider.com/access**.
- **Phone:** Call **888-702-2202**
- **Fax:** 866-968-7582. The fax form is available at **Prior Authorization Forms**.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Bariatric surgery	Prior authorization required	43644	43645	43659	43770
Bariatric surgery and specific obesity-related services		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 by 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, 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
Cardiovascular	Prior authorization required	93580**			
		*Prior authorization not required for the following diagnosis codes:			
		E08.52	E09.52	E10.52	E11.52
		E13.52	170.221	170.222	170.223
		170.228	170.229	170.231	170.232

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		170.233	170.234	170.235	170.238
		170.239	170.241	170.242	170.243
		170.244	170.245	170.248	170.249
		170.25	170.261	170.262	170.263
		170.268	170.269	170.321	170.322
		170.323	170.329	170.331	170.332
		170.333	170.334	170.335	170.338
		170.339	170.341	170.342	170.343
		170.344	170.345	170.348	170.349
		170.35	170.361	170.362	170.363
		170.369	170.421	170.422	170.423
		170.428	170.429	170.431	170.432
		170.433	170.434	170.435	170.438
		170.439	170.441	170.442	170.443
		170.444	170.445	170.448	170.449
		170.461	170.462	170.463	170.468
		170.469	170.521	170.522	170.523
		170.528	170.529	170.531	170.532
		170.533	170.534	170.535	170.538
		170.539	170.541	170.542	170.543
		170.544	170.545	170.548	170.549
		170.561	170.562	170.563	170.568
		170.569	170.621	170.622	170.623
		170.628	170.629	170.631	170.632
		170.633	170.634	170.635	170.638
		170.639	170.641	170.642	170.643
		170.644	170.645	170.648	170.649
		170.661	170.662	170.663	170.668
		170.669	170.721	170.722	170.723
		170.728	170.729	170.731	170.732
		170.733	170.734	170.735	170.738
		170.739	170.741	170.742	170.743
		170.744	170.745	170.748	170.749
		170.761	170.762	170.763	170.768
		170.769	172.3	172.4	172.8
		172.9	177.2	177.70	177.72
		177.77	177.79	174.3	174.4
		174.5	174.8	174.9	175.021
		175.022	175.023	175.029	175.89
		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
		M86.172	M86.179	M86.18	M86.19

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Cardiovascular (cont.)		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	95700	95711	95712	95713
		95714	95715	95716	95718
	Prior authorization is not required for outpatient hospital or ambulatory surgical center.	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	A9615	A9699
		J0641	J0642	J0897	J1299
		J1323	J1326	J1447	J1448
		J1449	J1932	J1950	J1952
		J2277	J2506	J2820	J3055
		J3263	J9000	J9022	J9024
		J9025	J9026	J9028	J9029
		J9035	J9036	J9038	J9043
		J9045	J9046	J9048	J9049
		J9051	J9054	J9056	J9057
		J9060	J9061	J9063	J9071
		J9072	J9073	J9075	J9076
		J9118	J9119	J9144	J9145
		J9153	J9155	J9161	J9165
		J9171	J9172	J9174	J9175

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Chemotherapy (cont.)		J9176	J9177	J9179	J9181
		J9190	J9198	J9201	J9202
		J9204	J9206	J9207	J9213
		J9214	J9215	J9217	J9218
		J9223	J9226	J9227	J9228
		J9229	J9248	J9249	J9260
		J9263	J9266	J9267	J9269
		J9271	J9272	J9273	J9275
		J9276	J9280	J9281	J9285
		J9289	J9292	J9293	J9294
		J9296	J9298	J9299	J9301
		J9304	J9306	J9308	J9311
		J9312	J9313	J9316	J9317
		J9318	J9321	J9322	J9323
		J9325	J9329	J9331	J9332
		J9334	J9341	J9342	J9345
		J9347	J9349	J9350	J9352
		J9354	J9355	J9356	J9359
		J9360	J9361	J9376	J9380
		J9382	J9390	J9394	J9395
		J9400	J9999	Q2017	Q2043
		Q2050	Q2055	Q2056	Q2057
		Q2058	Q5107	Q5108	Q5110
		Q5112	Q5113	Q5114	Q5115
		Q5116	Q5117	Q5118	Q5119
		Q5120	Q5122	Q5123	Q5126
		Q5127	Q5129	Q5146	Q5147
	Q5149	Q5150	Q5151	Q5152	
Cochlear and other auditory implants	Prior authorization required	69710 L8619	69714 L8690	69930 L8691	L8614 L8692
A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech					
Continuous glucose monitor	Prior authorization required	A4226 A9278	A4239 E0787	A9276 E2102	A9277 E2103
Cosmetic and reconstructive procedures	Prior authorization required	11960 14060 15821 15847 17106 21137 21175	14020* 14061* 15822 15877 17107 21138 21179	14021* 14301 15823 15878 17108 21139 21180	14041 15820 15830 15879 17999 21172 21181
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		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			
	*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	
	C4A.21	C4A.22	C4A.30	C4A.31	
	C4A.39	C4A.4	C4A.51	C4A.51	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cosmetic and reconstructive procedures (cont.)		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	
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
		E0470	E0471	E0483	E0486
		E0620	E0636	E0637	E0652
		E0656	E0669	E0670	E0675
		E0693	E0694	E0700	E0710
		E0745	E0762	E0764	E0766
		E0784	E0984	E0986	E1002
	Prosthetics are not DME — see Orthotics and prosthetics.	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	E2298	E2301	E2310
		E2311	E2322	E2325	E2327
		E2329	E2331	E2351	E2373
	Some home health care services may qualify but are not subject to the cost threshold — see Home health care.	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			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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 B4102 B4150 B4158 B9002	B4035 B4103 B4152 B4159 B9998	B4036 B4104 B4153 B4160	B4100 B4149 B4155 B4161
Experimental and Investigational (and/or linked services)	Prior authorization required	33477 65767 A9274 S1030 S9990	36514 66180 E0231 S1031 S9991	64722 A4638 E1831 S2102	65765 A6000 S0810 S9988
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
Genetic and molecular testing to include BRCA gene testing	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.	81162 81229 81401 81405 81410 81416 81435 81445 81479 81521 81595 87507 0022U 0047U 0060U 0101U 0114U 0170U 0209U 0214U 0218U 0239U 0252U 0260U 0266U	81163 81277 81402 81406 81411 81417 81437 81448 81518 81522 81599 0006M 0023U 0048U 0087U 0102U 0118U 0171U 0211U 0215U 0233U 0242U 0253U 0262U 0267U	81164 81349 81403 81407 81412 81431 81440 81460 81519 81523 87505 0007M 0026U 0050U 0088U 0103U 0129U 0172U 0212U 0216U 0237U 0245U 0254U 0264U 0268U	81228 81400 81404 81408 81415 81432 81443 81465 81520 81546 87506 0018U 0037U 0055U 0094U 0111U 0154U 0179U 0213U 0217U 0238U 0250U 0258U 0265U 0269U

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Genetic and molecular testing to include BRCA gene testing (cont.)	The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare	0270U	0271U	0272U	0273U
		0274U	0276U	0277U	0278U
		0282U	0285U	0286U	0287U
		0288U	0289U	0290U	0291U
		0292U	0293U	0294U	0296U
		0297U	0298U	0299U	0300U
		0306U	0307U	0318U	0319U
		0320U	0326U	0334U	0355U
		0364U	0378U	0379U	0388U
		0389U	0391U	0395U	0398U
		0409U	0417U	0425U	0426U
		0437U	0444U	0449U	0465U
		0471U	0473U	0474U	0475U
		81425	81426	81427	81439
		81441	81449	81450	81451
		81455	81457	81458	81459
		81462	81463	81464	81471
81541	81542	81552	S3854		
S3865	S3870				
Hearing aids and hearing aid services	Prior authorization required	Submit prior authorization requests for hearing aid devices through the UnitedHealthcare Provider Portal at UHCprovider.com . You can also call 888-980-8728 or fax the prior authorization request to 800-267-8328 .			
		V5014	V5256	V5257	V5254
		V5255	V5260	V5261	V5258
		V5259	V5275	V5264	V5266
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 • Environmental modifications • 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	G0151	G0152	G0153	G0155

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Home health care (cont.)	required only in outpatient settings, to include patient's home	G0156	G0157	G0158	G0159
		G0160	G0161	G0299	G0300
		G0493	G0494	G0495	G0496
		S5180	S5181	S9122	S9124
		S9128	S9129	S9131	S9474
Hospice	Prior authorization required only in inpatient settings	T2044	T2045		
	Prior authorization not required for members residing in a skilled nursing facility				
Injectable medications	Prior authorization required*	Actemra®			
		J3262			
		Acthar®			
		J0801			
		Adakveo®			
		J0791			
		Adzynma			
		J7171			
		Aldurazyme®			
		J1931			
		Alhemo			
		J7173			
		Amondys 45			
		J1426			
		Amvuttra			
		J0225			
		Aralast NP®			
		J0256			
		Avsola™			
Q5121					
Avtozma					
Q5156					
Azmiro					
J1072					
Benlysta					
J0490					
Beovu					
J0179					
Bequez™					
J1414					
Berinert®					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
Injectable medications (cont.)		J0597		
		Bkemv		
		Q5152		
		Botulinum toxins		
		J0585	J0586	J0587
		Brineura™		J0588
		J0567		
		Briumvi		
		J2329		
		Byooviz		
		Q5124		
		Cerezyme®		
		J1786		
		Cimerli		
		Q5128		
		Cimzia®		
		J0717		
		Cinqair®		
		J2786		
		Cinryze®		
		J0598		
		Conexence		
		Q5158		
		Cortrophin® Gel		
		J0802		
		Cosentyx iV		
		J3247		
		Crysvita®		
		J0584		
		Cutaquig®		
	J1551			
	Daxxify			
	J0589			
	Elaprase®			
	J1743			
	Elelyso®			
	J3060			
	Elevidys			
	J1413			
	Elfabrio			
	J2508			
	Encelto			
	J3403			
	Enjaymo®			

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

J1302
Entyvio®
J3380
Epysqli
Q5151
Erythropoiesis Stimulating Agents
J0885
Evenity™
J3111
Evkeeza™
J1305
Exondys 51™
J1428
Eylea
J0178
Eylea HD
J0177
Fabrazyme®
J0180
Fasenra™
J0517
Fensolvi®
J1951
Feraheme®
Q0138
Fynetra®
Q5130
Gamifant®
J9210
Givlaari®
J0223
Glassia®
J0257
Hemgenix®
J1411
Hemlibra
J7170
Hypavzi
J7172
Ilaris®
J0638
Ilumya™
J3245
Imuldosa IV

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	Q5098				
	Inflectra®				
	Q5103				
	Injectafer®				
	J1439				
	IVIG				
	90283		90284	J1459	J1552
	J1554		J1555	J1556	J1557
	J1559		J1561	J1566	J1568
	J1569		J1572	J1575	J1599
	Izervay				
	J2782				
	Jubbonti-Wyost				
	Q5136				
	Kalbitor®				
	J1290				
	Kanuma®				
	J2840				
	Kisunla				
	J0175				
	Korsuva®				
	J0879				
	Krystexxa®				
	J2507				
	Lamzed				
	J0217				
	Lanreotide®				
	J1932				
	Lemtrada®				
	J0202				
Leqembi®					
J0174					
Leqvio®					
J1306					
Lucentis					
J2778					
Lumizyme®					
J0221					
Lutrate Depot					
J1954					
Luxturna™					
J3398					
Mepsevii®					
J3397					

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

Monoferric®
J1437

Naglazyme®
J1458

Nexviazyme®
J0219

Niktimvo
J9038

Nplate®
J2802

Nucala®
J2182

Nulibry
J1809

Nypozi
Q5148

Octreotide Acetate
J2354

Ocrevus™
J2350

Ocrevus Zunovo
J2351

Omvoh IV
J2267

Onpattro™
J0222

Orencia®
J0129

Otufi IV
Q9999

Oxlumo™
J0224

Panzyga®
J1576

Parsabiv™
J0606

Pavblu
Q5147

PiaSky
J1307

Pombiliti
J1203

Prolastin C®
J0256

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

Prolia
J0897

Pzychiva IV
Q9997

Qalsody
J1304

Qfitlia
J7174

Radicava®
J1301

Reblozyl®
J0896

Releuko®
Q5125

Remicade®
J1745

Renflexis®
Q5104

Revcovi®
J3590

Roctavian
J1412

Rolvedon™
J1449

Ruconest®
J0596

Ryplazim®
J2998

Rystiggo
J9333

Sandostatin LAR Depot
J2353

Saphnelo™
J0491

Scenesse®
J7352

Selarsdi
Q9998

Signifor® LAR
J2502

Simponi Aria®
J1602

Skyrizi®
J2327

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	Sodium Hyaluronate	J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332		
	Soliris®	J1299			
	Somatuline Depot	J1930			
	Spevigo®	J1747			
	Spinraza™	J2326			
	Stimufend®	Q5127			
	Stelara®	J3358			
	Steqeyma IV	Q5099			
	Stoboclo	Q5157			
	Susvimo	J2779			
	Syfovre	J2781			
	Synagis®	90378			
	Tepezza®	J3241			
	Tezspire®	J2356			
	Tofidence	Q5133			
	Trelstar	J3315			
	Tremfya IV	J1628			
	Triptodur®	J3316			
	Tyenne	Q5135			
	Tziel™	J9381			
	Ultomiris™	J1303			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Injectable medications (cont.)		Unclassified and temporary codes**			
		C9399	J3490	J3590	
		Uplizna®			
		J1823			
		Vabysmo			
		J2777			
		Veopoz			
		J9376			
		Viltepso™			
		J1427			
		Vimizim®			
		J1322			
		Vyepti™			
		J3032			
		Vyjuvek			
		J3401			
		Vyondys 53®			
		J1429			
		Vyvgart™			
		J9332			
		Vyvgart Hytrulo			
		J9334			
		Wezlana IV			
		Q5138			
		White blood cell colony stimulating factors			
		J1442	J1447	J2506	Q5101
		Q5108	Q5110	Q5111	Q5120
		Q5122			
	Xembify®				
	J1558				
	Xenpozyme™				
	J0218				
	Xolair®				
	J2357				
	Yesintek IV				
	Q5100				
	Zemaira®				
	J0256				

*For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Injectable medications (cont.)		<p>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.</p> <p>** For unclassified and temporary codes C9399, J3490 and J3590, prior authorization is only required for Kebilidi, Nulibry™, Rivfloza and Starjemza.</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 & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list.</p>			
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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. Examples of inpatient services include:</p> <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 2 days' LOS for vaginal and 4-day LOS for cesarean section • Skilled nursing facility (SNF), transitional and sub-acute care 	<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>			
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Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		29868	J7330	S2112	
Non-emergent air ambulance transport	Prior authorization required	S9960	S9961		
Off island travel (including out-of-state travel)	Prior authorization required	Please request prior authorization online, or by phone, using the instructions at the top of page 1.			
Orthognathic surgery	Prior authorization required	21121	21123	21125	21127
Treatment of maxillofacial/jaw functional impairment		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
		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

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		L8610	L8612	L8631	L8659
Private duty nursing	Prior authorization only required	T1000	T1002	T1003	
Potentially unproven services	Prior authorization required	33289	C2624		
Prostate Procedures	Prior authorization required	37243 53852	52441 55873	52442 55874	53850
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 only required	21685	41599	42145	
Spinal surgery	Prior authorization required	22100 22112 22210 22224 22513 22533 22556 22595 22630 22804 22818 22850 22861 63005 63016 63040 63047 63064 63085	22101 22114 22212 22510 22514 22548 22558 22600 22633 22808 22819 22852 22899 63011 63017 63042 63050 63075 63087	22102 22206 22214 22511 22515 22551 22586 22610 22800 22810 22830 22855 63001 63012 63020 63045 63055 63077 63090	22110 22207 22220 22512 22532 22554 22590 22612 22802 22812 22849 22856 63003 63015 63030 63046 63056 63081 63101

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Spinal surgery (cont.)		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	0098T

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	L8680	L8682	L8685
		L8686	L8687	L8688	

Transplants	<p>Prior authorization required</p> <p>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.</p> <p>UnitedHealthcare Community Plan of Hawaii manages the referral process to SHOTT. Transplant services include:</p> <ul style="list-style-type: none"> • Allogenic and autologous bone marrow transplants • Heart • Kidney • Liver • Lung • Pancreas • Small bowel with or without liver • Corneal transplant and 	<p>For transplant and CAR T-cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi®, (Lisocabtagene), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel), Tecelra (afamitresgene autoleucel) and Yescarta™ (axicabtagene ciloleucel) and Zevaskyn™ (prademagene zamikeracel) 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.</p> <p>CAR-T cell therapy</p>			
		J3391	J9999	Q2041	Q2042
		Q2053	Q2054	Q2055	Q2056
		Q2057	Q2058		
		Gene Therapy			
		C9098	C9399*	J3392	J3393
		J3394	J3402	J3490*	J3590*
		* Amtagvi, Skysona™, Lantidra and Lenmeldy will require PA through Optum Transplant			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	bone graft procedures are covered by the health plan.				
Vein procedures	Prior authorization required	36473	36475	36478	37700
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37718	37722	37765	37766
		37780			
Vision	Prior authorization required	S0500	S0580	V2200*	V2201*
		V2202*	V2203*	V2204*	V2205*
		V2206*	V2207*	V2208*	V2209
	Prior authorization is not required for members 40 years of age or older.	V2210	V2211*	V2212*	V2213*
		V2214*	V2215*	V2218*	V2219*
		V2220*	V2221*	V2299*	V2430
	**Prior authorization is required for members ages 21 and older.	V2500	V2501	V2502	V2503
		V2510	V2511	V2512	V2513
		V2520	V2521	V2522	V2523
		V2524	V2530	V2531	V2599
		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			