

Prior Authorization Requirements for Hawaii Medicaid Effective Oct. 1, 2020

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 Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link 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	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.			
Bone growth stimulator	Prior authorization required	20975	20979		
Electronic stimulation or ultrasound to heal fractures					
Breast reconstruction (non-mastectomy)	Prior authorization required	19316	19318	19324	19325
		19328	19330	19340	19342
Reconstruction of the breast other than following mastectomy		19350	19357	19361	19364
		19366	19367	19368	19369
		19370	19371	19380	19396
		L8600			
Cardiovascular	Prior authorization required for lower extremities angiogram only	37220	37221	37224	37225
		37226	37227	37228	37229
		75710*	75716*		
		*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
		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

CPT® is a registered trademark of the American Medical Association.

Doc #: PCA-1-20-00285-Clinical-WEB_02242020

© 2020 United HealthCare Services, Inc.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (continued)		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
		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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Cardiovascular (continued)		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	
		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
			95714	95715	95716	95718
		Prior authorization is not required for outpatient hospital or ambulatory surgical center	95720	95722	95724	95726
	Cochlear and other auditory implants	Prior authorization required	69710	69714	69715	69718
		69930	L8614	L8619	L8690	
A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech		L8691	L8692			
Cosmetic and reconstructive procedures	Prior authorization required	11960	11971	15820	15821	
		15822	15823	15830	15847	
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		15877	17106	17107	17108	
		17999	21137	21138	21139	
		21172	21175	21179	21180	
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21181	21182	21183	21184	
		21230	21235	21256	21275	
		21280	21282	21295	21740	
		21742	21743	28344	30620	
		67900	67901	67902	67903	
		67904	67906	67908	67909	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
-------------------------	------------------------	--	--	--	--

Cosmetic and reconstructive procedures (continued)		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 <i>Orthotics and prosthetics.</i>	E0470	E0471	E0483	E0486
		E0620	E0636	E0637	E0652
		E0656	E0669	E0670	E0675
		E0693	E0694	E0700	E0710
	Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health care.</i>	E0745	E0762	E0764	E0766
		E0784	E0787	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	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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
Experimental and investigational (and/or linked services)	Prior authorization required	33477	36514	55866	64722	
		65765	65767	66180	0085T	
		0191T	A4226	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		
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 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.	81164	81165	81166	81167	
		81170	81171	81172	81173	
		81174	81175	81176	81177	
		81178	81179	81180	81181	
		81182	81183	81184	81185	
		81186	81187	81188	81189	
		81190	81200	81201	81202	
		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.	81203	81204	81205	81206
			81207	81209	81210	81212
			81215	81216	81217	81218
	81219		81220	81221	81222	
	81223		81224	81225	81226	
	81228		81229	81230	81231	
	81232		81233	81234	81235	
	81236		81237	81238	81239	
	81240		81241	81242	81243	
	81244		81245	81247	81248	
	81249	81250	81251	81252		
	81253	81254	81255	81256		
	81257	81258	81259	81260		
	81261	81262	81263	81264		
	81265	81266	81267	81268		
	81269	81270	81271	81272		
	81273	81274	81275	81276		
	81283	81284	81285	81286		
	81287	81289	81290	81291		
	81292	81293	81294	81295		
81296	81297	81298	81299			
81300	81301	81302	81303			
81304	81305	81306	81307			
81308	81309	81310	81311			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA (continued)		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	81374	81375	81376
		81377	81378	81379	81380
		81381	81382	81383	81400
		81401	81402	81403	81404
		81405	81406	81407	81408
		81410	81411	81412	81415
		81416	81417	81420	81430
		81431	81432	81433	81434
		81437	81438	81440	81442
		81448	81479	81507	81518
		81520	81521	81522	81545
		81595	87480	87481	87482
		87510	87511	87512	87623
		87660	87661	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	0101U
		0102U	0103U	0111U	0129U
		0130U	0131U	0132U	0133U
		0134U	0135U	0136U	0137U
		0138U	0154U	0155U	0157U
		0158U	0159U	0160U	0161U
			0162U		
Hearing aids and hearing aid services	Prior authorization required Benefit is available through EPIC Hearing Healthcare.	To request hearing aids or devices, please call EPIC Hearing Healthcare at 866-956-5400 .			
		V5014	V5180	V5220	V5254
		V5255	V5256	V5257	V5258
		V5259	V5260	V5261	V5264

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
-------------------------	------------------------	--	--	--	--

Hearing aids and hearing aid services (continued)		V5266	V5275		
---	--	-------	-------	--	--

Home- and community-based services	<p>Prior authorization required for services including:</p> <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 required only in outpatient settings, to include patient's home	G0299 G0495 S9124	G0300 G0496 S9474	G0493 S9122	G0494 S9123
-------------------------	---	-------------------------	-------------------------	----------------	----------------

Hospice	<p>Prior authorization required only in inpatient settings</p> <p>Prior authorization not required for members residing in a skilled nursing facility.</p>	T2044	T2045		
----------------	--	-------	-------	--	--

Injectable medications	Prior authorization required	<p>Actemra® J3262</p> <p>Acthar® J0800</p> <p>Adakveo® J0791</p> <p>Avsola™ Q5121</p> <p>Benlysta J0490</p> <p>Berinert® J0597</p> <p>Botulinum toxins J0585 J0586 J0587 J0588</p> <p>Brineura™ J0567</p> <p>Cerezyme® J1786</p> <p>Cimzia®* J0717</p> <p>Cinqair® J2786</p> <p>Cinryze® J0598</p>			
-------------------------------	------------------------------	---	--	--	--

Injectable medications
(continued)

Crysvita®			
J0584			
Elelyso®			
J3060			
Entyvio®			
J3380			
Erythropoiesis Stimulating Agents***			
J0885			
Evenity™			
J3111			
Exondys 51™			
J1428			
Fasenra™			
J0517			
Feraheme®			
Q0138			
Gamifant®			
J9210			
Givlaari®			
J0223			
Ilaris®			
J0638			
Ilumya™			
J3245			
Inflectra®			
Q5103			
Injectafer®			
J1439			
IVIG			
90283	90284	J1459	J1555
J1556	J1557	J1559	J1561
J1566	J1568	J1569	J1572
J1575	J1599		
Kalbitor®			
J1290			
Lemtrada®			
J0202			
Luxturna™			
J3398			
Monoferric®			
J1437			
Nucala®			
J2182			
Ocrevus™			
J2350			
Onpattro™			
J0222			

**Injectable medications
(continued)**

Orencia®			
J0129			
Parsabiv™			
J0606			
Probuphine®			
J0570			
Radicava®			
J1301			
Reblozyl®			
J0896			
Remicade®			
J1745			
Renflexis®			
Q5104			
Ruconest®			
J0596			
Simponi Aria®			
J1602			
Sodium Hyaluronate			
J7320	J7321	J7322	J7324
J7325	J7326	J7327	J7329
J7331	J7332	J7333	
Soliris®			
J1300			
Spinraza™			
J2326			
Stelara®			
J3358			
Sublocade™			
Q9991	Q9992		
Synagis®*			
90378			
Tepezza®			
J3241			
Ultomiris™			
J1303			
Unclassified codes**			
C9399	J3490	J3590	
Vyepti™			
J3032			
Vyondys 53®			
J1429			
White blood cell colony stimulating factors			
J1442	J1447	J2505	Q5101
Q5108	Q5110	Q5111	Q5120
Xembify®			
J1558			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
-------------------------	------------------------	--	--	--	--

Injectable medications (continued)

Xolair®*

J2357

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. The *Review at Launch for New to Market Medications* policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

*Please obtain prior notification for Cimzia, Synagis® and Xolair® through OptumRx prior notifications services at **800-310-6826**.

** For unclassified codes C9399, J3490 and J3590, prior authorization is only required for Cutaquig® and Spravato™

*** For code J0885 prior authorization is required for both oncology and non-oncology DX. Prior authorization is not required for ESRD diagnosis

Inpatient services	Prior authorization required	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 .
	For emergency admissions, please notify us within 48 hours of admission.	
	Routine obstetrics (OB) and deliveries require notification only.	
	Examples of inpatient services include:	
	<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	Prior authorization required	21121	21123	21125	21127
-----------------------------	------------------------------	-------	-------	-------	-------

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthognathic surgery (continued) 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
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
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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		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	
Private duty nursing	Prior authorization required	T1000	T1002	T1003	
Proton beam therapy	Prior authorization required	77520	77522	77523	77525
Focused radiation therapy using beams of protons, which are tiny particles with a positive charge					
Rhinoplasty and septoplasty	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465			
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Sleep apnea procedures and surgeries	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
-------------------------	------------------------	--	--	--	--

Spinal surgery	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22532	22533	22548
		22551	22554	22556	22558
		22586	22590	22595	22600
		22610	22612	22630	22633
		22800	22802	22804	22808
		22810	22812	22818	22819
		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
		63180	63182	63185	63190
		63191	63194	63195	63196
		63198	63199	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	For transplant and CAR T-cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), call the UnitedHealthcare Community and State Transplant Case Management team at 800-418-4994 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		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
-------------------------	------------------------	--	--	--	--

Transplants (continued)	<ul style="list-style-type: none"> • Allogenic and autologous bone marrow transplants • Heart • Kidney • Liver • Lung • Pancreas • Small bowel with or without liver <p>Corneal transplant and bone graft procedures are covered by the health plan.</p>				
--------------------------------	---	--	--	--	--

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

Wound vac	Prior authorization required	E2402			
------------------	------------------------------	-------	--	--	--