

Prior authorization requirements for UnitedHealthcare Community Plan of Hawaii

Effective February 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
Cancer supportive care	Prior authorization required	Antiemetics J1434 J1456 J2468 Colony stimulating factors J1449 Q5125 Q5148 Erythropoiesis Stimulating Agents J0885			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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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
		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

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Chemotherapy (cont.)		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
		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	69714	69930
A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	L8619		L8690	L8691	L8692
Continuous glucose monitor	Prior authorization required	A4226	A4239	A9276	A9277
		A9278	E0787	E2102	E2103

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function	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
		21175	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			
*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		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Cosmetic and reconstructive procedures (cont.)		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
		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	
		Prosthetics are not DME — see Orthotics and prosthetics.	E0656	E0669	E0670	E0675
			E0693	E0694	E0700	E0710
			E0745	E0762	E0764	E0766
			E0784	E0984	E0986	E1002
	Some home health care services may qualify but are not subject to the cost threshold — see Home health care.		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	
		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		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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	64722	65765
		65767	66180	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 gene testing	Prior authorization required for genetic and molecular testing performed in an outpatient setting	81162	81163	81164	81228
		81229	81277	81349	81400
		81401	81402	81403	81404
		81405	81406	81407	81408
		81410	81411	81412	81415
		81416	81417	81431	81432
	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	81435	81437	81440	81443
		81445	81448	81460	81465
		81479	81518	81519	81520
		81521	81522	81523	81546
		81595	81599	87505	87506
		87507	0006M	0007M	0018U
		0022U	0023U	0026U	0037U
		0047U	0048U	0050U	0055U
		0060U	0087U	0088U	0094U
		0101U	0102U	0103U	0111U
		0114U	0118U	0129U	0154U
		0170U	0171U	0172U	0179U

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.)	Program for each specified genetic test.	0209U	0211U	0212U	0213U
		0214U	0215U	0216U	0217U
	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	0218U	0233U	0237U	0238U
		0239U	0242U	0245U	0250U
		0252U	0253U	0254U	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
		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 	Please request prior authorization online or by phone, using the instructions at the top of page 1.			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	nursing services • Incontinence supplies • Moving assistance • Personal care services • Personal emergency response system (PERS)				
Home health care	Prior authorization required only in outpatient settings, to include patient's home	G0151 G0156 G0160 G0493 S5180 S9128	G0152 G0157 G0161 G0494 S5181 S9129	G0153 G0158 G0299 G0495 S9122 S9131	G0155 G0159 G0300 G0496 S9124 S9474
Hospice	Prior authorization required only in inpatient settings Prior authorization not required for members residing in a skilled nursing facility	T2044	T2045		
Injectable medications	Prior authorization required*	Actemra® J3262 Acthar® J0801 Adakveo® J0791 Adzyna J7171 Aldurazyme® J1931 Alhemo J7173 Amondys 45 J1426 Amvuttra J0225 Aralast NP® J0256 Avsola™ Q5121 Avtozma Q5156 Azmiro J1072 Benlysta			

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

		J0490		
		Beovu		
		J0179		
		Bequez™		
		J1414		
		Berinert®		
		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		

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

J1413
Elfabrio
J2508
Encelto
J3403
Enjaymo®
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

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

		J7172			
		Ilaris®			
		J0638			
		Ilumya™			
		J3245			
		Imuldosa IV			
		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			
		Lamzede			
		J0217			
		Lanreotide®			
		J1932			
		Lemtrada®			
		J0202			
		Leqembi®			
		J0174			
		Leqvio®			
		J1306			
		Lucentis			
		J2778			
		Lumizyme®			
		J0221			

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

J1954

Luxturna™

J3398

Mepsevii®

J3397

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

Otulfu IV

Q9999

Oxlumo™

J0224

Panzyga®

J1576

Parsabiv™

J0606

Pavblu

Q5147

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

PiaSky
J1307

Pombiliti
J1203

Prolastin C®
J0256

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

Procedures and services

Additional information

CPT® or HCPCS codes and/or how to obtain prior authorization

**Injectable medications
(cont.)**

Signifor® LAR

J2502

Simponi Aria®

J1602

Skyrizi®

J2327

Sodium Hyaluronate

J7320	J7321	J7322	J7324
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J7325	J7326	J7327	J7329
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J7331	J7332		
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Soliris®

J1299

Somatuline Depot

J1930

Spevigo®

J1747

Spinraza™

J2326

Spravato

J0013

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

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

Triptodur®				
J3316				
Tyenne				
Q5135				
Tziel™				
J9381				
Ultomiris™				
J1303				
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®				

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PCA-2-24-02272-Clinical-QRG_08282024



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

J2357
Yesintek IV
 Q5100
Zemaira®
 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 C9399, J3490 and J3590, prior authorization is only required for Kebilidi, Nulibry™, Rivfloza and Starjemza.

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.

Inpatient services

Prior authorization required
 For emergency admissions, please notify us within 48 hours of admission.

Routine obstetrics (OB) and deliveries require notification only.
 Examples of inpatient services include:

- 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

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.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	(SNF), transitional and sub-acute care				
Joint replacement 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
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 Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299	21127 21145 21151 21160 21195 21206 21215 21245 21249
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 L0464 L0486 L0632 L0638 L0810 L1000 L1310 L1700 L1755 L1840 L1860 L2000 L2030 L2038 L2126 L2526 L3265 L3720 L3764	L0170 L0480 L0624 L0634 L0640 L0820 L1005 L1499 L1710 L1820 L1844 L1945 L2005 L2034 L2060 L2136 L2627 L3649 L3730 L3900	L0456 L0482 L0629 L0636 L0700 L0830 L1200 L1680 L1720 L1832 L1845 L1950 L2010 L2036 L2106 L2350 L2628 L3671 L3740 L3901	L0462 L0484 L0631 L0637 L0710 L0859 L1300 L1685 L1730 L1834 L1846 L1970 L2020 L2037 L2108 L2510 L3230 L3674 L3763 L3904

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

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
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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		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 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	22101 22114 22212 22510 22514 22548 22558 22600 22633 22808 22819	22102 22206 22214 22511 22515 22551 22586 22610 22800 22810 22830	22110 22207 22220 22512 22532 22554 22590 22612 22802 22812 22849

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
Spinal surgery (cont.)		22850	22852	22855	22856	
		22861	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	0098T	
	Stimulators	Prior authorization required	Bone growth stimulator			
Implantation of a device that sends electrical impulses	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		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), 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.		
		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					
		CAR-T cell therapy				
		J3391	J9999	Q2041	Q2042	
		Q2053	Q2054	Q2055	Q2056	
		Q2057	Q2058			
		Gene Therapy				
		C9098	C9399*	J3387	J3389	
		J3392	J3393	J3394	J3402	
		J3490*	J3590*			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Transplants (cont.)	<ul style="list-style-type: none"> • Heart • Kidney • Liver • Lung • Pancreas • Small bowel with or without liver • Corneal transplant and bone graft procedures are covered by the health plan. 	* Amtagvi, Lantidra and Lenmeldy will require PA through Optum Transplant			
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			