

Prior authorization requirements for Hawaii Medicaid

Effective March 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 tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tile on your provider portal dashboard.
- **Phone:** Call **888-980-8728**

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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 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	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*	93580**	

** Prior authorization will also be required for dates of service on or after April 1, 2022

*Prior authorization required for the following diagnosis codes:

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

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
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			
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**Cardiovascular
(cont.)**

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
T82.399A	T82.818A	T82.856A	T82.858A
T82.868A	T82.898A	Z95.820	Z98.62

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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 A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710	69714	69930	L8614
		L8619	L8690	L8691	L8692
Continuous glucose monitor	Prior authorization required	A4226 E0787	A9276 K0553	A9277 K0554	A9278
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	11971	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 will also be required for dates of service on or after April 1, 2022					
Durable Medical Equipment (DME)	Prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$500 Prosthetics are not DME — see Orthotics and prosthetics. Some home health care services may qualify but are not subject to the cost threshold — see Home health care.	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
		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) (cont.)		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 gene testing	Prior authorization required for genetic and molecular testing performed in an outpatient setting	81105	81106	81107	81108	
		81109	81110	81111	81120	
	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.	81121	81161	81162	81163	
		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	81203	
		81204	81205	81209	81212	
		81216	81218	81220	81222	
		81223	81224	81225	81226	
		81228	81229	81230	81231	
		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	81232	81233	81234	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	
	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			

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.)		81412	81415	81416	81417
		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 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	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 • 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	G0151	G0152	G0153	G0155
		G0156	G0157	G0158	G0159

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Home health care (cont.)		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®			
		J0800			
		Adakveo®			
		J0791			
		Aldurazyme®			
		J1931****			
		Amondys 45			
		J1426			
		Aralast NP®			
		J0256****			
		Avsola™			
		Q5121			
		Benlysta			
		J0490			
		Beriner®			
		J0597			
		Botulinum toxins			
		J0585	J0586	J0587	J0588
		Brineura™			
		J0567			
		Cerezyme®			
J1786					
Cimzia®*					
J0717					
Cinqair®					
J2786					
Cinryze®					
J0598					
Crysvita®					
J0584					
Elaprase®					
J1743****					

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

ElELYso®				
J3060				
Entyvio®				
J3380				
Erythropoiesis Stimulating Agents***				
J0885				
Evenity™				
J3111				
Evkeeza™				
J1305				
Exondys 51™				
J1428				
Fabrazyme®				
J0180****				
Fasenra™				
J0517				
Fensolvi®				
J1951				
Feraheme®				
Q0138				
Gamifant®				
J9210				
Givlaari®				
J0223				
Glassia®				
J0257****				
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				
Kanuma®				
J2840****				

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

Krystexxa®

J2507

Lemtrada®

J0202

Lumizyme®

J0221****

Luxturna™

J3398

Mepsevii®

J3397****

Monoferric®

J1437

Naglazyme®

J1458****

Nexviazyme®****

J3490

J3590

C9085

Nplate®

J2796

Nucala®

J2182

Ocrevus™

J2350

Onpattro™

J0222

Orencia®

J0129

Oxlumo™

J0224

Parsabiv™

J0606

Probuphine®

J0570

Prolastin C®

J0256****

Radicava®

J1301

Reblozyl®

J0896

Remicade®

J1745

Renflexis®

Q5104

Revcovi®

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

J3590****				
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				
Tepezza®				
J3241				
Triptodur®				
J3316				
Ultomiris™				
J1303				
Unclassified and temporary codes**				
C9086	C9399	J3490	J3590	
Uplizna®				
J1823				
Viltepso™				
J1427				
Vimizim®				
J1322****				
Vyepti™				
J3032				
Vyondys 53®				
J1429				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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Injectable medications (cont.)		White blood cell colony stimulating factors
		J1442 J1447 J2506 Q5101
		Q5108 Q5110 Q5111 Q5122
		Xembify®
		J1558
		Xolair®*
		J2357
		Zemaira®
		J0256****
		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/policies > 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 and temporary codes C9086, C9399, J3490 and J3590, prior authorization is only required for Cutaquig®, Lupaneta Pack™, Nulibry™, Ryplazm® and Saphnelo™ *** For code J0885, prior authorization is required for both oncology and non-oncology DX. Prior authorization is not required for ESRD diagnosis. ****Prior authorization will be required for dates of service on or after April 1, 2022

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

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

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
L6930	L6935	L6940	L6945
L6950	L6955	L6960	L6965

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		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	
Prostate Procedures	Prior authorization required for dates of service on or after April 1, 2022	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 63001 63012	22101 22114 22212 22510* 22514 22548 22558 22600 22633 22808 22819 22852 22864 63003 63015	22102 22206 22214 22511* 22515* 22551 22586 22610 22800 22810 22830 22855 22865 63005 63016	22110 22207 22220 22512* 22532 22554 22590 22612 22802 22812 22849 22856 22899 63011 63017

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Spinal surgery (cont.)		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
			* Prior authorization will also be required for dates of service on or after April 1, 2022		

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	<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 bone graft procedures are covered by the health plan. 	<p>For transplant and CAR T-cell therapy services including Abecma® (Idecaptagene 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.</p> <p>CAR-T cell therapy</p>			
		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			
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization required	36468	36473	36475	36478
		37700	37718	37722	37765
		37766	37780		
Vision	Prior authorization required	S0580	V2200*	V2201*	V2202*
	Prior authorization is not required for members 40 years of age or older.	V2203	V2204*	V2205*	V2206*
		V2207*	V2208*	V2209	V2210*
	**Prior authorization is required for members ages 21 and older.	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		