

# Prior authorization requirements for UnitedHealthcare Community Plan of Hawaii

Effective June 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**

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
<b>Behavioral health services</b>	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.			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast, except when following mastectomy	Prior authorization required	11971 19328 19350 19367 19371	19316 19330 19357 19368 19380	19318 19340 19361 19369 19396	19325 19342 19364 19370 L8600
<b>Cancer supportive care</b>	Prior authorization required	Q5136	Q5157	Q5158	Q5159
		<b>Antiemetics</b> J1434 J1456 J2468 <b>Colony stimulating factors</b> J1449 Q5125 Q5148 <b>Erythropoiesis Stimulating Agents</b> J0885			
<b>Cardiovascular</b>	Prior authorization	93580**			

CPT® is a registered trademark of the American Medical Association.  
PCA-2-24-02272-Clinical-QRG\_08282024

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)	required	<b>*Prior authorization not required for the following diagnosis codes:</b>			
		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
		S81.809A	S91.301A	S91.302A	S91.309A

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Cardiovascular (cont.)</b>		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			
<b>Cerebral seizure monitoring – inpatient video electroencephalogram (EEG)</b>	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
<b>Chemotherapy</b>	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	A9590	A9699	J0640	J0641
		J0642	J0897	J1299	J1323
		J1326	J1442	J1447	J1448
		J1932	J1950	J1952	J1954
		J2277	J2506	J2820	J3055
		J3263	J9000	J9011	J9021
		J9022	J9024	J9025	J9026
		J9028	J9029	J9033	J9035
		J9036	J9038	J9040	J9043

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Chemotherapy (cont.)</b>		J9045	J9046	J9047	J9048
		J9049	J9051	J9052	J9054
		J9056	J9057	J9060	J9061
		J9063	J9064	J9071	J9072
		J9073	J9074	J9075	J9076
		J9118	J9119	J9130	J9144
		J9145	J9153	J9155	J9161
		J9171	J9172	J9173	J9174
		J9175	J9176	J9177	J9178
		J9179	J9181	J9184	J9190
		J9196	J9198	J9201	J9202
		J9203	J9204	J9206	J9207
		J9213	J9214	J9215	J9216
		J9217	J9218	J9223	J9226
		J9227	J9228	J9229	J9246
		J9248	J9249	J9255	J9260
		J9263	J9264	J9266	J9267
		J9269	J9271	J9272	J9273
		J9274	J9275	J9276	J9280
		J9281	J9282	J9285	J9286
		J9289	J9292	J9293	J9294
		J9296	J9297	J9298	J9299
		J9301	J9303	J9304	J9306
		J9308	J9309	J9311	J9312
		J9313	J9314	J9316	J9317
		J9318	J9319	J9321	J9322
		J9323	J9324	J9325	J9326
		J9329	J9331	J9332	J9333
		J9334	J9341	J9342	J9345
		J9347	J9348	J9349	J9350
		J9352	J9353	J9354	J9355
		J9356	J9358	J9359	J9360
		J9361	J9370	J9376	J9380
		J9382	J9390	J9393	J9394
		J9395	J9400	J9600	J9999
		Q2043	Q2049	Q2050	Q2055
		Q2056	Q2057	Q2058	Q5101
		Q5107	Q5108	Q5110	Q5111
		Q5112	Q5113	Q5114	Q5115
		Q5116	Q5117	Q5118	Q5119
		Q5120	Q5122	Q5123	Q5126
		Q5127	Q5129	Q5130	Q5146
		Q5147	Q5149	Q5150	Q5151
	Q5152	Q5160			
<b>Cochlear and other auditory implants</b>	Prior authorization required	69710 L8619	69714 L8690	69930 L8691	L8614 L8692

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

A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech

<b>Continuous glucose monitor</b>	Prior authorization required	A4226 A9278	A4239 E0787	A9276 E2102	A9277 E2103
-----------------------------------	------------------------------	----------------	----------------	----------------	----------------

<b>Cosmetic and reconstructive procedures</b> 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

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

<b>Cosmetic and reconstructive procedures (cont.)</b>		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
		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	

<b>Durable medical equipment (DME)</b>	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	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Durable medical equipment (DME) (cont.)</b>		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		
<b>Durable medical equipment (DME) – incontinence supplies</b>	Incontinence supplies are a benefit only when provided through Medline®	To request incontinence supplies, please call Medline at <b>877-816-5587</b> .			
<b>Enteral services</b> 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		
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization required	33477	36514	64722	65765
		65767	66180	A4638	A6000
		A9274	E0231	E1831	S0810
		S1030	S1031	S2102	S9988
		S9990	S9991		
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
<b>Genetic and molecular testing to include BRCA gene testing</b>	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	81435	81437	81440	81443
		81445	81448	81460	81465

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
<b>Genetic and molecular testing to include BRCA gene testing (cont.)</b>	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.	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	
		0209U	0211U	0212U	0213U	
		0214U	0215U	0216U	0217U	
		0218U	0233U	0237U	0238U	
		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	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			
<b>Hearing aids and hearing aid services</b>	Prior authorization required	Submit prior authorization requests for hearing aid devices through the UnitedHealthcare Provider Portal at <b>UHCprovider.com</b> . You can also call <b>888-980-8728</b> or fax the prior authorization request to <b>800-267-8328</b> .				
		V5014	V5256	V5257	V5254	
		V5255	V5260	V5261	V5258	
		V5259	V5275	V5264	V5266	
<b>Home and community-based services</b>	Prior authorization required for services	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			
-------------------------	------------------------	--	--	--	--

- including:
- 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)

<b>Home health care</b>	Prior authorization required only in outpatient settings, to include patient’s home	G0151	G0152	G0153	G0155
		G0156	G0157	G0158	G0159
		G0160	G0161	G0299	G0300
		G0493	G0494	G0495	G0496
		S5180	S5181	S9122	S9124
		S9128	S9129	S9131	S9474

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

<b>Injectable medications</b>	Prior authorization required*	<b>Actemra®</b>			
		J3262			
		<b>Acthar®</b>			
		J0801			
		<b>Adakveo®</b>			
		J0791			
		<b>Adzynma</b>			
		J7171			
		<b>Aldurazyme®</b>			
		J1931			
<b>Alhemo</b>					
J7173					
<b>Amondys 45</b>					
J1426					
<b>Amvuttra</b>					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Injectable medications (cont.)</b>		J0225			
		<b>Aralast NP®</b>			
		J0256			
		<b>Avsola™</b>			
		Q5121			
		<b>Avtozma</b>			
		Q5156			
		<b>Azmiro</b>			
		J1072			
		<b>Benlysta</b>			
		J0490			
		<b>Beovu</b>			
		J0179			
		<b>Bequez™</b>			
		J1414			
		<b>Berinert®</b>			
		J0597			
		<b>Bildyos</b>			
		Q5162			
		<b>Bkemv</b>			
		Q5152			
		<b>Botulinum toxins</b>			
		J0585	J0586	J0587	J0588
		<b>Brineura™</b>			
		J0567			
		<b>Briumvi</b>			
		J2329			
		<b>Byooviz</b>			
		Q5124			
		<b>Cerezyme®</b>			
		J1786			
		<b>Cimerli</b>			
		Q5128			
		<b>Cimzia®</b>			
		J0717			
		<b>Cinqair®</b>			
		J2786			
		<b>Cinryze®</b>			
		J0598			
		<b>Conexence</b>			
	Q5158				
	<b>Cortrophin® Gel</b>				
	J0802				
	<b>Cosentyx iV</b>				

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

J3247

**Crysvita®**

J0584

**Cutaquig®**

J1551

**Daxxify**

J0589

**Elaprase®**

J1743

**Elelyso®**

J3060

**Elevidys**

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®**

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

**Injectable medications  
(cont.)**

		Q5130			
		<b>Gamifant®</b>			
		J9210			
		<b>Gazyva</b>			
		J9301			
		<b>Givlaari®</b>			
		J0223			
		<b>Glassia®</b>			
		J0257			
		<b>Hemgenix®</b>			
		J1411			
		<b>Hemlibra</b>			
		J7170			
		<b>Hypavzi</b>			
		J7172			
		<b>Ilaris®</b>			
		J0638			
		<b>Ilumya™</b>			
		J3245			
		<b>Imaavy</b>			
		J9256			
		<b>Imuldosa IV</b>			
		Q5098			
		<b>Inflectra®</b>			
		Q5103			
		<b>Injectafer®</b>			
		J1439			
		<b>IVIG</b>			
		90283	90284	J1459	J1552
		J1553	J1554	J1555	J1556
		J1557	J1559	J1561	J1566
		J1568	J1569	J1572	J1575
		J1599			
		<b>Izervay</b>			
		J2782			
		<b>Jubbonti-Wyost</b>			
		Q5136			
		<b>Kalbitor®</b>			
		J1290			
		<b>Kanuma®</b>			
		J2840			
		<b>Kisunla</b>			
		J0175			
		<b>Korsuva®</b>			

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

J0879  
**Krystexxa®**  
J2507  
**Lamzede**  
J0217  
**Lanreotide®**  
J1932  
**Lemtrada®**  
J0202  
**Leqembi®**  
J0174  
**Leqvio®**  
J1306  
**Lucentis**  
J2778  
**Lumizyme®**  
J0221  
**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**

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

J2351  
**OmvoH IV**  
J2267  
**Onpattro™**  
J0222  
**Orencia®**  
J0129  
**Otulfi IV**  
Q9999  
**Oxlumo™**  
J0224  
**Panzyga®**  
J1576  
**Papzimeos**  
J3404  
**Parsabiv™**  
J0606  
**Pavblu**  
Q5147  
**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®**

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

**Injectable medications  
(cont.)**

		J3590			
		<b>Roctavian</b>			
		J1412			
		<b>Rolvedon™</b>			
		J1449			
		<b>Ruconest®</b>			
		J0596			
		<b>Ryplazim®</b>			
		J2998			
		<b>Rystiggo</b>			
		J9333			
		<b>Sandostatin LAR Depot</b>			
		J2353			
		<b>Saphnelo™</b>			
		J0491			
		<b>Scenesse®</b>			
		J7352			
		<b>Selarsdi</b>			
		Q9998			
		<b>Signifor® LAR</b>			
		J2502			
		<b>Simponi Aria®</b>			
		J1602			
		<b>Skyrizi®</b>			
		J2327			
		<b>Sodium Hyaluronate</b>			
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332		
		<b>Soliris®</b>			
		J1299			
		<b>Somatuline Depot</b>			
		J1930			
		<b>Spevigo®</b>			
		J1747			
		<b>Spinraza™</b>			
		J2326			
		<b>Spravato</b>			
		J0013			
		<b>Stimufend®</b>			
		Q5127			
		<b>Stelara®</b>			
		J3358			
		<b>Steqeyma IV</b>			

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

**Injectable medications  
(cont.)**

**Q5099**  
**Stoboclo**  
**Q5157**  
**Susvimo**  
**J2779**  
**Syfovre**  
**J2781**  
**Synagis®**  
**90378**  
**Tepezza®**  
**J3241**  
**Tezspire®**  
**J2356**  
**Tofidence**  
**Q5133**  
**Trelstar**  
**J3315**  
**Tremfya IV**  
**J1628**  
**Triptodur®**  
**J3316**  
**Tyenne**  
**Q5135**  
**Tzield™**  
**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®**

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

J1429				
<b>Vyvgart™</b>				
J9332				
<b>Vyvgart Hytrulo</b>				
J9334				
<b>Wezlana IV</b>				
Q5138				
<b>White blood cell colony stimulating factors</b>				
J1442	J1447	J2506	Q5101	
Q5108	Q5110	Q5111	Q5120	
Q5122				
<b>Xembify®</b>				
J1558				
<b>Xenpozyme™</b>				
J0218				
<b>Xolair®</b>				
J2357				
<b>Yesintek IV</b>				
Q5100				
<b>Zemaira®</b>				
J0256				
<b>Zolgensma</b>				
J3399				

\*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.

<b>Inpatient services</b>	Prior authorization required For emergency	To request prior authorization, please fax the member's registration/admission document with pertinent information, including date of service or date of admission, to
---------------------------	---	--

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	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"> <li>• Acute inpatient rehabilitation</li> <li>• All neonatal intensive care (NICU) admissions including newborns, regardless of length of stay (LOS)</li> <li>• Elective inpatient admissions</li> <li>• OB and newborn confinements exceeding 2 days' LOS for vaginal and 4-day LOS for cesarean section</li> <li>• Skilled nursing facility (SNF), transitional and sub-acute care</li> </ul>	UnitedHealthcare Community Plan of Hawaii at 800-267-8328.			
<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required	23470 24360 27120 27134 27446 29866 S2112	23472 24361 27125 27137 27447 29867	23473 24362 27130 27138 27486 29868	23474 24363 27132 27412 27487 J7330
<b>Non-emergent air ambulance transport</b>	Prior authorization required	S9960	S9961		
<b>Off island travel (including out-of-state travel)</b>	Prior authorization required	Please request prior authorization online, or by phone, using the instructions at the top of page 1.			
<b>Orthognathic surgery</b> Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121 21141 21146 21154 21188 21196 21208 21240 21246	21123 21142 21147 21155 21193 21198 21209 21242 21247	21125 21143 21150 21159 21194 21199 21210 21244 21248	21127 21145 21151 21160 21195 21206 21215 21245 21249

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Orthognathic surgery (cont.)</b>		21255	21296	21299	
<b>Orthotics and prosthetics</b>	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
		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	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Orthotics and prosthetics (cont.)</b>		L5950	L5960	L5961	L5962
		L5964	L5966	L5968	L5973
		L5976	L5979	L5980	L5981
		L5982	L5984	L5986	L5987
		L5988	L5990	L5999	L6055
		L6100	L6110	L6050	L6130
		L6200	L6205	L6120	L6300
		L6310	L6320	L6250	L6360
		L6370	L6380	L6350	L6384
		L6400	L6450	L6382	L6550
		L6570	L6580	L6500	L6584
		L6586	L6588	L6582	L6621
		L6623	L6624	L6590	L6648
		L6686	L6687	L6646	L6690
		L6692	L6693	L6689	L6695
		L6696	L6697	L6694	L6707
		L6708	L6709	L6704	L6712
		L6713	L6714	L6711	L6880
		L6881	L6882	L6715	L6884
		L6885	L6895	L6883	L6905
		L6910	L6915	L6900	L6925
		L6930	L6935	L6920	L6945
		L6950	L6955	L6940	L6965
		L6970	L6975	L6960	L7008
		L7009	L7040	L7007	L7170
		L7180	L7181	L7045	L7186
		L7190	L7191	L7185	L8040
		L8042	L8043	L7405	L8045
		L8046	L8047	L8044	L8609
		L8610	L8612	L8499	L8659
				L8631	
	<b>Private duty nursing</b>	Prior authorization only required	T1000	T1002	T1003
<b>Potentially unproven services</b>	Prior authorization required	33289	C2624		
<b>Prostate Procedures</b>	Prior authorization required	37243 53852	52441 55873	52442 55874	53850
<b>Proton beam therapy</b> Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
<b>Rhinoplasty and septoplasty</b> Treatment of nasal functional impairment	Prior authorization required	30400 30435	30410 30450	30420 30460	30430 30462

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
and septal deviation		30465			
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization only required	21685	41599	42145	
<b>Spinal surgery</b>	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22514	22515	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	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
<b>Stimulators</b>	Prior authorization required	<b>Bone growth stimulator</b>			
Implantation of a device that sends electrical impulses		E0747	E0748	E0749	E0760
		<b>Neurostimulator</b>			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590	L8680	L8682	L8685
		L8686	L8687	L8688	

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

<b>Transplants</b>	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 <b>888-936-7246</b> 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:	<p><b>CAR-T cell therapy</b></p> <table border="1"> <tr> <td>J3391</td> <td>J9999</td> <td>Q2041</td> <td>Q2042</td> </tr> <tr> <td>Q2053</td> <td>Q2054</td> <td>Q2055</td> <td>Q2056</td> </tr> <tr> <td>Q2057</td> <td>Q2058</td> <td></td> <td></td> </tr> </table> <p><b>Gene Therapy</b></p> <table border="1"> <tr> <td>C9098</td> <td>C9399*</td> <td>J3387</td> <td>J3389</td> </tr> <tr> <td>J3392</td> <td>J3393</td> <td>J3394</td> <td>J3402</td> </tr> <tr> <td>J3490*</td> <td>J3590*</td> <td></td> <td></td> </tr> </table> <p>* Amtagvi, Lantidra and Lenmeldy will require PA through Optum Transplant</p>				J3391	J9999	Q2041	Q2042	Q2053	Q2054	Q2055	Q2056	Q2057	Q2058			C9098	C9399*	J3387	J3389	J3392	J3393	J3394	J3402	J3490*	J3590*		
J3391	J9999	Q2041	Q2042																										
Q2053	Q2054	Q2055	Q2056																										
Q2057	Q2058																												
C9098	C9399*	J3387	J3389																										
J3392	J3393	J3394	J3402																										
J3490*	J3590*																												
	<ul style="list-style-type: none"> <li>• Allogenic and autologous bone marrow transplants</li> <li>• Heart</li> <li>• Kidney</li> <li>• Liver</li> <li>• Lung</li> <li>• Pancreas</li> <li>• Small bowel with or without liver</li> <li>• Corneal transplant and bone graft procedures are covered by the health plan.</li> </ul>																												
<b>Vein procedures</b>	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	36473	36475	36478	37700																							
			37718	37722	37765	37766																							
			37780																										
<b>Vision</b>	Prior authorization required	S0500	S0580	V2200*	V2201*																								
		V2202*	V2203*	V2204*	V2205*																								
		V2206*	V2207*	V2208*	V2209																								
		*Prior authorization is <b>not</b> 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																							

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Vision (cont.)</b>		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			
	<b>Wound vac</b>	Prior authorization required	E2402		