

# Prior Authorization Requirements for Hawaii Medicaid

Effective July 1, 2021

## 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			
<b>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	Prior authorization required	43644	43645	43659	43770
		43775	43842	43845	43846
		43847	43848	43860	
<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 via 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 other than following mastectomy	Prior authorization required	19316	19318	19325	19328
		19330	19340	19342	19350
		19357	19361	19364	19367
		19368	19369	19370	19371
		19380	19396	L8600	
<b>Cardiovascular</b>	Prior authorization required	37220	37221	37224	37225
		37226	37227	37228	37229
		75710*	75716*		
		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	

\*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

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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cardiovascular (continued)</b>		T82.399A	T82.818A	T82.856A	T82.858A
		T82.868A	T82.898A	Z95.820	Z98.62
<b>Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)</b>	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
<b>Cochlear and other auditory implants</b>	Prior authorization required	69710	69714	69715	69718
A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech		69930	L8614	L8619	L8690
		L8691	L8692		
<b>Continuous Glucose Monitor</b>	Prior authorization required	A4226	A9276	A9277	A9278
		E0787	K0553	K0554	
<b>Cosmetic and reconstructive procedures</b>	Prior authorization required	11960	11971	14020	14021
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		14041	14060	14061	14301
		15820	15821	15822	15823
		15830	15847	15877	17106
		17107	17108	17999	21137
		21138	21139	21172	21175
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		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
<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
	Prosthetics are not DME – see Orthotics and prosthetics.	E0470	E0471	E0483	E0486
		E0620	E0636	E0637	E0652
	Some home health care services may qualify but are not subject to the cost threshold – see Home health care.	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			
<b>Durable medical equipment (DME) (continued)</b>		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		
<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	55866	64722
		65765	65767	66180	0191T
		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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Genetic and molecular testing to include BRCA</b>	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	81164	81165	81166	81167
	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	81170	81171	81172	81173
	Authorization/Notification Program for each specified genetic test.	81174	81175	81176	81177
	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.	81178	81179	81180	81181
		81182	81183	81184	81185
		81186	81187	81188	81189
		81190	81200	81201	81202
		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	
	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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Genetic and molecular testing to include BRCA (continued)</b>		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	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		
<b>Hearing aids and hearing aid services</b>	Prior authorization required. Benefit is available through EPIC Hearing Healthcare.	To request hearing aids or devices, please call EPIC Hearing Healthcare at <b>866-956-5400</b> .			
		V5014	V5180	V5220	V5254
		V5255	V5256	V5257	V5258
		V5259	V5260	V5261	V5264
		V5266	V5275		
<b>Home- and community-based services</b>	Prior authorization required for services including: <ul style="list-style-type: none"> <li>• Adult day health (ADH)</li> <li>• Adult day care (ADC)</li> <li>• Assisted living services</li> <li>• Attendant care services</li> <li>• Enteral nutritional</li> <li>• Environmental modifications</li> <li>• Foster home (FH)</li> </ul>	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			
<b>Home- and community-based services (continued)</b>	<ul style="list-style-type: none"> <li>• Home delivered meals</li> <li>• Home health nursing services</li> <li>• Incontinence supplies</li> <li>• Moving assistance</li> <li>• Personal care services</li> <li>• Personal emergency response system (PERS)</li> </ul>				
<b>Home health care</b>	Prior authorization required only in outpatient settings, to include patient's home	G0151 G0156 G0160 G0493 S5180 S9124 S9474	G0152 G0157 G0161 G0494 S5181 S9128	G0153 G0158 G0299 G0495 S9122 S9129	G0155 G0159 G0300 G0496 S9123 S9131
<b>Hospice</b>	Prior authorization required only in inpatient settings Prior authorization not required for members residing in a skilled nursing facility.	T2044	T2045		
<b>Injectable medications</b>	Prior authorization required	<b>Actemra®</b> J3262 <b>Acthar®</b> J0800 <b>Adakveo®</b> J0791 <b>Avsola™</b> Q5121 <b>Benlysta</b> J0490 <b>Beriner®</b> J0597 <b>Botulinum toxins</b> J0585                      J0586                      J0587                      J0588 <b>Brineura™</b> J0567 <b>Cerezyme®</b> J1786 <b>Cimzia®*</b> J0717 <b>Cinqair®</b> J2786 <b>Cinryze®</b> J0598 <b>Crysvita®</b>			



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	J0584				
	<b>Elelyso®</b>				
	J3060				
	<b>Entyvio®</b>				
	J3380				
	<b>Erythropoiesis Stimulating Agents***</b>				
	J0885				
	<b>Evenity™</b>				
	J3111				
	<b>Exondys 51™</b>				
	J1428				
	<b>Fasenra™</b>				
	J0517				
	<b>Feraheme®</b>				
	Q0138				
	<b>Gamifant®</b>				
	J9210				
	<b>Givlaari®</b>				
	J0223				
	<b>Ilaris®</b>				
	J0638				
	<b>Ilumya™</b>				
	J3245				
	<b>Inflectra®</b>				
	Q5103				
	<b>Injectafer®</b>				
	J1439				
	<b>IVIG</b>				
	90283	90284	J1459	J1554	
	J1555	J1556	J1557	J1559	
J1561	J1566	J1568	J1569		
J1572	J1575	J1599			
<b>Kalbitor®</b>					
J1290					
<b>Krystexxa®****</b>					
J2507					
<b>Lemtrada®</b>					
J0202					
<b>Luxturna™</b>					
J3398					
<b>Monoferric®</b>					
J1437					
<b>Nplate®****</b>					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	J2796				
	<b>Nucala®</b>				
	J2182				
	<b>Ocrevus™</b>				
	J2350				
	<b>Onpattro™</b>				
	J0222				
	<b>Orencia®</b>				
	J0129				
	<b>Oxlumo™</b>				
	J0224				
	<b>Parsabiv™</b>				
	J0606				
	<b>Probuphine®</b>				
	J0570				
	<b>Radicava®</b>				
	J1301				
	<b>Reblozyl®</b>				
	J0896				
	<b>Remicade®</b>				
	J1745				
	<b>Renflexis®</b>				
	Q5104				
	<b>Ruconest®</b>				
	J0596				
	<b>Scenesse®</b>				
	J7352				
	<b>Signifor® LAR****</b>				
	J2502				
	<b>Simponi Aria®</b>				
	J1602				
	<b>Sodium Hyaluronate</b>				
	J7320	J7321	J7322	J7324	
	J7325	J7326	J7327	J7329	
	J7331	J7332			
<b>Soliris®</b>					
J1300					
<b>Spinraza™</b>					
J2326					
<b>Spravato™</b>					
S0013					
<b>Stelara®</b>					
J3358					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	<b>Sublocade™</b>	Q9991	Q9992		
	<b>Synagis®*</b>	90378			
	<b>Tepezza®</b>	J3241	Triptodur®	J3316	
	<b>Ultomiris™</b>	J1303			
	<b>Unclassified and temporary codes**</b>	C9075	C9399	J3490	J3590
	<b>Uplizna®</b>	J1823			
	<b>Viltepso™</b>	J1427			
	<b>Vyepti™</b>	J3032			
	<b>Vyondys 53®</b>	J1429			
	<b>White blood cell colony stimulating factors</b>	J1442	J1447	J2505	Q5101
		Q5108	Q5110	Q5111	Q5120
		Q5122			
	<b>Xembify®</b>	J1558			
	<b>Xolair®*</b>	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 and temporary codes C9075, C9399, J3490 and J3590, prior authorization is only required for Amondys 45, Cutaquig® and Lupaneta Pack™

\*\*\* For code J0885 prior authorization is required for both oncology and non-oncology DX.

Prior authorization is not required for ESRD diagnosis

\*\*\*\*Effective for dates of service on or after 8/1/2021.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Inpatient services</b>	<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.</p> <p>Examples of inpatient services include:</p> <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 two days' LOS for vaginal and four-day LOS for Cesarean section</li> <li>• Skilled nursing facility (SNF), transitional and sub-acute care</li> </ul>	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 <b>800-267-8328</b> .			
<b>Joint replacement</b> 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
<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 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			
<b>Orthognathic surgery</b> 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	
<b>Orthotics and prosthetics</b>	Prior authorization required for orthotics and prosthetic codes listed with a retail	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)	purchase or cumulative rental cost of more than \$500	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		
L5950	L5960	L5961	L5962		
L5964	L5966	L5968	L5973		
L5976	L5979	L5980	L5981		
L5982	L5984	L5986	L5987		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		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	
<b>Private duty nursing</b>	Prior authorization required	T1000	T1002	T1003	
<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 and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
<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 required	21685	41599	42145	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Spinal surgery</b>	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
		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		
<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	0312T	0313T	0314T
		0315T	0316T	0317T	L8680
		L8682	L8685	L8686	L8687
		L8688			
		<b>Transplants</b>	Prior authorization required	For transplant and CAR T-cell therapy services including Abecma® (Idecaptogene Cicleucel), Breyanzi® (Lisocabtagene), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), call the	
	Organ transplants are a carve-out benefit under the State of Hawaii Organ and				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplants (continued)</b>	Tissue Transplant (SHOTT) program and are not covered by the Hawaii Medicaid QUEST Integration health plan.	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.			
	UnitedHealthcare Community Plan of Hawaii manages the referral process to SHOTT. Transplant services include:	<b>CAR-T cell therapy</b>			
	• Allogenic and autologous bone marrow transplants	0537T	0538T	0539T	0540T
	• Heart	C9076*	C9399*	J3490*	J3590*
	• Kidney	J9999*	Q2041	Q2042	Q2053
	• Liver	*For unclassified and temporary codes C9076, C9399, J3490, J3590 and J9999 prior authorization is only required for Abecma® and Breyanzi®			
	• Lung				
	• Pancreas				
	• Small bowel with or without liver				
	Corneal transplant and bone graft procedures are covered by the health plan.				
<b>Vein procedures</b>	Prior authorization required				
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		36468	36473	36475	36478
		37700	37718	37722	37765
		37766	37780		
<b>Vision</b>	Prior authorization required				
		V2744	V2750	V2784	
		For dates of service on or after 8/1/2021, prior authorization will also be required for these codes:			
		S0580	V2200	V2201	V2202
		V2203	V2204	V2205	V2206
		V2207	V2208	V2209	V2210
		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	V2745
		V2755	V2760	V2761	V2770
		V2780	V2782	V2783	V2799
<b>Wound vac</b>	Prior authorization required	E2402			