

# Prior authorization requirements for UnitedHealthcare Community Plan of Hawaii

Effective Oct. 1, 2024

## 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 requests 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](https://UHCprovider.com) and click Sign In at 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](https://UHCprovider.com/access).
- **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			
<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 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	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*
		37230*	37231*	93580**	

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**Procedures and services**

**Additional information**

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

**Cardiovascular  
(cont.)**

**\*Prior authorization not required for the following diagnosis codes:**

E08.52	E09.52	E10.52	E11.52
E13.52	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	I70.321	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	I70.421	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	I70.521	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	I70.621	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	I70.721	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	I72.3	I72.4	I72.8
I72.9	I77.2	I77.70	I77.72
I77.77	I77.79	I74.3	I74.4
I74.5	I74.8	I74.9	I75.021
I75.022	I75.023	I75.029	I75.89
T82.818A	T82.868A	S81.801A	S81.802A
S81.809A	S91.301A	S91.302A	S91.309A
M86.051	M86.052	M86.059	M86.061

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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<b>Cardiovascular (cont.)</b>		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
	Prior authorization is not required for outpatient hospital or ambulatory surgical center.	95714	95715	95716	95718
		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	A9607	A9699	J0640
		J0641	J0642	J0897	J1442
		J1447	J1448	J1449	J1456
		J1932	J1950	J1952	J1954
		J2506	J2820	J9000	J9021
		J9022	J9025	J9029	J9033
		J9035	J9036	J9037	J9040
		J9043	J9045	J9046	J9047
		J9048	J9049	J9051	J9052
		J9056	J9057	J9058	J9059
		J9060	J9061	J9063	J9064
		J9071	J9072	J9073	J9074

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Chemotherapy (cont.)</b>		J9075	J9118	J9119	J9130
		J9144	J9145	J9153	J9155
		J9165	J9171	J9172	J9173
		J9175	J9176	J9177	J9178
		J9179	J9181	J9190	J9196
		J9198	J9201	J9202	J9203
		J9204	J9206	J9207	J9212
		J9213	J9214	J9215	J9216
		J9217	J9218	J9223	J9226
		J9227	J9228	J9229	J9246
		J9247	J9248	J9249	J9255
		J9258	J9259	J9260	J9263
		J9264	J9266	J9267	J9269
		J9270	J9271	J9272	J9273
		J9274	J9280	J9281	J9285
		J9286	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	J9331	J9332
		J9333	J9334	J9345	J9347
		J9348	J9349	J9350	J9352
		J9353	J9354	J9355	J9356
		J9358	J9359	J9360	J9361
		J9370	J9376	J9380	J9390
		J9393	J9394	J9395	J9400
		J9600	J9999	Q2017	Q2043
		Q2049	Q2050	Q2055	Q2056
		Q5101	Q5107	Q5108	Q5110
		Q5111	Q5112	Q5113	Q5114
	Q5115	Q5116	Q5117	Q5118	
	Q5119	Q5120	Q5122	Q5123	
	Q5125	Q5126	Q5127	Q5129	
		Q5130			
<b>Cochlear and other auditory implants</b> 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
<b>Continuous glucose monitor</b>	Prior authorization required	A4226	A4239	A9276	A9277

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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<b>Continuous glucose monitor (cont.)</b>		A9278	E0787	E2102	E2103
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<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
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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
<b>Cosmetic and reconstructive procedures (cont.)</b>		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
		Prosthetics are not DME — see Orthotics and prosthetics.	E0457	E0460	E0465	E0466
		E0470	E0471	E0483	E0486	
Some home health care services may qualify but are not subject to the cost threshold — see Home health care.		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	
		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		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Durable Medical Equipment (DME) (cont.)</b>		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
	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.	81405	81406	81407	81408
		81410	81411	81412	81415
		81416	81417	81420	81431
		81432	81433	81435	81436
		81437	81438	81440	81443
		81445	81448	81460	81465
		81479	81507	81518	81519
		81520	81521	81522	81523
		81546	81595	81599	87505
		87506	87507	0006M	0007M
	0022U	0023U	0026U	0018U	
	Notification/prior authorization				

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>	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	0060U	0087U	0088U	0055U
		0111U	0129U	0154U	0173U
		0170U	0171U	0172U	0214U
		0175U	0179U	0209U	0218U
		0215U	0216U	0217U	0250U
		0237U	0238U	0245U	0258U
		0252U	0253U	0254U	0265U
		0260U	0262U	0264U	0269U
		0266U	0267U	0268U	0273U
		0270U	0271U	0272U	0278U
		0274U	0276U	0277U	0287U
		0282U	0285U	0286U	0291U
		0288U	0289U	0290U	0296U
		0292U	0293U	0294U	0300U
0297U	0298U	0299U	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 <a href="https://uhcprovider.com">UHCprovider.com</a> . 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 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> <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>	Please request prior authorization online or by phone, using the instructions at the top of page 1.			
<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	T2044	T2045		
		Prior authorization not required			



**Procedures and services**

**Additional information**

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

for members residing in a skilled nursing facility

**Injectable medications**

Prior authorization required\*

<b>Actemra®</b>				
J3262				
<b>Acthar®</b>				
J0801				
<b>Adakveo®</b>				
J0791				
<b>Aduhelm®</b>				
J0172				
<b>Adzynma</b>				
J7171				
<b>Aldurazyme®</b>				
J1931				
<b>Amondys 45</b>				
J1426				
<b>Amvuttra</b>				
J0225				
<b>Aralast NP®</b>				
J0256				
<b>Avsola™</b>				
Q5121				
<b>Benlysta</b>				
J0490				
<b>Beovu</b>				
J0179				
<b>Beriner®</b>				
J0597				
<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>				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
<b>Injectable medications (cont.)</b>		J2786
		<b>Cinryze®</b>
		J0598
		<b>Cortrophin® Gel</b>
		J0802
		<b>Cosentyx iV</b>
		J3247
		<b>Crysvita®</b>
		J0584
		<b>Cutaquig®</b>
		J1551
		<b>Daxxify</b>
		J0589
		<b>Elaprase®</b>
		J1743
		<b>Elelyso®</b>
		J3060
		<b>Elevidys</b>
		J1413
		<b>Elfabrio</b>
		J2508
		<b>Enjaymo®</b>
		J1302
		<b>Entyvio®</b>
		J3380
		<b>Erythropoiesis Stimulating Agents</b>
		J0885
		<b>Evenity™</b>
		J3111
		<b>Evkeeza™</b>
		J1305
		<b>Exondys 51™</b>
		J1428
		<b>Eylea</b>
		J0178
		<b>Eylea HD</b>
		J0177
		<b>Fabrazyme®</b>
		J0180
		<b>Fasenra™</b>
		J0517
		<b>Fensolvi®</b>
		J1951

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

<b>Feraheme®</b>				
Q0138				
<b>FyInetra®</b>				
Q5130				
<b>Gamifant®</b>				
J9210				
<b>Givlaari®</b>				
J0223				
<b>Glassia®</b>				
J0257				
<b>Hemgenix®</b>				
J1411				
<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>Izervay</b>				
J2782				
<b>Kalbitor®</b>				
J1290				
<b>Kanuma®</b>				
J2840				
<b>Korsuva®</b>				
J0879				
<b>Krystexxa®</b>				
J2507				
<b>Lamzede</b>				
J0217				
<b>Lanreotide®</b>				
J1932				
<b>Lemtrada®</b>				
J0202				
<b>Leqembi®</b>				
J0174				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		<b>Leqvio®</b> J1306
		<b>Lucentis</b> J2778
		<b>Lumizyme®</b> J0221
		<b>Luxturna™</b> J3398
		<b>Mepsevii®</b> J3397
		<b>Monoferric®</b> J1437
		<b>Naglazyme®</b> J1458
		<b>Nexviazyme®</b> J0219
		<b>Nplate®</b> J2796
		<b>Nucala®</b> J2182
		<b>Octreotide Acetate</b> J2354
		<b>Ocrevus™</b> J2350
		<b>Omvoh IV</b> J2267
		<b>Onpattro™</b> J0222
		<b>Orencia®</b> J0129
		<b>Oxlumo™</b> J0224
		<b>Panzyga®</b> J1576
		<b>Parsabiv™</b> J0606
		<b>Pombiliti</b> J1203
		<b>Prolastin C®</b> J0256
		<b>Prolia***</b> J0897
		<b>Qalsody</b>

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
Injectable medications (cont.)	J1304			
	<b>Radicava®</b>			
	J1301			
	<b>Reblozyl®</b>			
	J0896			
	<b>Releuko®</b>			
	Q5125			
	<b>Remicade®</b>			
	J1745			
	<b>Renflexis®</b>			
	Q5104			
	<b>Revcovi®</b>			
	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>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>				
J1300				
<b>Somatuline Depot</b>				
J1930				
<b>Spevigo®</b>				

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

J1747				
<b>Spinraza™</b>				
J2326				
<b>Stimufend®</b>				
Q5127				
<b>Stelara®</b>				
J3358				
<b>Susvimo</b>				
J2779				
<b>Syfovre</b>				
J2781				
<b>Synagis®</b>				
90378				
<b>Tepezza®</b>				
J3241				
<b>Tezspire®</b>				
J2356				
<b>Tofidence</b>				
Q5133				
<b>Trelstar</b>				
J3315				
<b>Triptodur®</b>				
J3316				
<b>Tzield™</b>				
J9381				
<b>Ultomiris™</b>				
J1303				
<b>Unclassified and temporary codes**</b>				
C9172	C9399	J3490	J3590	
<b>Uplizna®</b>				
J1823				
<b>Vabysmo</b>				
J2777				
<b>Veopoz</b>				
J9376				
<b>Viltepso™</b>				
J1427				
<b>Vimizim®</b>				
J1322				
<b>Vyepti™</b>				
J3032				
<b>Vyjuvek</b>				
J3401				

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

**Vyondys 53®**

J1429

**Vyvgart™**

J9332

**Vyvgart Hytrulo**

J9334

**White blood cell colony stimulating factors**

J1442

J1447

J2506

Q5101

Q5108

Q5110

Q5111

Q5120

Q5122

**Xembify®**

J1558

**Xenpozyme™**

J0218

**Xolair®**

J2357

**Zemaira®**

J0256

**Zymfentra**

J1748

\*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, C9172, C9399, J3490 and J3590, prior authorization is only required for Beqvez™, Nulibry™ and Rivfloza

\*\*\*For code J0897: Prior authorization required for non-oncology diagnosis.

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.

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. 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 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>	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.			
<b>Joint replacement</b> 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
<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 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
<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 L0464 L0486 L0632	L0170 L0480 L0624 L0634	L0456 L0482 L0629 L0636	L0462 L0484 L0631 L0637



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Orthotics and prosthetics (cont.)</b>		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
		L5988	L5990	L5999	L6000

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Orthotics and prosthetics (cont.)</b>		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 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 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</b>	Prior authorization only required	21685	41599	42145	

**Procedures and services**

**Additional information**

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

**and surgeries**

Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea

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

**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      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) and Yescarta™ (axicabtagene ciloleucel), 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:				
	<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>				
		0537T	0538T	0539T	0540T
		J9999	Q2041	Q2042	Q2053
		Q2054	Q2055	Q2056	
		<b>CAR-T cell therapy</b>			
		<b>Gene Therapy</b>			
		C9098	C9399*	J3393	J3394
	J3490*	J3590*			
	* Amtagvi, Casgevy, Skysona™, Lantidra and Lenmeldy will require PA through Optum Transplant				
<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*
	*Prior authorization is <b>not</b> required for members 40 years of age or older.	V2202*	V2203*	V2204*	V2205*
		V2206*	V2207*	V2208*	V2209
		V2210*	V2211*	V2212*	V2213*
		V2214*	V2215*	V2218*	V2219*
	**Prior authorization <b>is</b> required for members ages 21 and older.	V2220*	V2221*	V2299*	V2430
		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			
<b>Wound vac</b>	Prior authorization required	E2402			

