

Prior authorization requirements for UnitedHealthcare Community Plan of Hawaii

Effective November 1, 2025

General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Hawaii health care professionals providing inpatient and outpatient services.

Please submit your request in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to **UHCprovider.com** and click Sign In in the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit **UHCprovider.com/access**.
- **Phone:** Call **888-702-2202**
- **Fax:** 866-968-7582. The fax form is available at **Prior Authorization Forms**.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
Behavioral health services	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance use services. For ABA Therapy, submit by fax or Provider Express.			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979		
Breast reconstruction (non-mastectomy) Reconstruction of the breast, except when following mastectomy	Prior authorization required	11971 19328 19350 19367 19371	19316 19330 19357 19368 19380	19318 19340 19361 19369 19396	19325 19342 19364 19370 L8600
Cardiovascular	Prior authorization required	37220* 37226* 37230*	37221* 37227* 37231*	37224* 37228* 93580**	37225* 37229*
		*Prior authorization not required for the following diagnosis codes:			
		E08.52	E09.52	E10.52	E11.52

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		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
		M86.062	M86.069	M86.071	M86.072
		M86.079	M86.08	M86.09	M86.1
		M86.10	M86.151	M86.152	M86.159

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19
		M86.20	M86.251	M86.252	M86.259
		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29
		M86.30	M86.351	M86.352	M86.359
		M86.361	M86.362	M86.369	M86.371
		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459
		M86.461	M86.462	M86.469	M86.471
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
		I73.81			
		**Applies to members 18 years of age and older			
Cerebral seizure monitoring – inpatient video electroencephalogram (EEG)	Prior authorization required for inpatient services	95700	95711	95712	95713
		95714	95715	95716	95718
		95720	95722	95724	95726
	Prior authorization is not required for outpatient hospital or ambulatory surgical center.				
Chemotherapy	Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting including intravenous, intravesical and intrathecal for a cancer diagnosis	A9590	A9607	A9699	J0641
		J0642	J0897	J1447	J1448
		J1449	J1932	J1950	J1952
		J2506	J2820	J9000	J9022
		J9025	J9029	J9035	J9036
		J9043	J9045	J9046	J9048
		J9049	J9051	J9056	J9057
		J9060	J9061	J9063	J9071
		J9072	J9073	J9075	J9118
		J9119	J9144	J9145	J9153
		J9165	J9171	J9172	J9175
		J9176	J9177	J9179	J9181
		J9190	J9198	J9201	J9202

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Chemotherapy (cont.)		J9204	J9206	J9207	J9213
		J9214	J9215	J9217	J9218
		J9223	J9227	J9228	J9229
		J9248	J9249	J9260	J9263
		J9266	J9267	J9269	J9271
		J9272	J9273	J9280	J9281
		J9285	J9293	J9294	J9296
		J9298	J9299	J9301	J9304
		J9306	J9308	J9311	J9312
		J9313	J9316	J9317	J9318
		J9321	J9322	J9323	J9325
		J9331	J9332	J9334	J9345
		J9347	J9349	J9350	J9352
		J9354	J9355	J9356	J9359
		J9360	J9361	J9376	J9380
		J9390	J9394	J9395	J9400
		J9999	Q2017	Q2043	Q2050
		Q2055	Q2056	Q5107	Q5108
		Q5110	Q5112	Q5113	Q5114
		Q5116	Q5117	Q5118	Q5120
		Q5122	Q5123	Q5126	Q5127
		Q5129			
Cochlear and other auditory implants	Prior authorization required	69710	69714	69930	L8614
A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech		L8619	L8690	L8691	L8692
Continuous glucose monitor	Prior authorization required	A4226	A4239	A9276	A9277
		A9278	E0787	E2102	E2103
Cosmetic and reconstructive procedures	Prior authorization required	11960	14020*	14021*	14041
		14060	14061*	14301	15820
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		15821	15822	15823	15830
		15847	15877	15878	15879
		17106	17107	17108	17999
		21137	21138	21139	21172
		21175	21179	21180	21181
		21182	21183	21184	21230
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21235	21256	21275	21280
		21282	21295	21740	21742
		21743	28344	30620	67900
		67901	67902	67903	67904
		67906	67908	67909	67911

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cosmetic and reconstructive procedures (cont.)		67912	67914	67915	67916
		67917	67921	67922	67923
		67924	67950	67961	67966
		Q2026			
		*Prior authorization not required when billed with the following diagnosis codes:			
		C43.0	C43.10	C43.111	C43.112
		C43.121	C43.122	C43.20	C43.21
		C43.22	C43.30	C43.31	C43.39
		C43.4	C43.51	C43.52	C43.59
		C43.60	C43.61	C43.62	C43.70
		C43.71	C43.72	C43.8	C43.9
		C44.01	C44.02	C44.09	C44.101
		C44.1021	C44.1022	C44.1091	C44.1092
		C44.111	C44.1121	C44.1122	C44.1191
		C44.1192	C44.121	C44.1221	C44.1222
		C44.1291	C44.1292	C44.131	C44.1321
		C44.1322	C44.1391	C44.1392	C44.191
		C44.1921	C44.1922	C44.1991	C44.1992
		C44.201	C44.202	C44.209	C44.211
		C44.212	C44.219	C44.221	C44.222
		C44.229	C44.291	C44.292	C44.299
		C44.300	C44.301	C44.309	C44.310
		C44.311	C44.319	C44.320	C44.321
		C44.329	C44.390	C44.391	C44.399
		C44.40	C44.41	C44.42	C44.49
		C44.500	C44.501	C44.509	C44.510
		C44.511	C44.519	C44.520	C44.521
		C44.529	C44.590	C44.591	C44.599
		C44.601	C44.602	C44.609	C44.611
		C44.612	C44.619	C44.621	C44.622
		C44.629	C44.691	C44.692	C44.699
		C44.701	C44.702	C44.709	C44.711
		C44.712	C44.719	C44.721	C44.722
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cosmetic and reconstructive procedures (cont.)		D04.39	D04.4	D04.5	D04.60
		D04.61	D04.62	D04.70	D04.71
		D04.72	D04.8	D04.9	
Durable Medical Equipment (DME)	Prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$500	A9279	A9280	A9900	E0194
		E0265	E0266	E0270	E0277
		E0300	E0328	E0329	E0445
		E0457	E0460	E0465	E0466
		E0470	E0471	E0483	E0486
	Prosthetics are not DME — see Orthotics and prosthetics.	E0620	E0636	E0637	E0652
		E0656	E0669	E0670	E0675
		E0693	E0694	E0700	E0710
		E0745	E0762	E0764	E0766
		E0784	E0984	E0986	E1002
	Some home health care services may qualify but are not subject to the cost threshold — see Home health care.	E1003	E1004	E1005	E1006
		E1007	E1008	E1009	E1010
		E1030	E1035	E1036	E1130
		E1161	E1229	E1231	E1232
		E1233	E1234	E1235	E1236
		E1237	E1238	E1239	E1399
		E1825	E2100	E2227	E2228
		E2230	E2298	E2301	E2310
		E2311	E2322	E2325	E2327
		E2329	E2331	E2351	E2373
		E2510	E2511	E2512	E2599
		E2626	E2627	E2628	E2629
		E2630	E8000	K0005	K0008
		K0013	K0108	K0812	K0830
		K0831	K0848	K0849	K0850
		K0851	K0852	K0853	K0854
		K0855	K0856	K0857	K0858
		K0859	K0860	K0861	K0862
		K0863	K0864	K0868	K0869
		K0870	K0871	K0877	K0878
		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	Prior authorization required	B4034	B4035	B4036	B4100
		B4102	B4103	B4104	B4149

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
gastrostomy tube		B4150	B4152	B4153	B4155
		B4158	B4159	B4160	B4161
		B9002	B9998		
Experimental and Investigational (and/or linked services)	Prior authorization required	33477	36514	64722	65765
		65767	66180	A4638	A6000
		A9274	E0231	E1831	S0810
		S1030	S1031	S2102	S9988
		S9990	S9991		
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Genetic and molecular testing to include BRCA gene testing	Prior authorization required for genetic and molecular testing performed in an outpatient setting	81162	81163	81164	81228
		81229	81277	81349	81400
		81401	81402	81403	81404
		81405	81406	81407	81408
		81410	81411	81412	81415
		81416	81417	81431	81432
		81435	81437	81440	81443
		81445	81448	81460	81465
		81479	81518	81519	81520
		81521	81522	81523	81546
	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.	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
	Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare	0218U	0233U	0237U	0238U
		0239U	0242U	0245U	0250U
		0252U	0253U	0254U	0258U
		0260U	0262U	0264U	0265U
		0266U	0267U	0268U	0269U
		0270U	0271U	0272U	0273U
		0274U	0276U	0277U	0278U
		0282U	0285U	0286U	0287U
		0288U	0289U	0290U	0291U
		0292U	0293U	0294U	0296U
		0297U	0298U	0299U	0300U

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.)		0306U	0307U	0318U	0319U
		0320U	0326U	0334U	0355U
		0364U	0378U	0379U	0388U
		0389U	0391U	0395U	0398U
		0409U	0417U	0425U	0426U
		0437U	0444U	0449U	0465U
		0471U	0473U	0474U	0475U
		81425	81426	81427	81439
		81441	81449	81450	81451
		81455	81457	81458	81459
		81462	81463	81464	81471
		81541	81542	81552	S3854
		S3865	S3870		
Hearing aids and hearing aid services	Prior authorization required	Submit prior authorization requests for hearing aid devices through the UnitedHealthcare Provider Portal at UHCprovider.com . You can also call 888-980-8728 or fax the prior authorization request to 800-267-8328 .			
		V5014	V5256	V5257	V5254
		V5255	V5260	V5261	V5258
		V5259	V5275	V5264	V5266
Home and community-based services	Prior authorization required for services including: • 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
		G0160	G0161	G0299	G0300
		G0493	G0494	G0495	G0496
		S5180	S5181	S9122	S9124
		S9128	S9129	S9131	S9474

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Hospice	Prior authorization required only in inpatient settings Prior authorization not required for members residing in a skilled nursing facility	T2044	T2045		
Injectable medications	Prior authorization required*	Actemra® J3262 Acthar® J0801 Adakveo® J0791 Adzynma J7171 Aldurazyme® J1931 Alhemo J7173 Amondys 45 J1426 Amvuttra J0225 Aralast NP® J0256 Avsola™ Q5121 Azmiro J1072 Benlysta J0490 Beovu J0179 Beqvez™ J1414 Berinert® J0597 Bkemv Q5152 Botulinum toxins J0585 Brineura™ J0567 Briumvi			
			J0586	J0587	J0588

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J2329 Byooviz Q5124 Cerezyme® J1786 Cimerli Q5128 Cimzia® J0717 Cinqair® J2786 Cinryze® J0598 Cortrophin® Gel J0802 Cosentyx iV 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™

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		J1305			
		Exondys 51™			
		J1428			
		Eylea			
		J0178			
		Eylea HD			
		J0177			
		Fabrazyme®			
		J0180			
		Fasenra™			
		J0517			
		Fensolvi®			
		J1951			
		Feraheme®			
		Q0138			
		Fynetra®			
		Q5130			
		Gamifant®			
		J9210			
		Givlaari®			
		J0223			
		Glassia®			
		J0257			
		Hemgenix®			
		J1411			
		Hemlibra			
		J7170			
		Hympavzi			
		J7172			
		Ilaris®			
		J0638			
		Ilumya™			
		J3245			
		Imuldosa IV			
		Q5098			
		Inflectra®			
		Q5103			
		Injectafer®			
		J1439			
		IVIG			
		90283	90284	J1459	J1552
		J1554	J1555	J1556	J1557
		J1559	J1561	J1566	J1568
		J1569	J1572	J1575	J1599

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Izervay J2782 Jubbonti-Wyost Q5136 Kalbitor® J1290 Kanuma® J2840 Kisunla J0175 Korsuva® J0879 Krystexxa® J2507 Lamzedo J0217 Lanreotide® J1932 Lemtrada® J0202 Leqembi® J0174 Leqvio® J1306 Lucentis J2778 Lumizyme® J0221 Lutrate Depot J1954 Luxturna™ J3398 Mepsevii® J3397 Monoferic® J1437 Naglazyme® J1458 Nexviazyme® J0219 Niktimvo J9038 Nplate® J2802

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Nucala® J2182 Nulibry J1809 Nypozi Q5148 Octreotide Acetate J2354 Ocrevus™ J2350 Ocrevus Zunovo J2351 OmvoH IV J2267 Onpattro™ J0222 Orencia® J0129 Otulfi IV Q9999 Oxlumo™ J0224 Panzyga® J1576 Parsabiv™ J0606 Pavblu Q5147 PiaSky J1307 Pombiliti J1203 Prolastin C® J0256 Prolia J0897 Pzychiva IV Q9997 Qalsody J1304 Qfitlia J7174 Radicava® J1301

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		Reblozyl®			
		J0896			
		Releuko®			
		Q5125			
		Remicade®			
		J1745			
		Renflexis®			
		Q5104			
		Revcovi®			
		J3590			
		Roctavian			
		J1412			
		Rolvedon™			
		J1449			
		Ruconest®			
		J0596			
		Ryplazim®			
		J2998			
		Rystiggo			
		J9333			
		Sandostatin LAR Depot			
		J2353			
		Saphnelo™			
		J0491			
		Scenesse®			
		J7352			
		Selarsdi			
		Q9998			
		Signifor® LAR			
		J2502			
		Simponi Aria®			
		J1602			
		Skyrizi®			
		J2327			
		Sodium Hyaluronate			
		J7320	J7321	J7322	J7324
		J7325	J7326	J7327	J7329
		J7331	J7332		
		Soliris®			
		J1299			
		Somatuline Depot			
		J1930			
		Spevigo®			
		J1747			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Spinraza™ J2326 Stimufend® Q5127 Stelara® J3358 Stequeyma IV Q5099 Susvimo J2779 Syfovre J2781 Synagis® 90378 Tepezza® J3241 Tezspire® J2356 Tofidence Q5133 Trelstar J3315 Tremfya IV J1628 Triptodur® J3316 Tyenne Q5135 Tziel™ J9381 Ultomiris™ J1303 Unclassified and temporary codes** C9399 J3490 J3590 Uplizna® J1823 Vabysmo J2777 Veopoz J9376 Viltepso™ J1427 Vimizim® J1322

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		Vyepti™			
		J3032			
		Vyjuvek			
		J3401			
		Vyondys 53®			
		J1429			
		Vyvgart™			
		J9332			
		Vyvgart Hytrulo			
		J9334			
		Wezlana IV			
		Q5138			
		White blood cell colony stimulating factors			
		J1442	J1447	J2506	Q5101
		Q5108	Q5110	Q5111	Q5120
		Q5122			
		Xembify®			
		J1558			
		Xenpozyme™			
		J0218			
		Xolair®			
		J2357			
		Yesintek IV			
		Q5100			
		Zemaira®			
		J0256			
*For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or call 888-397-8129.					
** For unclassified and temporary codes C9399, J3490 and J3590, prior authorization is only required for Nulibry™ and Rivfloza, 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			
Inpatient services	Prior authorization required For emergency admissions, please notify us within 48 hours of admission. Routine obstetrics (OB) and deliveries require notification only. Examples of inpatient services include: • Acute inpatient rehabilitation • All neonatal intensive care (NICU) admissions including newborns, regardless of length of stay (LOS) • Elective inpatient admissions • OB and newborn confinements exceeding 2 days' LOS for vaginal and 4-day LOS for cesarean section • Skilled nursing facility (SNF), transitional and sub-acute care	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.			
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	23470 24360 24370 27130 27138 27486 29868	23472 24361 24371 27132 27412 27487 J7330	23473 24362 27120 27134 27446 29866 S2112	23474 24363 27125 27137 27447 29867
Non-emergent air ambulance transport	Prior authorization required	S9960	S9961		
Off island travel (including out-of-state travel)	Prior authorization required	Please request prior authorization online, or by phone, using the instructions at the top of page 1.			
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121 21141 21146 21154 21188 21196 21208	21123 21142 21147 21155 21193 21198 21209	21125 21143 21150 21159 21194 21199 21210	21127 21145 21151 21160 21195 21206 21215

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		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
		L6970	L6975	L7007	L7008
		L7009	L7040	L7045	L7170
		L7180	L7181	L7185	L7186
		L7190	L7191	L7405	L8040
		L8042	L8043	L8044	L8045
		L8046	L8047	L8499	L8609
		L8610	L8612	L8631	L8659
Private duty nursing	Prior authorization only required	T1000	T1002	T1003	
Potentially unproven services	Prior authorization required	33289	C2624		
Prostate Procedures	Prior authorization required	37243 53852	52441 55873	52442 55874	53850
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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 63005 63016 63040 63047 63064 63085 63102 63185 63250 63267 63272 63302 63306	22101 22114 22212 22510 22514 22548 22558 22600 22633 22808 22819 22852 22899 63011 63017 63042 63050 63075 63087 63170 63190 63251 63268 63286 63303 63307	22102 22206 22214 22511 22515 22551 22586 22610 22800 22810 22830 22855 63001 63012 63020 63045 63055 63077 63090 63172 63191 63252 63270 63300 63304 63308	22110 22207 22220 22512 22532 22554 22590 22612 22802 22812 22849 22856 63003 63015 63030 63046 63056 63081 63101 63173 63200 63265 63271 63301 63305 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			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization																							
Stimulators (cont.)		64590 L8686	L8680 L8687	L8682 L8688	L8685																				
Transplants	Prior authorization required Organ transplants are a carve-out benefit under the State of Hawaii Organ and Tissue Transplant (SHOTT) program and are not covered by the Hawaii Medicaid QUEST Integration health plan. UnitedHealthcare Community Plan of Hawaii manages the referral process to SHOTT. Transplant services include: • Allogenic and autologous bone marrow transplants • Heart • Kidney • Liver • Lung • Pancreas • Small bowel with or without liver • Corneal transplant and bone graft procedures are covered by the health plan.	For transplant and CAR T-cell therapy services including Abecma® (Idescaptagene Cicleucel), Breyanzi®, (Lisocabtagene), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel), Tecelra (afamitresgene autoleucel) and Yescarta™ (axicabtagene ciloleucel) and Zevaskyn™ (prademagene zamikeracel) call the UnitedHealthcare Community and State Transplant Case Management team at 888-936-7246 or the notification number on the back of the member’s health plan ID card. CAR-T cell therapy <table><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> Gene Therapy <table><tr><td>C9098</td><td>C9399*</td><td>J3392</td><td>J3393</td></tr><tr><td>J3394</td><td>J3402</td><td>J3490*</td><td>J3590*</td></tr></table> * Amtagvi, Skysona™, Lantidra and Lenmeldy will require PA through Optum Transplant				J3391	J9999	Q2041	Q2042	Q2053	Q2054	Q2055	Q2056	Q2057	Q2058			C9098	C9399*	J3392	J3393	J3394	J3402	J3490*	J3590*
J3391	J9999	Q2041	Q2042																						
Q2053	Q2054	Q2055	Q2056																						
Q2057	Q2058																								
C9098	C9399*	J3392	J3393																						
J3394	J3402	J3490*	J3590*																						
Vein procedures	Prior authorization required	36473 37718 37780	36475 37722	36478 37765	37700 37766																				
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities																									
Vision	Prior authorization required *Prior authorization is not required for members 40 years of age or older.	S0500 V2202* V2206* V2210* V2214*	S0580 V2203* V2207* V2211* V2215*	V2200* V2204* V2208* V2212* V2218*	V2201* V2205* V2209 V2213* V2219*																				

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