Prior authorization requirements for UnitedHealthcare Community Plan of Hawaii

Effective November 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
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43645 43659 43770 43775 43842 43845 43846 43847 43848 43860
Behavioral health services	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance use services. For ABA Therapy, submit by fax or Provider Express.
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975 20979
Breast reconstruction (non-mastectomy) Reconstruction of the breast, except when following mastectomy	Prior authorization required	11971 19316 19318 19325 19328 19330 19340 19342 19350 19357 19361 19364 19367 19368 19369 19370 19371 19380 19396 L8600
Cancer supportive care	Prior authorization required	Q5136 Q5157 Q5158 Q5159 **Antiemetics** J1434 J1456 J2468 **Colony stimulating factors** J1449 Q5125 Q5148 **Erythropoiesis Stimulating Agents** J0885
Cardiovascular	Prior authorization	37254 37256 37258 37260

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)	required	37263	37265	37267	37269
		37271	37273	37275	37277
		37280	37282	37284	37286
		37288	37290	37292	37294
		37296	37298	93580*	
		*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	I73.00	I73.01	I73.1
		I73.81	I74.3	I74.4	I74.5

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		I74.8	I74.9	I75.021	I75.022
		I75.023	I75.029	I75.89	I77.2
		I77.70	I77.72	I77.77	I77.79
		I96	L03.115	L03.116	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	M86.8X51
		M86.8X52	M86.8X59	M86.8X61	M86.8X62
		M86.8X69	M86.8X71	M86.8X72	M86.8X79
		M86.8X89	M86.8X9	M86.9	Q27.30
		Q27.32	Q27.39	Q27.8	Q27.9
		Q87.2	S35.511A	S35.512A	S81.801A
		S81.802A	S81.809A	S91.301A	S91.302A
		S91.309A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.818A	T82.868A	T82.898A	
		** Applies to enrollees 18yrs and older			
Chemotherapy	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	J2860
		J3055	J3263	J9000	J9003
		J9011	J9021	J9022	J9024
		J9025	J9026	J9028	J9029
		J9033	J9035	J9036	J9038
		J9040	J9043	J9045	J9046
		J9047	J9048	J9049	J9051

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Chemotherapy (cont.)		J9052	J9053	J9054	J9056
		J9057	J9060	J9061	J9062
		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	J9183	J9184
		J9190	J9196	J9198	J9201
		J9202	J9203	J9204	J9206
		J9207	J9213	J9214	J9215
		J9216	J9217	J9218	J9223
		J9226	J9227	J9228	J9229
		J9232	J9246	J9248	J9249
		J9255	J9260	J9263	J9264
		J9266	J9267	J9269	J9271
		J9272	J9273	J9274	J9275
		J9276	J9277	J9278	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	J9601
		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	Q5161
		Q5162	Q5165	Q5166	Q5167
		Q5169	Q5171		

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cochlear and other auditory implants A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710 L8619	69714 L8690	69930 L8691	L8614 L8692
Continuous glucose monitor	Prior authorization required	A4226 A9278	A4239 E0787	A9276 E2102	A9277 E2103
Cosmetic and reconstructive procedures Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required	11960 14060 15821 15847 17106 21137 21175 21182 21235 21282 21743 67901 67906 67912 67917 67924 Q2026	14020* 14061* 15822 15877 17107 21138 21179 21183 21256 21295 28344 67902 67908 67914 67921 67950	14021* 14301 15823 15878 17108 21139 21180 21184 21275 21740 30620 67903 67909 67915 67922 67961	14041 15820 15830 15879 17999 21172 21181 21230 21280 21742 67900 67904 67911 67916 67923 67966
		*Prior authorization not required when billed with the following diagnosis codes:			
		C43.0 C43.121 C43.22 C43.4 C43.60 C43.71 C44.01 C44.1021 C44.111 C44.1192 C44.1291 C44.1322 C44.1921 C44.201 C44.212 C44.229 C44.300	C43.10 C43.122 C43.30 C43.51 C43.61 C43.72 C44.02 C44.1022 C44.1121 C44.121 C44.1292 C44.1391 C44.1922 C44.202 C44.219 C44.291 C44.301	C43.111 C43.20 C43.31 C43.52 C43.62 C43.8 C44.09 C44.1091 C44.1122 C44.1221 C44.131 C44.1392 C44.1991 C44.209 C44.221 C44.292 C44.309	C43.112 C43.21 C43.39 C43.59 C43.70 C43.9 C44.101 C44.1092 C44.1191 C44.1222 C44.1321 C44.191 C44.1992 C44.211 C44.222 C44.299 C44.310

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cosmetic and reconstructive procedures (cont.)		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
		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 Prosthetics are not DME — see Orthotics and prosthetics. Some home health care services may qualify but are not subject to the cost threshold — see Home health care.	A9279	A9900	E0194	E0265
		E0266	E0270	E0277	E0300
		E0328	E0329	E0445	E0457
		E0460	E0465	E0466	E0470
		E0471	E0483	E0486	E0620
		E0636	E0637	E0652	E0656
		E0669	E0670	E0675	E0693
		E0694	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

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Durable medical equipment (DME) (cont.)		E2373 E2628 K0005 K0812 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891 V2786 V5272 V5283 V5290	E2510 E2629 K0008 K0830 K0850 K0854 K0858 K0862 K0869 K0878 K0885 S1040 V5269 V5274 V5286	E2626 E2630 K0013 K0831 K0851 K0855 K0859 K0863 K0870 K0879 K0886 T1999 V5270 V5281 V5287	E2627 E8000 K0108 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890 T5999 V5271 V5282 V5288
Durable medical equipment (DME) – incontinence supplies	Incontinence supplies are a benefit only when provided through Medline®	To request incontinence supplies, please call Medline at **877-816-5587.**			
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034 B4102 B4150 B4158 B9002	B4035 B4103 B4152 B4159 B9998	B4036 B4104 B4153 B4160	B4100 B4149 B4155 B4161
Experimental and investigational (and/or linked services)	Prior authorization required	33477 65767 A9274 S1030 S9990	36514 66180 E0231 S1031 S9991	64722 A4638 E1831 S2102	65765 A6000 S0810 S9988
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
Genetic and molecular testing to include BRCA gene testing	Prior authorization required for genetic and molecular testing performed in an outpatient setting Care providers requesting laboratory testing will be required to complete the	81162 81229 81401 81405 81410 81416 81435 81445	81163 81277 81402 81406 81411 81417 81437 81448	81164 81349 81403 81407 81412 81431 81440 81460	81228 81400 81404 81408 81415 81432 81443 81465

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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.)	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. 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	81479 81520 81546 87505 0023U 0048U 0094U 0171U 0212U 0216U 0238U 0250U 0272U 0307U 0326U 0378U 0391U 0425U 0474U 0481U 0487U 0502U 0530U 0540U 0554U 81425 81441 81455 81462 81541 S3865 S3854	81521 81558 87506 0026U 0050U 0101U 0118U 0179U 0213U 0217U 0239U 0265U 0273U 0288U 0318U 0334U 0379U 0395U 0426U 0475U 0483U 0493U 0504U 0536U 0543U 0562U 81426 81449 81457 81463 81542 S3870	81518 81522 81595 0018U 0037U 0087U 0102U 0129U 0209U 0214U 0242U 0268U 0274U 0289U 0319U 0355U 0388U 0398U 0444U 0478U 0484U 0499U 0505U 0523U 0538U 0567U 81427 81450 81458 81464 81552	81519 81523 81599 0022U 0047U 0088U 0103U 0211U 0215U 0237U 0245U 0271U 0276U 0306U 0320U 0364U 0389U 0409U 0473U 0480U 0485U 0500U 0506U 0529U 0539U 0552U 0571U 81439 81451 81459 81471
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 V5255 V5259	V5256 V5260	V5257 V5261	V5254 V5258
Home and community-based services	Prior authorization required for services including: • Adult day health (ADH) • Adult day care (ADC) • Assisted living services	Please request prior authorization online or by phone, using the instructions at the top of page 1.			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	• 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)				
Home health care	Prior authorization required only in outpatient settings, to include patient's home	G0151 G0156 G0160 G0493 S5180 S9128	G0152 G0157 G0161 G0494 S5181 S9129	G0153 G0158 G0299 G0495 S9122 S9131	G0155 G0159 G0300 G0496 S9124 S9474
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 **Avlayah** J1757 **Avsola™** Q5121 **Avtozma** Q5156 **Azmiro** J1072			

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		**Benlysta** J0490 **Beovu** J0179 **Beqvez™** J1414 **Berinert®** J0597 **Bildyos** Q5162 **Bkemv** Q5152 **Bosaya** Q5161 **Botulinum toxins** J0585 J0586 J0587 J0588 **Brineura™** J0567 **Briumvi** J2329 **Byooviz** Q5124 **Cerezyme®** J1786 **Cimerli** Q5128 **Cimzia®** J0717 **Cinqair®** J2786 **Cinryze®** J0598 **Conexxence** Q5158 **Cortrophin® Gel** J0802 **Cosentyx iV** J3247 **Crysvita®** J0584 **Cutaquig®** J1551 **Daxxify** J0589

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		**Elaprase®** J1743 **Elelyso®** J3060 **Elevidys** J1413 **Elfabrio** J2508 **Encelto** J3403 **Enjaymo®** J1302 **Entyvio®** J3380 **Epysqli** Q5151 **Erythropoiesis Stimulating Agents** J0885 **Evenity™** J3111 **Evkeeza™** J1305 **Exdensur** J2361 **Exondys 51™** J1428 **Eylea** J0178 **Eylea HD** J0177 **Fabrazyme®** J0180 **Fasenra™** J0517 **Fensolvi®** J1951 **Feraheme®** Q0138 **Fylnetra®** Q5130 **Gamifant®** J9210 **Gazyva** J9301

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		**Givlaari®** J0223 **Glassia®** J0257 **Hemgenix®** J1411 **Hemlibra** J7170 **Hyalgan, Supartz, Visco-3** J7321 **Hymovis, Hymovis One** J7322 **Hympavzi** J7172 **Ilaris®** J0638 **Ilumya™** J3245 **Imaavy** J9256 **Imuldosa IV** Q5098 **Inflectra®** Q5103 **Injectafer®** J1439 **Itvisma** J3405 **IVIG** 90283 90284 J1459 J1552 J1553 J1554 J1555 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599 **Izervay** J2782 **Jubbonti-Wyost** Q5136 **Kalbitor®** J1290 **Kanuma®** J2840 **Kisunla** J0175

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		**Korsuva®** J0879 **Krystexxa®** J2507 **Lamzede** J0217 **Lanreotide®** J1932 **Lemtrada®** J0202 **Leqembi®** J0174 **Leqvio®** J1306 **Loargys** J1818 **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

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		**Ocrevus™** J2350 **Ocrevus Zunovo** J2351 **Omvoh IV** J2267 **Onpattro™** J0222 **Orencia®** J0129 **Ospomyv** Q5159 **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 **Qivigy** J1577 **Radicava®** J1301 **Reblozyl®** J0896

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		**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 J7324 J7325 J7326 J7327 J7329 J7331 J7332 **Soliris®** J1299 **Somatuline Depot** J1930 **Spevigo®** J1747 **Spinraza™** J2326 **Spravato**

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J0013 **Starjemza** Q5164 **Stimufend®** Q5127 **Stelara®** J3358 **Steqeyma IV** 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™**

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J1427 **Vimizim®** J1322 **Vyepti™** J3032 **Vyjuvek** J3401 **Vyondys 53®** J1429 **Vyvgart™** J9332 **Vyvgart Hytrulo** J9334 **Waskyra** J3386 **Wezlana IV** Q5138 **White blood cell colony stimulating factors** J1442 J1447 J2506 Q5101 Q5108 Q5110 Q5111 Q5120 Q5122 **Xembify®** J1558 **Xenpozyme™** J0218 **Xolair®** J2357 **Yartemlea** J1289 **Yesintek IV** Q5100 **Zemaira®** J0256 **Zolgensma** 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.

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		** For unclassified and temporary codes C9399, J3490 and J3590, prior authorization is only required for Kebilidi, 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.
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 23472 23473 23474 27120 27125 27130 27132 27134 27137 27138 27412 27446 27447 27486 27487 29866 29867 29868 J7330 S2112
Non-emergent air ambulance transport	Prior authorization required	S9960 S9961
Off island travel (including out-of-state travel)	Prior authorization required	Please request prior authorization online, or by phone, using the instructions at the top of page 1.

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
Orthotics and prosthetics	Prior authorization required for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than $500	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1820	L1832	L1834
		L1840	L1844	L1845	L1846
		L1860	L1945	L1950	L1970
		L2000	L2005	L2010	L2020
		L2030	L2034	L2036	L2037
		L2038	L2060	L2106	L2108
		L2126	L2136	L2350	L2510
		L2526	L2627	L2628	L3230
		L3720	L3649	L3671	L3674
		L3764	L3730	L3740	L3763
		L3905	L3900	L3901	L3904
		L3976	L3961	L3971	L3975
		L4010	L3977	L3999	L4000
		L5020	L4020	L4631	L5010
		L5105	L5050	L5060	L5100
		L5210	L5150	L5160	L5200
		L5270	L5220	L5230	L5250
		L5321	L5280	L5301	L5312
		L5420	L5331	L5341	L5400
		L5510	L5460	L5500	L5505
		L5540	L5520	L5530	L5535
		L5585	L5560	L5570	L5580
		L5610	L5590	L5595	L5600
		L5639	L5613	L5614	L5616
		L5644	L5640	L5642	L5643
		L5649	L5646	L5647	L5648
		L5661	L5651	L5653	L5657

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L5700	L5673	L5682	L5683
		L5706	L5702	L5703	L5705
		L5724	L5716	L5718	L5722
		L5790	L5726	L5728	L5780
		L5814	L5795	L5811	L5812
		L5824	L5816	L5818	L5822
		L5845	L5826	L5828	L5830
		L5930	L5848	L5857	L5858
		L5962	L5950	L5960	L5961
		L5973	L5964	L5966	L5968
		L5981	L5976	L5979	L5980
		L5987	L5982	L5984	L5986
		L6034	L5988	L5990	L5999
		L6039	L6035	L6036	L6038
		L6110	L6050	L6055	L6100
		L6205	L6120	L6130	L6200
		L6320	L6250	L6300	L6310
		L6380	L6350	L6360	L6370
		L6450	L6382	L6384	L6400
		L6580	L6500	L6550	L6570
		L6588	L6582	L6584	L6586
		L6624	L6590	L6621	L6623
		L6687	L6646	L6648	L6686
		L6693	L6689	L6690	L6692
		L6697	L6694	L6695	L6696
		L6709	L6704	L6707	L6708
		L6714	L6711	L6712	L6713
		L6882	L6715	L6880	L6881
		L6895	L6883	L6884	L6885
		L6915	L6900	L6905	L6910
		L6935	L6920	L6925	L6930
		L6955	L6940	L6945	L6950
		L6975	L6960	L6965	L6970
		L7040	L7007	L7008	L7009
		L7181	L7045	L7170	L7180
		L7191	L7185	L7186	L7190
		L8043	L7405	L8040	L8042
		L8047	L8044	L8045	L8046
		L8612	L8499	L8609	L8610
		L8631	L8659		
Private duty nursing	Prior authorization only required	T1000	T1002	T1003	
Potentially unproven services	Prior authorization required	33289	C2624		
Prostate Procedures	Prior authorization	37243	52441	52442	53850

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Prostate Procedures (cont.)	required		55873		
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization only required	21685	41599	42145	
Spinal surgery	Prior authorization required	22206 22214 22511 22515 22551 22586 22610 22800 22810 22830 22849 22899 63011 63017 63042 63050 63075 63087 63185 63252 63271 63302 63306 0656T	22207 22220 22512 22532 22554 22590 22612 22802 22812 22836 22852 63001 63012 63020 63045 63055 63077 63090 63190 63267 63272 63303 63307 0657T	22210 22224 22513 22533 22556 22595 22630 22804 22818 22837 22856 63003 63015 63030 63046 63056 63081 63101 63191 63268 63300 63304 63308 0790T	22212 22510 22514 22548 22558 22600 22633 22808 22819 22838 22861 63005 63016 63040 63047 63064 63085 63102 63251 63270 63301 63305 0098T
Stimulators Implantation of a device that	Prior authorization required	**Bone growth stimulator** E0747	E0748	E0749	E0760

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
sends electrical impulses		**Neurostimulator** 43648 43881 61863 61867 61885 61886 63650 63655 63685 64553 64555 64568 64590 L8680 L8682 L8685 L8686 L8687 L8688
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® (Idecaptagene Cicleucel), Breyanzi®, (Lisocabtagene), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel), Tecelra (afamitresgene autoleucel), Yartemlea® (narsoplimab-wuug) 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** J3391 J9999 Q2041 Q2042 Q2053 Q2054 Q2055 Q2056 Q2057 Q2058 **Gene Therapy** C9098 C9399* J1289 J3387 J3389 J3392 J3393 J3394 J3402 J3490* J3590* * Amtagvi, Kresladi, Lantidra and Lenmeldy will require PA through Optum Transplant
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization required	36473 36475 36478 37700 37718 37722 37765 37766 37780
Vision	Prior authorization required *Prior authorization is **not**	S0500 S0580 V2200* V2201* V2202* V2203* V2204* V2205* V2206* V2207* V2208* V2209 V2210* V2211* V2212* V2213*

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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Vision (cont.)	required for members 40 years of age or older. **Prior authorization **is** required for members ages 21 and older.	V2214*	V2215*	V2218*	V2219*
		V2220*	V2221*	V2299*	V2430
		V2500	V2501	V2502	V2503
		V2510	V2511	V2512	V2513
		V2520	V2521	V2522	V2523
		V2524	V2530	V2531	V2599
		V2631	V2700	V2710	V2715
		V2730	V2744	V2745	V2750
		V2755	V2760	V2761	V2770
		V2780	V2782	V2783	V2784**
		V2799			
Wound vac	Prior authorization required	E2402			

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