

# Prior authorization requirements for Hawaii Medicaid

Effective Apr. 1, 2023

## 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 tool on the UnitedHealthcare Provider Portal. Go to [UHCprovider.com](https://UHCprovider.com) and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tile on your provider portal dashboard.
- **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**	
<b>*Prior authorization not required for the following diagnosis codes:</b>					
		E08.52	E09.52	E10.52	E11.52
		E13.52	I70.221	I70.222	I70.223
		I70.228	I70.229	I70.231	I70.232

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

**Cardiovascular  
(cont.)**

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
M86.161	M86.162	M86.169	M86.171

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

**Cardiovascular (cont.)**

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  
 Prior authorization is not required for outpatient hospital or ambulatory surgical center.

95700	95711	95712	95713
95714	95715	95716	95718
95720	95722	95724	95726

**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	J0640
J0641	J0642	J0897	J1442
J1447	J1448	J1950	J1952
J2506	J2820	J9000	J9021
J9022	J9025	J9033	J9035
J9036	J9037	J9040	J9043
J9044	J9045	J9047	J9057
J9060	J9061	J9070	J9071
J9118	J9119	J9130	J9144
J9145	J9153	J9155	J9165
J9171	J9173	J9175	J9176
J9177	J9178	J9179	J9181
J9190	J9198	J9201	J9202
J9203	J9204	J9206	J9207
J9212	J9213	J9214	J9215
J9216	J9217	J9218	J9223

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Chemotherapy (cont.)</b>		J9226	J9227	J9228	J9229
		J9246	J9247	J9250	J9260
		J9263	J9264	J9266	J9267
		J9269	J9270	J9271	J9272
		J9273	J9274	J9280	J9281
		J9285	J9293	J9298	J9299
		J9301	J9303	J9304	J9306
		J9308	J9309	J9311	J9312
		J9313	J9316	J9317	J9318
		J9319	J9325	J9331	J9332
		J9348	J9349	J9352	J9353
		J9354	J9355	J9356	J9358
		J9359	J9360	J9370	J9390
		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	
<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	A4238	A4239	A9276
		A9277	A9278	E0787	E2102
		E2103			
<b>Cosmetic and reconstructive procedures</b> Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization required	11960	14020	14021	14041
		14060	14061	14301	15820
		15821	15822	15823	15830
		15847	15877	15878	15879
		17106	17107	17108	17999
		21137	21138	21139	21172
		21175	21179	21180	21181
		21182	21183	21184	21230
		21235	21256	21275	21280
		21282	21295	21740	21742
		21743	28344	30620	67900
		67901	67902	67903	67904
		67906	67908	67909	67911
	67912	67914	67915	67916	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Cosmetic and reconstructive procedures (cont.)</b>		67917	67921	67922	67923
		67924	67950	67961	67966
		Q2026			
<b>Durable Medical Equipment (DME)</b>	<p>Prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$500</p> <p>Prosthetics are not DME — see Orthotics and prosthetics.</p> <p>Some home health care services may qualify but are not subject to the cost threshold — see Home health care.</p>	A9279	A9280	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	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	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	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			
or through a gastrostomy tube		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	
<b>Genetic and molecular testing to include BRCA gene testing</b>	Prior authorization required for genetic and molecular testing performed in an outpatient setting  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.  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	81105	81106	81107	81108
		81109	81110	81111	81120
		81121	81161	81162	81163
		81164	81165	81166	81167
		81168	81170	81171	81172
		81173	81174	81175	81176
		81177	81178	81179	81180
		81181	81182	81183	81184
		81185	81186	81187	81188
		81189	81190	81191	81192
		81193	81194	81200	81201
		81203	81204	81205	81208
		81209	81212	81216	81218
		81220	81222	81223	81224
		81225	81226	81227	81228
		81229	81230	81231	81232
		81233	81234	81236	81237
		81238	81239	81240	81241
		81242	81243	81244	81245
		81246	81247	81248	81249
81250	81251	81252	81253		
81254	81255	81256	81257		
81258	81259	81260	81261		
81262	81263	81264	81265		
81266	81267	81268	81269		
81271	81272	81273	81274		
81276	81277	81278	81279		
81283	81284	81285	81286		
81287	81288	81289	81290		
81291	81292	81294	81295		
81297	81298	81300	81302		

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.)**

81303	81304	81305	81306
81307	81309	81310	81312
81313	81314	81315	81316
81317	81318	81319	81320
81321	81322	81323	81324
81325	81326	81327	81328
81329	81330	81331	81332
81333	81334	81335	81336
81337	81338	81339	81340
81341	81342	81343	81344
81345	81346	81347	81348
81349	81350	81351	81352
81353	81355	81357	81360
81361	81362	81363	81364
81370	81371	81372	81373
81375	81376	81377	81378
81379	81380	81381	81382
81383	81400	81401	81402
81403	81404	81405	81406
81407	81408	81410	81411
81412	81415	81416	81417
81419	81420	81430	81431
81432	81433	81434	81435
81436	81437	81438	81440
81442	81443	81445	81448
81460	81465	81470	81471
81479	81507	81518	81519
81520	81521	81522	81523
81546	81554	81595	81599
87481	87482	87505	87506
87507	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	0168U	0169U	0170U
0171U	0172U	0173U	0175U

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>		0177U	0179U	0180U	0181U
		0182U	0183U	0184U	0185U
		0186U	0187U	0188U	0189U
		0190U	0191U	0192U	0193U
		0194U	0195U	0196U	0197U
		0198U	0199U	0200U	0201U
		0203U	0205U	0209U	0214U
		0215U	0216U	0217U	0218U
		0221U	0222U	0229U	0230U
		0231U	0232U	0234U	0235U
		0236U	0237U	0238U	0245U
		0246U	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	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	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> <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



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Home health care (cont.)</b>		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 for members residing in a skilled nursing facility				
<b>Injectable medications</b>	Prior authorization required*	<b>Actemra®</b>	J3262	<b>Acthar®</b>	J0800
		<b>Adakveo®</b>	J0791	<b>Aldurazyme®</b>	J1931
		<b>Amondys 45</b>	J1426	<b>Amvuttra</b>	J0225
		<b>Apretude™</b>	J0739	<b>Aralast NP®</b>	J0256
		<b>Avsola™</b>	Q5121	<b>Benlysta</b>	J0490
		<b>Beriner®</b>	J0597	<b>Botulinum toxins</b>	J0585
		<b>Brineura™</b>	J0567	<b>Cabenuva®</b>	J0741
		<b>Cerezyme®</b>	J1786	<b>Cimzia®</b>	J0717
		<b>Cinqair®</b>	J2786	<b>Cinryze®</b>	J2786
		<b>Cinryze®</b>	J2786	<b>Cinryze®</b>	J2786

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

Injectable medications (cont.)	J0598	<b>Crysvita®</b>
	J0584	<b>Cutaquig®</b>
	J1551	<b>Elaprase®</b>
	J1743	<b>Elelyso®</b>
	J3060	<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>Fabrazyme®</b>
	J0180	<b>Fasenra™</b>
	J0517	<b>Fensolvi®</b>
	J1951	<b>Feraheme®</b>
	Q0138	<b>Fylnetra®</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	

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

**Injectable medications (cont.)**

<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>Kanuma®</b>				
J2840				
<b>Korsuva®</b>				
J0879				
<b>Krystexxa®</b>				
J2507				
<b>Lanreotide®</b>				
J1932				
<b>Lemtrada®</b>				
J0202				
<b>Leqvio®</b>				
J1306				
<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>Ocrevus™</b>				
J2350				
<b>Onpattro™</b>				
J0222				

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

**Injectable medications (cont.)**

<b>Orencia®</b>				
J0129				
<b>Oxlumo™</b>				
J0224				
<b>Parsabiv™</b>				
J0606				
<b>Probuphine®</b>				
J0570				
<b>Prolastin C®</b>				
J0256				
<b>Prolia***</b>				
J0897				
<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>Rolvedon™</b>				
J1449				
<b>Ruconest®</b>				
J0596				
<b>Ryplazim®</b>				
J2998				
<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	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	J7331		J7332		
	<b>Soliris®</b>				
	J1300				
	<b>Spevigo®</b>				
	J1747				
	<b>Spinraza™</b>				
	J2326				
	<b>Spravato™</b>				
	S0013				
	<b>Stimufend®</b>				
	Q5127				
	<b>Stelara®</b>				
	J3358				
	<b>Sublocade™</b>				
	Q9991		Q9992		
	<b>Synagis®</b>				
	90378				
	<b>Tepezza®</b>				
	J3241				
	<b>Tezspire®</b>				
	J2356				
	Triptodur®				
	J3316				
	<b>Ultomiris™</b>				
	J1303				
	<b>Unclassified and temporary codes**</b>				
	C9090		C9149	J3490	J3590
	<b>Uplizna®</b>				
	J1823				
	<b>Viltepso™</b>				
	J1427				
	<b>Vimizim®</b>				
	J1322				
	<b>Vyepti™</b>				
	J3032				
	<b>Vyondys 53®</b>				
	J1429				
	<b>Vyvgart™</b>				
J9332					
<b>White blood cell colony stimulating factors</b>					
J1442	J1447	J2506	Q5101		
Q5108	Q5110	Q5111	Q5120		
Q5122					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
<b>Injectable medications (cont.)</b>		<p><b>Xembify®</b> J1558</p> <p><b>Xenpozyme™</b> J0218</p> <p><b>Xolair®</b> J2357</p> <p><b>Zemaira®</b> J0256</p> <p><b>*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.</b></p> <p><b>** For unclassified and temporary codes C9086, C9399, J3490 and J3590, prior authorization is only required for Nulibry™, Purified Cortrophin Gel™ and Tzield™</b></p> <p><b>***For code J0897: Prior authorization required for non-oncology diagnosis.</b></p> <p>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 &amp; 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 <a href="https://UHCprovider.com/policies">UHCprovider.com/policies</a> &gt; Menu &gt; Policies and Protocols &gt; Community Plan Policies &gt; Medical &amp; Drug Policies and Coverage Determination Guidelines for Community Plan.</p>

**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**.



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

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



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Orthotics and prosthetics (cont.)</b>		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	52441	52442	53850
		53852	55873	55874	
<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	30410	30420	30430
		30435	30450	30460	30462
		30465			
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization only required	21685	41599	42145	
<b>Spinal surgery</b>	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22514	22515	22532
		22533	22548	22551	22554
		22556	22558	22586	22590
		22595	22600	22610	22612
		22630	22633	22800	22802
		22804	22808	22810	22812
		22818	22819	22830	22849
		22850	22852	22855	22856
		22861	22864	22865	22899
		63001	63003	63005	63011

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Spinal surgery (cont.)</b>		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	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>	<p>Prior authorization required</p> <p>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.</p> <p>UnitedHealthcare Community Plan of Hawaii manages the referral process to SHOTT. Transplant services include:</p> <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>	<p>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.</p> <p><b>CAR-T cell therapy</b></p>			
		0537T	0538T	0539T	0540T
		J9999	Q2041	Q2042	Q2053
		Q2054	Q2055	Q2056	
		<b>Gene Therapy</b>			
		C9098	C9399*	J3490*	J3590*
		* Skysona™ and Zynteglo™ will require PA through Optum Transplant			
<b>Vein procedures</b>		Prior authorization required	36468	36473	36475

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37700	37718	37722	37765
		37766	37780		
<b>Vision</b>	Prior authorization required *Prior authorization is <b>not</b> required for members 40 years of age or older. **Prior authorization <b>is</b> required for members ages 21 and older.	S0500	S0580	V2200*	V2201*
		V2202*	V2203*	V2204*	V2205*
		V2206*	V2207*	V2208*	V2209
		V2210*	V2211*	V2212*	V2213*
		V2214*	V2215*	V2218*	V2219*
		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			