

Prior authorization requirements for UnitedHealthcare Community Plan of Hawaii

Effective October 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 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
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	0569T	0570T	93580**	

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		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
		M86.8X5	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			
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
		J9052	J9053	J9054	J9056
		J9057	J9060	J9061	J9062
		J9063	J9064	J9071	J9072
		J9073	J9074	J9075	J9076
		J9118	J9119	J9130	J9144

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Chemotherapy (cont.)		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		
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		L8619	L8690	L8691	L8692

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
deafness achieve conversational speech					
Continuous glucose monitor	Prior authorization required	A4226 A9278	A4239 E0787	A9276 E2102	A9277 E2103
Cosmetic and reconstructive procedures	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 C44.311 C44.329 C44.40 C44.500 C44.511	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 C44.319 C44.390 C44.41 C44.501 C44.519	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 C44.320 C44.391 C44.42 C44.509 C44.520	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 C44.321 C44.399 C44.49 C44.510 C44.521

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cosmetic and reconstructive procedures (cont.)		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	A9279	A9900	E0194	E0265
		E0266	E0270	E0277	E0300
		E0328	E0329	E0445	E0457
		E0460	E0465	E0466	E0470
		E0471	E0483	E0486	E0620
		E0636	E0637	E0652	E0656
	Prosthetics are not DME — see Orthotics and prosthetics.	E0669	E0670	E0675	E0693
		E0694	E0745	E0762	E0764
		E0766	E0784	E0984	E0986
		E1002	E1003	E1004	E1005
	Some home health care services may qualify but are not subject to the cost threshold — see Home health care.	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	E2626	E2627
		E2628	E2629	E2630	E8000
		K0005	K0008	K0013	K0108
		K0812	K0830	K0831	K0848
		K0849	K0850	K0851	K0852

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Durable medical equipment (DME) (cont.)		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 gastrostomy tube	Prior authorization required	B4034	B4035	B4036	B4100
		B4102	B4103	B4104	B4149
		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
	Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment	81416	81417	81431	81432
		81435	81437	81440	81443
		81445	81448	81460	81465
		81479	81479	81518	81519
		81520	81521	81522	81523
		81546	81558	81595	81599
		87505	87506	0018U	0022U
		0023U	0026U	0037U	0047U

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.)	will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification Program for each specified genetic test.	0048U	0050U	0087U	0088U
		0094U	0101U	0102U	0103U
		0114U	0118U	0129U	0170U
		0171U	0179U	0209U	0211U
		0212U	0213U	0214U	0215U
		0216U	0217U	0218U	0237U
		0238U	0239U	0242U	0245U
		0250U	0265U	0268U	0271U
		0272U	0273U	0274U	0276U
		0287U	0288U	0289U	0306U
		0307U	0318U	0319U	0320U
		0326U	0334U	0355U	0364U
		0378U	0379U	0388U	0389U
	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	0391U	0395U	0398U	0409U
		0425U	0426U	0444U	0473U
		0474U	0475U	0478U	0480U
		0481U	0483U	0484U	0485U
		0487U	0493U	0499U	0500U
		0502U	0504U	0505U	0506U
		0508U	0509U	0523U	0529U
		0530U	0536U	0538U	0539U
		0540U	0543U	0544U	0552U
		0554U	0562U	0567U	0571U
		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			
Home and community-based services	Prior authorization required for services including:	Please request prior authorization online or by phone, using the instructions at the top of page 1.			
	• Adult day health (ADH) • Adult day care (ADC) • Assisted living services • Attendant care services • Enteral nutritional • Environmental				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	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	G0152	G0153	G0155
		G0156	G0157	G0158	G0159
		G0160	G0161	G0299	G0300
		G0493	G0494	G0495	G0496
		S5180	S5181	S9122	S9124
		S9128	S9129	S9131	S9474
Injectable medications	Prior authorization required*	Actemra®			
		J3262			
		Acthar®			
		J0801			
		Adakveo®			
		J0791			
		Adzyna			
		J7171			
		Aldurazyme®			
		J1931			
		Alhemo			
		J7173			
		Amondys 45			
		J1426			
		Amvuttra			
		J0225			
		Aralast NP®			
		J0256			
		Avlayah			
		J1757			
		Avsola™			
		Q5121			
		Avtozma			
		Q5156			
		Azmiro			
		J1072			
		Benlysta			
		J0490			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		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			
		Elaprase®			
		J1743			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		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
		Givlaari®
		J0223

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		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				
	Korsuva®				
	J0879				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		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
		Monoferic®
		J1437
		Naglazyme®
		J1458
		Nexviazyme®
		J0219
		Niktimvo
		J9038
		Nplate®
		J2802
		Nucala®
		J2182
		Nulibry
		J1809
		Nypozi
		Q5148
		Octreotide Acetate
		J2354
		Ocrevus™
		J2350

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		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
		Radicava®
		J1301
		Reblozyl®
		J0896
		Releuko®
		Q5125
		Remicade®
		J1745

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		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			
		J0013			
		Starjemza			
		Q5164			
		Stimufend®			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		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
		Tzielid™
		J9381
		Ultomiris™
		J1303
		Unclassified and temporary codes**
		C9399 J3490 J3590
		Uplizna®
		J1823
		Vabysmo
		J2777
		Veopoz
		J9376
		Viltepso™
		J1427
		Vimizim®
		J1322
		Vyepti™

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

** 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**

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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 27120 27134 27446 29866 S2112	23472 27125 27137 27447 29867	23473 27130 27138 27486 29868	23474 27132 27412 27487 J7330
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	21123 21142 21147 21155	21125 21143 21150 21159	21127 21145 21151 21160

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthognathic surgery (cont.)		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
		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	L5657
		L5661	L5673	L5682	L5683
		L5700	L5702	L5703	L5705
		L5706	L5716	L5718	L5722
		L5724	L5726	L5728	L5780

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		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
		L6034	L6035	L6036	L6038
		L6039	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	52441 55873	52442	53850
Proton beam therapy Focused radiation therapy using beams of protons, which	Prior authorization required	77520	77522	77523	77525

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization					
are tiny particles with a positive charge							
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430		
		30435	30450	30460	30462		
		30465					
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	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	22836		
		22837	22838	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	0656T		
		0657T	0790T				
		Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	Bone growth stimulator E0747E0748		E0749	E0760

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Stimulators (cont.)		Neurostimulator			
		43648	43881	61863	61867
		61885	61886	63650	63655
		63685	64553	64555	64568
		64590	L8680	L8682	L8685
		L8686	L8687	L8688	
Transplants	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), 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			
	UnitedHealthcare Community Plan of Hawaii manages the referral process to SHOTT. Transplant services include:	J3391	J9999	Q2041	Q2042
		Q2053	Q2054	Q2055	Q2056
		Q2057	Q2058		
		Gene Therapy			
	- 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.	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	S0500	S0580	V2200*	V2201*
		V2202*	V2203*	V2204*	V2205*
		V2206*	V2207*	V2208*	V2209
		V2210*	V2211*	V2212*	V2213*
	*Prior authorization is not				

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.	V2214*	V2215*	V2218*	V2219*
		V2220*	V2221*	V2299*	V2430
		V2500	V2501	V2502	V2503
	**Prior authorization is required for members ages 21 and older.	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			