Prior authorization requirements for UnitedHealthcare Community Plan of Hawaii

Effective July 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	0569T 0570T 93580**

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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			
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	A9699	J0640	J0641
		J0642	J0897	J1299	J1323
		J1326	J1442	J1447	J1448
		J1932	J1950	J1952	J1954
		J2277	J2506	J2820	J3055
		J3263	J9000	J9003	J9011
		J9021	J9022	J9024	J9025
		J9026	J9028	J9029	J9033
		J9035	J9036	J9038	J9040

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Chemotherapy (cont.)		J9043	J9045	J9046	J9047
		J9048	J9049	J9051	J9052
		J9054	J9056	J9057	J9060
		J9061	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	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			

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 *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	14020* 14061* 15822 15877 17107 21138 21179 21183 21256 21295 28344 67902 67908 67914 67921 67950 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	14021* 14301 15823 15878 17108 21139 21180 21184 21275 21740 30620 67903 67909 67915 67922 67961 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	14041 15820 15830 15879 17999 21172 21181 21230 21280 21742 67900 67904 67911 67916 67923 67966 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

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	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	E2298	E2301	E2310
		E2311	E2322	E2325	E2327

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Durable medical equipment (DME) (cont.)		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 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 Care providers requesting laboratory testing will be	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

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.)	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	81445	81448	81460	81465
		81479	81479	81518	81519
		81520	81521	81522	81523
		81546	81558	81595	81599
		87505	87506	0018U	0022U
		0023U	0026U	0037U	0047U
		0048U	0050U	0055U	0087U
		0088U	0094U	0101U	0102U
		0103U	0111U	0114U	0118U
		0129U	0154U	0170U	0171U
		0179U	0209U	0211U	0212U
		0213U	0214U	0215U	0216U
		0217U	0218U	0233U	0237U
		0238U	0239U	0242U	0245U
		0250U	0258U	0265U	0268U
		0269U	0270U	0271U	0272U
		0273U	0274U	0276U	0277U
		0278U	0282U	0285U	0286U
		0287U	0288U	0289U	0290U
		0291U	0292U	0293U	0294U
		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
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Hearing aids and hearing aid services (cont.)		V5255 V5259	V5260 V5275	V5261 V5264	V5258 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 G0156 G0160 G0493 S5180 S9128	G0152 G0157 G0161 G0494 S5181 S9129	G0153 G0158 G0299 G0495 S9122 S9131	G0155 G0159 G0300 G0496 S9124 S9474
Hospice	Prior authorization required only in inpatient settings Prior authorization not required for members residing in a skilled nursing facility	T2045			
Injectable medications	Prior authorization required*	**Actemra®** J3262 **Acthar®** J0801 **Adakveo®** J0791 **Adzynma** J7171 **Aldurazyme®** J1931 **Alhemo**			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J7173 **Amondys 45** J1426 **Amvuttra** J0225 **Aralast NP®** J0256 **Avsola™** Q5121 **Avtozma** Q5156 **Azmiro** J1072 **Benlysta** J0490 **Beovu** J0179 **Beqvez™** J1414 **Berinert®** J0597 **Bildyos** Q5162 **Bkemv** Q5152 **Botulinum toxins** J0585 J0586 J0587 J0588 **Brineura™** J0567 **Briumvi** J2329 **Byooviz** Q5124 **Cerezyme®** J1786 **Cimerli** Q5128 **Cimzia®** J0717 **Cinqair®** J2786 **Cinryze®** J0598 **Conexxence**

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Q5158 **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™** J1305 **Exondys 51™** J1428 **Eylea** J0178 **Eylea HD** J0177 **Fabrazyme®** J0180 **Fasenra™** J0517 **Fensolvi®**

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J1951 **Feraheme®** Q0138 **Fylnetra®** Q5130 **Gamifant®** J9210 **Gazyva** J9301 **Givlaari®** J0223 **Glassia®** J0257 **Hemgenix®** J1411 **Hemlibra** J7170 **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®**

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J1290 **Kanuma®** J2840 **Kisunla** J0175 **Korsuva®** J0879 **Krystexxa®** J2507 **Lamzede** J0217 **Lanreotide®** J1932 **Lemtrada®** J0202 **Leqembi®** J0174 **Leqvio®** J1306 **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**

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Q5148 **Octreotide Acetate** J2354 **Ocrevus™** J2350 **Ocrevus Zunovo** J2351 **Omvoh IV** J2267 **Onpattro™** J0222 **Orencia®** J0129 **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®**

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		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 **Spinraza™** J2326 **Spravato**

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™**

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.

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 24360 24361 24362 24363 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

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		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	L6055
		L6100	L6110	L6050	L6130
		L6200	L6205	L6120	L6300
		L6310	L6320	L6250	L6360
		L6370	L6380	L6350	L6384
		L6400	L6450	L6382	L6550
		L6570	L6580	L6500	L6584
		L6586	L6588	L6582	L6621
		L6623	L6624	L6590	L6648
		L6686	L6687	L6646	L6690
		L6692	L6693	L6689	L6695
		L6696	L6697	L6694	L6707
		L6708	L6709	L6704	L6712
		L6713	L6714	L6711	L6880
		L6881	L6882	L6715	L6884
		L6885	L6895	L6883	L6905
		L6910	L6915	L6900	L6925
		L6930	L6935	L6920	L6945
		L6950	L6955	L6940	L6965
		L6970	L6975	L6960	L7008
		L7009	L7040	L7007	L7170
		L7180	L7181	L7045	L7186
		L7190	L7191	L7185	L8040
		L8042	L8043	L7405	L8045
		L8046	L8047	L8044	L8609
		L8610	L8612	L8499	L8659
				L8631	
Private duty nursing	Prior authorization only required	T1000	T1002	T1003	

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Spinal surgery (cont.)		63272 63286 63300 63301 63302 63303 63304 63305 63306 63307 63308 0098T
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	**Bone growth stimulator** E0747 E0748 E0749 E0760 **Neurostimulator** 43648 43881 43882 61863 61864 61867 61868 61885 61886 63650 63655 63685 64553 64555 64568 64570 64590 L8680 L8682 L8685 L8686 L8687 L8688
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, 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	Prior authorization required	36473 36475 36478 37700 37718 37722 37765 37766 37780

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
disease and varicose veins of the extremities					
Vision	Prior authorization required *Prior authorization is **not** required for members 40 years of age or older. **Prior authorization **is** required for members ages 21 and older.	S0500 V2202* V2206* V2210* V2214* V2220* V2500 V2510 V2520 V2524 V2624 V2628 V2632 V2730 V2755 V2780 V2799	S0580 V2203* V2207* V2211* V2215* V2221* V2501 V2511 V2521 V2530 V2625 V2629 V2700 V2744 V2760 V2782	V2200* V2204* V2208* V2212* V2218* V2299* V2502 V2512 V2522 V2531 V2626 V2630 V2710 V2745 V2761 V2783	V2201* V2205* V2209 V2213* V2219* V2430 V2503 V2513 V2523 V2599 V2627 V2631 V2715 V2750 V2770 V2784**
Wound vac	Prior authorization required	E2402			