

Prior authorization requirements for Hawaii Medicaid

Effective Jan. 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 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			
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
Cardiovascular	Prior authorization required	37220*	37221*	37224*	37225*
		37226*	37227*	37228*	37229*
		37230*	37231*	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

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Chemotherapy (cont.)		J9223	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	
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	69714	69930	L8614
		L8619	L8690	L8691	L8692
Continuous glucose monitor	Prior authorization required	A4226	A4239	A9276	A9277
		A9278	E0787	K0554	
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	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
	67917	67921	67922	67923	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cosmetic and reconstructive procedures (cont.)		67924 Q2026	67950	67961	67966
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 E0265 E0300 E0457 E0470 E0620 E0656 E0693 E0745 E0784 E1003 E1007 E1030 E1161 E1233 E1237 E1825 E2230 E2311 E2329 E2510 E2626 E2630 K0013 K0831 K0851 K0855 K0859 K0863 K0870 K0879 K0886 T1999 V5270 V5281 V5287	A9280 E0266 E0328 E0460 E0471 E0636 E0669 E0694 E0762 E0984 E1004 E1008 E1035 E1229 E1234 E1238 E2100 E2300 E2322 E2331 E2511 E2627 E8000 K0108 K0848 K0852 K0856 K0860 K0864 K0871 K0880 K0890 T5999 V5271 V5282 V5288	A9900 E0270 E0329 E0465 E0483 E0637 E0670 E0700 E0764 E0986 E1005 E1009 E1036 E1231 E1235 E1239 E2227 E2301 E2325 E2351 E2512 E2628 K0005 K0812 K0849 K0853 K0857 K0861 K0868 K0877 K0884 K0891 V2786 V5272 V5283 V5290	E0194 E0277 E0445 E0466 E0486 E0652 E0675 E0710 E0766 E1002 E1006 E1010 E1130 E1232 E1236 E1399 E2228 E2310 E2327 E2373 E2599 E2629 K0008 K0830 K0850 K0854 K0858 K0862 K0869 K0878 K0885 S1040 V5269 V5274 V5286
Durable medical equipment (DME) – incontinence supplies	Incontinence supplies are a benefit only when provided through Medline®	To request incontinence supplies, please call Medline at 877-816-5587 .			
Enteral services In-home nutritional therapy, either enteral or through a	Prior authorization required	B4034 B4102 B4150	B4035 B4103 B4152	B4036 B4104 B4153	B4100 B4149 B4155

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
gastrostomy tube		B4158 B9002	B4159 B9998	B4160	B4161
Experimental and Investigational (and/or linked services)	Prior authorization required	33477 65765 A4638 E1831 S2102	36514 65767 A6000 S0810 S9988	55866 66180 A9274 S1030 S9990	64722 0191T E0231 S1031 S9991
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	81105 81109 81121 81164	81106 81110 81161 81165	81107 81111 81162 81166	81108 81120 81163 81167
	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.	81168 81171 81173 81177 81181 81185 81189 81193 81201 81208	81170 81172 81174 81178 81182 81186 81190 81194 81203 81209	81170 81172 81175 81179 81183 81187 81191 81200 81204 81209	81171 81173 81176 81180 81184 81188 81192 81200 81205 81212
	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	81212 81222 81226 81229 81232 81237 81241 81245 81248 81251 81255 81259 81263 81267 81272 81277 81284 81288	81216 81223 81227 81229 81233 81238 81242 81246 81248 81252 81256 81260 81264 81268 81273 81278 81285 81289	81218 81224 81228 81230 81234 81239 81243 81247 81249 81253 81257 81261 81265 81269 81274 81279 81286 81290	81220 81225 81228 81231 81236 81240 81244 81247 81250 81254 81258 81262 81266 81271 81276 81283 81287 81291

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Genetic and molecular testing to include BRCA gene testing (cont.)		81292	81294	81295	81297
		81298	81300	81302	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	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	

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.)		0161U	0168U	0169U	0170U
		0171U	0172U	0173U	0175U
		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		
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	V5180	V5220	V5254
		V5255	V5256	V5257	V5258
		V5259	V5260	V5261	V5264
		V5266	V5275		
Home- and Community-Based Services	Prior authorization required for services including: <ul style="list-style-type: none"> • 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	G0151	G0152	G0153	G0155

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Home health care (cont.)	only in outpatient settings, to include patient's home	G0156	G0157	G0158	G0159
		G0160	G0161	G0299	G0300
		G0493	G0494	G0495	G0496
		S5180	S5181	S9122	S9124
		S9128	S9129	S9131	S9474
Hospice	Prior authorization required only in inpatient settings	T2044	T2045		
	Prior authorization not required for members residing in a skilled nursing facility				
Injectable medications	Prior authorization required*	Actemra®			
		J3262			
		Acthar®			
		J0800			
		Adakveo®			
		J0791			
		Aldurazyme®			
		J1931			
		Amondys 45			
		J1426			
		Amvuttra			
		J0225			
		Apretude™			
		J0739			
		Aralast NP®			
		J0256			
		Avsola™			
		Q5121			
		Benlysta			
		J0490			
Berinert®					
J0597					
Botulinum toxins					
J0585	J0586	J0587	J0588		
Brineura™					
J0567					
Cabenuva®					
J0741					
Cerezyme®					
J1786					
Cimzia®					
J0717					
Cinqair®					

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

J2786
Cinryze®
 J0598
Crysvita®
 J0584
Cutaquig®
 J1551
Elaprase®
 J1743
Elelyso®
 J3060
Enjaymo®
 J1302
Entyvio®
 J3380
Erythropoiesis Stimulating Agents
 J0885
Evenity™
 J3111
Evkeeza™
 J1305
Exondys 51™
 J1428
Fabrazyme®
 J0180
Fasenra™
 J0517
Fensolvi®
 J1951
Feraheme®
 Q0138
Gamifant®
 J9210
Givlaari®
 J0223
Glassia®
 J0257
Ilaris®
 J0638
Ilumya™
 J3245
Inflectra®
 Q5103

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
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Injectable medications (cont.)	Injectafer®			
	J1439			
	IVIG			
	90283	90284	J1459	J1554
	J1555	J1556	J1557	J1559
	J1561	J1566	J1568	J1569
	J1572	J1575	J1599	
	Kalbitor®			
	J1290			
	Kanuma®			
	J2840			
	Korsuva®			
	J0879			
	Krystexxa®			
	J2507			
	Lemtrada®			
	J0202			
	Leqvio®			
	J1306			
	Lumizyme®			
	J0221			
	Luxturna™			
	J3398			
	Mepsevii®			
	J3397			
	Monoferric®			
	J1437			
	Naglazyme®			
	J1458			
	Nexviazyme®			
J0219				
Nplate®				
J2796				
Nucala®				
J2182				
Ocrevus™				
J2350				
Onpattro™				
J0222				
Orencia®				
J0129				
Oxlumo™				
J0224				

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

Parsabiv™				
J0606				
Probuphine®				
J0570				
Prolastin C®				
J0256				
Prolia***				
J0897				
Radicava®				
J1301				
Reblozyl®				
J0896				
Releuko®				
Q5125				
Remicade®				
J1745				
Renflexis®				
Q5104				
Revcovi®				
J3590				
Ruconest®				
J0596				
Ryplazim®				
J2998				
Saphnelo™				
J0491				
Scenesse®				
J7352				
Signifor® LAR				
J2502				
Simponi Aria®				
J1602				
Skyrizi®				
J2327				
Sodium Hyaluronate				
J7320	J7321	J7322	J7324	
J7325	J7326	J7327	J7329	
J7331	J7332			
Soliris®				
J1300				
Spinraza™				
J2326				
Spravato™				

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

S0013				
Stelara®				
J3358				
Sublocade™				
Q9991		Q9992		
Synagis®				
90378				
Tepezza®				
J3241				
Tezspire®				
J2356				
Triptodur®				
J3316				
Ultomiris™				
J1303				
Unclassified and temporary codes**				
C9090		C9399	J3490	J3590
Uplizna®				
J1823				
Viltepso™				
J1427				
Vimizim®				
J1322				
Vyepti™				
J3032				
Vyondys 53®				
J1429				
Vyvgart™				
J9332				
White blood cell colony stimulating factors				
J1442	J1447	J2506		Q5101
Q5108	Q5110	Q5111		Q5120
Q5122				
Xembify®				
J1558				
Xolair®				
J2357				
Zemaira®				
J0256				

*For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		<p>and Notification tool on your Provider Portal dashboard. Or call 888-397-8129.</p> <p>** For unclassified and temporary codes C9086, C9399, J3490 and J3590, prior authorization is only required for Fynetra®, Nulibry™, Purified Cortrophin Gel™, Spevigo and Xenpozyme</p> <p>***For code J0897: Prior authorization required for non-oncology diagnosis.</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 & 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 UHCprovider.com/policies > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.</p>			
Inpatient services	<p>Prior authorization required For emergency admissions, please notify us within 48 hours of admission.</p> <p>Routine obstetrics (OB) and deliveries require notification only. Examples of inpatient services include:</p> <ul style="list-style-type: none"> • 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 	<p>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.</p>			
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	23470 24360 24370 27130 27138 27486 29868	23472 24361 24371 27132 27412 27487 J7330	23473 24362 27120 27134 27446 29866 S2112	23474 24363 27125 27137 27447 29867
Non-emergent air ambulance transport	Prior authorization required	S9960	S9961		
Off island travel (including out-of-state travel)	Prior authorization required	Please request prior authorization online, or by phone, using the instructions at the top of page 1.			

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
		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		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		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	
	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	
Prostate Procedures	Prior authorization required	37243	52441	52442	53850
		53852	55873	55874	
Proton beam therapy	Prior authorization required	77520	77522	77523	77525

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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Focused radiation therapy using beams of protons, which 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
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Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization only required	21685	41599	42145	
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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	22849
		22850	22852	22855	22856
		22861	22864	22865	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	0095T	0098T	0164T		

Stimulators Implantation of a	Prior authorization required	Bone growth stimulator			
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization																			
device that sends electrical impulses		E0747	E0748	E0749	E0760																
		Neurostimulator																			
		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																			
Transplants	<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"> • 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. 	<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 888-936-7246 or the notification number on the back of the member's health plan ID card.</p> <p>CAR-T cell therapy</p> <table border="0"> <tr> <td>0537T</td> <td>0538T</td> <td>0539T</td> <td>0540T</td> </tr> <tr> <td>J9999</td> <td>Q2041</td> <td>Q2042</td> <td>Q2053</td> </tr> <tr> <td>Q2054</td> <td>Q2055</td> <td>Q2056</td> <td></td> </tr> </table> <p>Gene Therapy</p> <table border="0"> <tr> <td>C9399*</td> <td>J3490*</td> <td>J3590*</td> <td></td> </tr> </table> <p>* Skysona™ and Zynteglo™ will require PA through Optum Transplant</p>				0537T	0538T	0539T	0540T	J9999	Q2041	Q2042	Q2053	Q2054	Q2055	Q2056		C9399*	J3490*	J3590*	
0537T	0538T	0539T	0540T																		
J9999	Q2041	Q2042	Q2053																		
Q2054	Q2055	Q2056																			
C9399*	J3490*	J3590*																			
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	36468	36473	36475	36478																
		37700	37718	37722	37765																
		37766	37780																		
Vision	Prior authorization required	S0500	S0580	V2200*	V2201*																
	Prior authorization is not required for members 40 years of age or older.	V2202	V2203*	V2204*	V2205*																
		V2206*	V2207*	V2208*	V2209																
	**Prior authorization is required for members ages 21 and older.	V2210*	V2211*	V2212*	V2213*																
		V2214*	V2215*	V2218*	V2219*																
		V2220*	V2221*	V2299*	V2430																
		V2500	V2501	V2502	V2503																
		V2510	V2511	V2512	V2513																

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Vision (cont.)		V2520	V2521	V2522	V2523
		V2524	V2530	V2531	V2599
		V2624	V2625	V2626	V2627
		V2628	V2629	V2630	V2631
		V2632	V2700	V2710	V2715
		V2730	V2744	V2745	V2750
		V2755	V2760	V2761	V2770
		V2780	V2782	V2783	V2784**
		V2799			
Wound vac	Prior authorization required	E2402			