

# Prior Authorization Requirements for Hawaii Medicaid Effective January 1, 2019

## 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 or fax:

- **Online:** Use the Prior Authorization and Notification app on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard.
- **Phone: 888-980-8728**
- **Fax: 800-267-8328;** fax form is available at **UHCprovider.com/HIcommunityplan >Prior Authorization and Notification Resources >Prior Authorization Paper Fax Forms.**

**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>	Prior authorization required	0312T	0313T	0314T	0315T
Bariatric surgery and specific obesity-related services		0316T	0317T	43644	43645
		43648	43659	43770	43775
		43842	43845	43846	43847
		43848	43860	43881	43882
		64590	95980	95981	95982
<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.			
<b>Bone growth stimulator</b>	Prior authorization required	20975	20979	E0747	E0748
Electronic stimulation or ultrasound to heal fractures		E0749	E0760		
<b>BRCA genetic testing</b>	Prior authorization required	81162	81163	81164	81165
		81166	81212	81215	81216
		81217	81432	81433	
<b>Breast reconstruction (non-mastectomy)</b>	Prior authorization required	19316	19318	19324	19325
Reconstruction of the breast except when following mastectomy		19328	19330	19340	19342
		19350	19357	19361	19364
		19366	19367	19368	19369
		19370	19371	19380	19396
		L8600			
<b>Cochlear and other auditory implants</b>	Prior authorization required	69710	69714	69715	69718
A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech		69930	L8614	L8619	L8690
		L8691	L8692		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cosmetic and reconstructive</b>	Prior authorization required	11960	11971	15820	15821
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		15822	15823	15830	15847
		15877	17106	17107	17108
		17999	21137	21138	21139
		21172	21175	21179	21180
		21181	21182	21183	21184
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		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	67924	67950	67961
	67966	Q2026			
<b>Durable medical equipment (DME)</b>	Prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$500	A9279	A9280	E0194	E0265
		E0266	E0270	E0300	E0445
		E0457	E0460	E0466	E0483
		E0620	E0636	E0656	E0669
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	E0670	E0675	E0693	E0694
		E0700	E0710	E0745	E0762
		E0764	E0766	E0784	E0984
	Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health care</i> .	E0986	E1002	E1003	E1004
		E1005	E1006	E1007	E1008
		E1009	E1010	E1030	E1035
		E1036	E1161	E1229	E1231
		E1232	E1233	E1234	E1235
		E1236	E1237	E1238	E1239
		E1399	E2100	E2227	E2228
		E2230	E2300	E2301	E2322
		E2325	E2327	E2329	E2331
		E2351	E2373	E2510	E2511
		E2599	E2626	E2627	E2628
		E2629	E2630	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> .			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Enteral services</b> 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		
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization required	0085T	0191T	33477	36514
		55866	61863	61864	61867
		61868	61886	64555	64722
		65765	65767	66180	95978
		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>Hearing aids and hearing aid services</b>	Prior authorization required Benefit is available through EPIC Hearing Healthcare.	To request hearing aids or devices, please call EPIC Hearing Healthcare at <b>866-956-5400</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 or fax, using the instructions at the top of Page 1.			
<b>Home health care</b>	Prior authorization required only in outpatient settings, to include member's home	G0299	G0300	G0493	G0494
		G0495	G0496	S9122	S9123
		S9124	S9474		
<b>Hospice</b>	Prior authorization required only in inpatient settings Prior authorization not required for members residing in a skilled nursing facility.	T2042	T2043	T2044	T2045
<b>Injectable medications</b>	Prior authorization required	<b>Actemra®</b> J3262			

**Procedures and Services**

**Additional Information**

**CPT<sup>®</sup> or HCPCS Codes and/or  
How to Obtain Prior Authorization**

**Injectable medications (cont'd)**

**Acthar<sup>®</sup>**  
J0800

**Botulinum toxins**  
J0585                      J0586                      J0587                      J0588

**Brineura<sup>™</sup>**  
J0567

**Cerezyme<sup>®</sup>**  
J1786

**Cinqair<sup>®</sup>**  
J2786

**Crysvita<sup>®</sup>**  
J0584

**Elelyso<sup>®</sup>**  
J3060

**Entyvio<sup>®</sup>**  
J3380

**Exondys 51<sup>™</sup>**  
J1428

**Fasenra<sup>™</sup>**  
J0517

**Ilaris<sup>®</sup>**  
J0638

**Ilumya<sup>™</sup>**  
J3245

**Inflectra<sup>®</sup>**  
Q5103

**IVIG**  
90283                      90284                      J1459                      J1555  
J1556                      J1557                      J1559                      J1561  
J1566                      J1568                      J1569                      J1572  
J1575                      J1599

**Lemtrada<sup>®</sup>**  
J0202

**Luxturna<sup>™</sup>**  
J3398

**Nucala<sup>®</sup>**  
J2182

**Ocrevus<sup>™</sup>**  
J2350

**Onpatro<sup>™</sup>**  
C9036

**Orencia<sup>®</sup>**  
J0129

**Parsabiv<sup>™</sup>**  
J0606

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization
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Injectable medications (cont'd)

**Probuphine<sup>®</sup>**  
 J0570  
**Radicava<sup>®</sup>**  
 J1301  
**Remicade<sup>®</sup>**  
 J1745  
**Renflexis<sup>®</sup>**  
 Q5104  
**Simponi Aria<sup>®</sup>**  
 J1602  
**Soliris<sup>®</sup>**  
 J1300  
**Spinraza<sup>™</sup>**  
 J2326  
**Sublocade<sup>™</sup>**  
 Q9991                      Q9992  
**Synagis<sup>®\*</sup>**  
 90378  
**Unclassified codes\*\***  
 C9399                      J3490                      J3590  
**Xolair<sup>®</sup>**  
 J2357

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** > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.

**\*Please obtain prior notification for Synagis and Xolair through OptumRx prior notifications services at 800-310-6826.**

**\*\* For Unclassified codes C9399, J3490 and J3590, prior authorization is only required for Onpatro<sup>™</sup>.**

<p><b>Inpatient services</b></p>	<p>Prior authorization required</p> <p>For emergency admissions, please notify us within 48 hours of admission.</p> <p>Routine obstetrics (OB) and deliveries require notification only.</p> <p>Examples of inpatient services include:</p>	<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 <b>800-267-8328</b>.</p>
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Inpatient services (cont'd)</b>	<ul style="list-style-type: none"> <li>Acute inpatient rehabilitation</li> <li>All neonatal intensive care (NICU) admissions including newborns, regardless of length of stay (LOS)</li> <li>Elective inpatient admissions</li> <li>OB and newborn confinements exceeding two days' LOS for vaginal and four day LOS for Cesarean section</li> <li>Skilled nursing facility (SNF), transitional and sub-acute care</li> </ul>				
<b>Joint replacement</b>	Prior authorization required	23470	23472	23473	23474
Joint, total hip and knee replacement procedures		24360	24361	24362	24363
		24370	24371	27120	27122
		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	A0430 S9960	A0431 S9961	A0435	A0436
<b>Off island travel (including out-of-state travel)</b>	Prior authorization required for travel to another island or out of state for covered services	Please request prior authorization online, or by phone or fax, using the instructions at the top of Page 1			
<b>Orthognathic surgery</b>	Prior authorization required	21121	21123	21125	21127
Treatment of maxillofacial/jaw functional impairment		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	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

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (cont'd)		L2628	L3230	L3265	L3649
		L3671	L3674	L3720	L3730
		L3740	L3764	L3900	L3901
		L3904	L3905	L3961	L3971
		L3975	L3976	L3977	L3999
		L4000	L4010	L4020	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	L5648	L5651
		L5653	L5661	L5682	L5702
		L5703	L5706	L5716	L5718
		L5722	L5724	L5726	L5728
		L5780	L5790	L5795	L5811
		L5812	L5814	L5816	L5818
		L5822	L5824	L5826	L5828
		L5830	L5848	L5857	L5858
		L5930	L5950	L5960	L5961
		L5964	L5966	L5968	L5973
		L5976	L5979	L5980	L5981
		L5982	L5984	L5987	L5988
		L5990	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	

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and prosthetics (cont'd)</b>		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 required	T1000	T1002	T1003	
<b>Proton beam therapy</b>	Prior authorization required	77520	77522	77523	77525
Focused radiation therapy using beams of protons, which are tiny particles with a positive charge					
<b>Rhinoplasty and septoplasty</b>	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation					
		30435	30450	30460	30462
		30465			
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298
<b>Sleep apnea procedures and surgeries</b>	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea					
<b>Spinal stimulator for pain management</b>	Prior authorization required	63650	63655	63685	
Spinal cord stimulators when implanted for pain management					
<b>Spinal surgery</b>	Prior authorization required	0095T	0098T	0164T	22100
		22101	22102	22110	22112
		22114	22206	22207	22210
		22212	22214	22220	22224
		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	63180
		63182	63185	63190	63191
		63194	63195	63196	63198
		63199	63200	63250	63251
		63252	63265	63267	63268



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Spinal surgery (cont'd)</b>		63270	63271	63272	63286
		63300	63301	63302	63303
		63304	63305	63306	63307
		63308	64553	64570	
<b>Transplants</b>	Prior authorization required	For transplant and CAR T-cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), call the UnitedHealthcare Community and State Transplant Case Management team at <b>800-418-4994</b> or the notification number on the back of the member's health plan ID card.			
	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.	32850	32851	32852	32853
	UnitedHealthcare Community Plan of Hawaii manages the referral process to SHOTT. Transplant services include:	32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38208	38209	38210
		38212	38213	38214	38215
	<ul style="list-style-type: none"> <li>Allogenic and autologous bone marrow transplants</li> </ul>	38232	38240	38241	38242
	<ul style="list-style-type: none"> <li>Heart</li> </ul>	44132	44133	44135	44136
	<ul style="list-style-type: none"> <li>Kidney</li> </ul>	44137	44715	44720	44721
	<ul style="list-style-type: none"> <li>Liver</li> </ul>	47133	47135	47140	47141
	<ul style="list-style-type: none"> <li>Lung</li> </ul>	47142	47143	47144	47145
	<ul style="list-style-type: none"> <li>Pancreas</li> </ul>	47146	47147	48551	48552
	<ul style="list-style-type: none"> <li>Small bowel with or without liver</li> </ul>	48554	50300	50320	50323
	Corneal transplant and bone graft procedures are covered by the health plan.	50325	50340	50360	50365
		50370	50380	50547	S2060
		S2061	S2152		
		<b>CAR-T cell therapy</b>			
		0537T	0538T	0539T	0540T
		Q2041	Q2042		
<b>Vagus nerve stimulation</b>	Prior authorization required	61885	64568	L8680	L8682
Implantation of a device that sends electrical impulses into one of the cranial nerves		L8685	L8686	L8687	L8688
<b>Vein procedures</b>	Prior authorization required	36468	36473	36475	36478
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	37780
<b>Wound vac</b>	Prior authorization required	E2402			