

Prior Authorization Requirements for Hawaii Medicaid Effective October 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:

- **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**

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 | Prior authorization required | 43644 | 43645 | 43659 | 43770 |
| Bariatric surgery and specific obesity-related services | | 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. | | | |
| Bone growth stimulator | Prior authorization required | 20975 | 20979 | | |
| Electronic stimulation or ultrasound to heal fractures | | | | | |
| BRCA genetic testing | Prior authorization required | 81162 | 81163 | 81164 | 81165 |
| | | 81166 | 81212 | 81215 | 81216 |
| | | 81217 | 81432 | 81433 | |
| Breast reconstruction (non-mastectomy) | Prior authorization required | 19316 | 19318 | 19324 | 19325 |
| | | 19328 | 19330 | 19340 | 19342 |
| Reconstruction of the breast except when following mastectomy | | 19350 | 19357 | 19361 | 19364 |
| | | 19366 | 19367 | 19368 | 19369 |
| | | 19370 | 19371 | 19380 | 19396 |
| | | L8600 | | | |
| Cardiovascular | Prior authorization required for lower extremities angiogram only | 75710* | 75716* | | |
| | | *Prior authorization required for the following diagnosis codes: | | | |
| | | E08.51 | E08.52 | E08.59 | E08.621 |
| | | E09.51 | E09.52 | E09.59 | E09.621 |
| | | E10.51 | E10.52 | E10.59 | E10.621 |
| | | E11.51 | E11.52 | E11.59 | E11.621 |
| | | E13.51 | E13.52 | E13.59 | E13.621 |
| | | I70.201 | I70.202 | I70.203 | I70.208 |

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| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------|------------------------|--|---------|---------|---------|
| Cardiovascular (cont'd) | | 170.209 | 170.211 | 170.212 | 170.213 |
| | | 170.218 | 170.219 | 170.221 | 170.222 |
| | | 170.223 | 170.228 | 170.229 | 170.231 |
| | | 170.232 | 170.233 | 170.234 | 170.235 |
| | | 170.238 | 170.239 | 170.241 | 170.242 |
| | | 170.243 | 170.244 | 170.245 | 170.248 |
| | | 170.249 | 170.25 | 170.261 | 170.262 |
| | | 170.263 | 170.268 | 170.269 | 170.291 |
| | | 170.292 | 170.293 | 170.298 | 170.299 |
| | | 170.301 | 170.302 | 170.303 | 170.308 |
| | | 170.309 | 170.311 | 170.312 | 170.313 |
| | | 170.318 | 170.319 | 170.321 | 170.322 |
| | | 170.323 | 170.329 | 170.331 | 170.332 |
| | | 170.333 | 170.334 | 170.335 | 170.338 |
| | | 170.339 | 170.341 | 170.342 | 170.343 |
| | | 170.344 | 170.345 | 170.348 | 170.349 |
| | | 170.35 | 170.361 | 170.362 | 170.363 |
| | | 170.369 | 170.391 | 170.392 | 170.393 |
| | | 170.399 | 170.401 | 170.402 | 170.403 |
| | | 170.408 | 170.409 | 170.411 | 170.412 |
| | | 170.413 | 170.418 | 170.421 | 170.422 |
| | | 170.423 | 170.428 | 170.429 | 170.431 |
| | | 170.432 | 170.433 | 170.434 | 170.435 |
| | | 170.438 | 170.439 | 170.441 | 170.442 |
| | | 170.443 | 170.444 | 170.445 | 170.448 |
| | | 170.449 | 170.461 | 170.462 | 170.463 |
| | | 170.468 | 170.469 | 170.491 | 170.492 |
| | | 170.493 | 170.498 | 170.499 | 170.501 |
| | | 170.502 | 170.503 | 170.508 | 170.509 |
| | | 170.511 | 170.512 | 170.513 | 170.518 |
| | | 170.519 | 170.521 | 170.522 | 170.523 |
| | | 170.528 | 170.529 | 170.531 | 170.532 |
| | | 170.533 | 170.534 | 170.535 | 170.538 |
| | | 170.539 | 170.541 | 170.542 | 170.543 |
| | | 170.544 | 170.545 | 170.548 | 170.549 |
| | | 170.561 | 170.562 | 170.563 | 170.568 |
| | | 170.569 | 170.591 | 170.592 | 170.593 |
| | | 170.598 | 170.599 | 170.601 | 170.602 |
| | | 170.603 | 170.608 | 170.609 | 170.611 |
| | | 170.612 | 170.613 | 170.618 | 170.619 |
| | 170.621 | 170.622 | 170.623 | 170.628 | |
| | 170.629 | 170.631 | 170.632 | 170.633 | |
| | 170.634 | 170.635 | 170.638 | 170.639 | |
| | 170.641 | 170.642 | 170.643 | 170.644 | |
| | 170.645 | 170.648 | 170.649 | 170.661 | |
| | 170.662 | 170.663 | 170.668 | 170.669 | |
| | 170.691 | 170.692 | 170.693 | 170.698 | |
| | 170.699 | 170.701 | 170.702 | 170.703 | |
| | 170.708 | 170.709 | 170.711 | 170.712 | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | | |
|--|---|---|----------|----------|----------|-------|
| Cardiovascular (cont'd) | | I70.713 | I70.718 | I70.719 | 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 | I70.791 | |
| | | I70.792 | I70.793 | I70.798 | I70.799 | |
| | | I70.8 | I70.90 | I70.91 | I70.92 | |
| | | I72.3 | I72.4 | I72.8 | I72.9 | |
| | | I73.89 | I73.9 | I74.3 | I74.4 | |
| | | I74.5 | I74.8 | I74.9 | I75.021 | |
| | | I75.022 | I75.023 | I75.029 | I75.89 | |
| | | I77.1 | I77.2 | I77.70 | I77.72 | |
| | | I77.77 | I77.79 | I96 | L03.115 | |
| | | L03.116 | L97.319 | L97.329 | L97.419 | |
| | | L97.429 | L97.511 | L97.512 | L97.513 | |
| | | L97.519 | L97.521 | L97.522 | L97.529 | |
| | | L97.819 | L97.828 | L97.829 | L97.909 | |
| | | L97.919 | L97.929 | L98.491 | L98.499 | |
| | | M79.604 | M79.605 | M79.606 | M79.609 | |
| | | M79.651 | M79.652 | M79.659 | M79.661 | |
| | | M79.662 | M79.669 | M79.671 | M79.672 | |
| | | M79.673 | M79.674 | M79.675 | M79.676 | |
| | | M86.661 | M86.662 | M86.669 | M86.671 | |
| | | M86.672 | M86.679 | M86.8X7 | Q27.30 | |
| | | Q27.32 | Q27.39 | Q27.8 | Q27.9 | |
| | | Q87.2 | R93.6 | S35.511A | S35.512A | |
| | | S81.801A | S81.802A | S81.809A | S91.301A | |
| | | S91.302A | S91.309A | T82.312A | T82.318A | |
| | | T82.319A | T82.338A | T82.392A | T82.398A | |
| | | T82.399A | T82.818A | T82.856A | T82.858A | |
| | | T82.868A | T82.898A | Z95.820 | Z98.62 | |
| | Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG) | Prior authorization required for inpatient services | 95951 | | | |
| | | Prior authorization is not required for outpatient hospital or ambulatory surgical center | | | | |
| | Cochlear and other auditory implants | Prior authorization required | 69710 | 69714 | 69715 | 69718 |
| | | | 69930 | L8614 | L8619 | L8690 |
| | A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech | | L8691 | L8692 | | |
| | Cosmetic and reconstructive | Prior authorization required | 11960 | 11971 | 15820 | 15821 |
| | | | 15822 | 15823 | 15830 | 15847 |
| Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function | | 15877 | 17106 | 17107 | 17108 | |
| | | 17999 | 21137 | 21138 | 21139 | |

| Procedures and Services | Additional Information | CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|--|-------|-------|-------|
| Cosmetic and reconstructive (cont'd) Reconstructive procedures that treat a medical condition or improve or restore physiologic function | | 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 | 67924 | 67950 | 67961 |
| | 67966 | Q2026 | | | |
| 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 | A9280 | A9900 | E0194 |
| | | E0265 | E0266 | E0270 | E0277 |
| | | E0300 | E0328 | E0329 | E0445 |
| | | E0457 | E0460 | E0465 | E0466 |
| | Prosthetics are not DME – see <i>Orthotics and prosthetics.</i> | E0470 | E0471 | E0483 | E0486 |
| | | E0620 | E0636 | E0637 | E0652 |
| | | E0656 | E0669 | E0670 | E0675 |
| | Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health care.</i> | E0693 | E0694 | E0700 | E0710 |
| | | E0745 | E0762 | E0764 | E0766 |
| | | E0784 | E0984 | E0986 | E1002 |
| | | E1003 | E1004 | E1005 | E1006 |
| | | E1007 | E1008 | E1009 | E1010 |
| | | E1030 | E1035 | E1036 | E1130 |
| | | E1161 | E1229 | E1231 | E1232 |
| | | E1233 | E1234 | E1235 | E1236 |
| | | E1237 | E1238 | E1239 | E1399 |
| | | E1825 | E2100 | E2227 | E2228 |
| | | E2230 | E2300 | E2301 | E2310 |
| | | E2311 | E2322 | E2325 | E2327 |
| | | E2329 | E2331 | E2351 | E2373 |
| | | E2510 | E2511 | E2512 | E2599 |
| | | E2626 | E2627 | E2628 | E2629 |
| | | E2630 | E8000 | K0005 | K0008 |
| | | K0013 | K0108 | K0812 | K0830 |
| | K0831 | K0848 | K0849 | K0850 | |
| | K0851 | K0852 | K0853 | K0854 | |
| | K0855 | K0856 | K0857 | K0858 | |
| | K0859 | K0860 | K0861 | K0862 | |
| | K0863 | K0864 | K0868 | K0869 | |
| | K0870 | K0871 | K0877 | K0878 | |
| K0879 | K0880 | K0884 | K0885 | | |
| K0886 | K0890 | K0891 | S1040 | | |
| T1999 | T5999 | V2786 | V5269 | | |
| V5270 | V5271 | V5272 | V5274 | | |
| V5281 | V5282 | V5283 | V5286 | | |
| V5287 | V5288 | V5290 | | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|---|--|---|---|---|
| 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 B4102 B4150 B4158 B9002 | B4035 B4103 B4152 B4159 B9998 | B4036 B4104 B4153 B4160 | B4100 B4149 B4155 B4161 |
| Experimental and investigational (and/or linked services) | Prior authorization required | 33477 65765 0191T E0231 S1031 S9991 | 36514 65767 A4638 E1831 S2102 | 55866 66180 A6000 S0810 S9988 | 64722 0085T A9274 S1030 S9990 |
| 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 |
| Hearing aids and hearing aid services | Prior authorization required Benefit is available through EPIC Hearing Healthcare. | To request hearing aids or devices, please call EPIC Hearing Healthcare at 866-956-5400 . | | | |
| | | V5014 V5255 V5259 V5266 | V5180 V5256 V5260 V5275 | V5220 V5257 V5261 | V5254 V5258 V5264 |
| 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 only in outpatient settings, to include member's home | G0299 G0495 S9124 | G0300 G0496 S9474 | G0493 S9122 | G0494 S9123 |
| Hospice | Prior authorization required only in inpatient settings Prior authorization not required for members residing in a skilled nursing facility. | T2042 | T2043 | T2044 | T2045 |

| Procedures and Services | Additional Information | CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|-------------------------|------------------------------|--|--|--|--|
| Injectable medications | Prior authorization required | <p>Actemra[®] J3262</p> <p>Acthar[®] J0800</p> <p>Botulinum toxins J0585 J0586 J0587 J0588</p> <p>Brineura[™] J0567</p> <p>Cerezyme[®] J1786</p> <p>Cinqair[®] J2786</p> <p>Crysvita[®] J0584</p> <p>Elelyso[®] J3060</p> <p>Entyvio[®] J3380</p> <p>Evenity[™] J3111</p> <p>Exondys 51[™] J1428</p> <p>Fasenra[™] J0517</p> <p>Gamifant[®] J9210</p> <p>Ilaris[®] J0638</p> <p>Ilumya[™] J3245</p> <p>Inflectra[®] Q5103</p> <p>IVIG 90283 90284 J1459 J1555 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599</p> <p>Lemtrada[®] J0202</p> <p>Luxturna[™] J3398</p> <p>Nucala[®] J2182</p> <p>Ocrevus[™] J2350</p> <p>Onpattro[™]</p> | | | |

Injectable medications (cont'd)

| | | | | |
|--|--|----------|-------|-------|
| | J0222 | | | |
| | Orencia[®] | | | |
| | J0129 | | | |
| | Parsabiv[™] | | | |
| | J0606 | | | |
| | Probuphine[®] | | | |
| | J0570 | | | |
| | Radicava[®] | | | |
| | J1301 | | | |
| | Remicade[®] | | | |
| | J1745 | | | |
| | Renflexis[®] | | | |
| | Q5104 | | | |
| | Simponi Aria[®] | | | |
| | J1602 | | | |
| | Sodium Hyaluronate | | | |
| | J7320 | J7321 | J7322 | J7324 |
| | J7325 | J7326 | J7327 | J7329 |
| | J7331*** | J7332*** | | |
| | Soliris[®] | | | |
| | J1300 | | | |
| | Spinraza[™] | | | |
| | J2326 | | | |
| | Sublocade[™] | | | |
| | Q9991 | Q9992 | | |
| | Synagis^{®*} | | | |
| | 90378 | | | |
| | Ultomiris[™] | | | |
| | J1303 | | | |
| | Unclassified codes** | | | |
| | C9399 | J3490 | J3590 | |
| | White blood cell colony stimulating factors | | | |
| | J1442 | J1447 | J2505 | Q5101 |
| | Q5108 | Q5110 | Q5111 | |
| | Xolair^{®*} | | | |
| | 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.

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization |
|-------------------------|------------------------|--|
|-------------------------|------------------------|--|

Injectable medications (cont'd)

*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 Spravato™.

***These codes will require prior authorization for dates of service **Nov 1, 2019** or after.

| | | |
|---------------------------|---|---|
| Inpatient services | Prior authorization required For emergency admissions, please notify us within 48 hours of admission. | 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 . |
| | Routine obstetrics (OB) and deliveries require notification only. | |
| | Examples of inpatient services include: | |
| | <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 two days' LOS for vaginal and four day LOS for Cesarean section • Skilled nursing facility (SNF), transitional and sub-acute care | |

| | | | | | |
|--|------------------------------|-------|-------|-------|-------|
| Joint replacement Joint, total hip and knee replacement procedures | Prior authorization required | 23470 | 23472 | 23473 | 23474 |
| | | 24360 | 24361 | 24362 | 24363 |
| | | 24370 | 24371 | 27120 | 27122 |
| | | 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 | | |
|---|------------------------------|-------|-------|--|--|

| | | | | | |
|--|--|---|--|--|--|
| Off island travel (including out-of-state travel) | Prior authorization required for travel to another island or out of state for covered services | 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 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|------------------------------|--|--|-------|-------|-------|
| Orthognathic surgery(cont'd) | | 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 | 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 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|------------------------------|--|-------|-------|-------|
| Orthotics and prosthetics (cont'd) | | 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 required | T1000 | T1002 | T1003 | |
| Proton beam therapy | Prior authorization required | 77520 | 77522 | 77523 | 77525 |
| Focused radiation therapy using beams of protons, which are tiny particles with a positive charge | | | | | |
| Rhinoplasty and septoplasty | Prior authorization required | 30400 | 30410 | 30420 | 30430 |
| Treatment of nasal functional impairment and septal deviation | | | | | |
| | | 30435 | 30450 | 30460 | 30462 |
| | | 30465 | | | |
| Sinuplasty | Prior authorization required | 31295 | 31296 | 31297 | 31298 |
| Sleep apnea procedures and surgeries | Prior authorization required | 21685 | 41599 | 42145 | |
| Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea | | | | | |
| Spinal surgery | Prior authorization required | 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 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|--|-------|-------|-------|
| Spinal surgery (cont'd) | | 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 | 63270 | 63271 | 63272 |
| | | 63286 | 63300 | 63301 | 63302 |
| | | 63303 | 63304 | 63305 | 63306 |
| | | 63307 | 63308 | 0095T | 0098T |
| | | 0164T | | | |
| Stimulators | Prior authorization required | Bone growth stimulator | | | |
| Implantation of a 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 | 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 800-418-4994 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. | | | | |
| | UnitedHealthcare Community Plan of Hawaii manages the referral process to SHOTT. Transplant services include: | CAR-T cell therapy | | | |
| | <ul style="list-style-type: none"> Allogenic and autologous bone marrow transplants Heart Kidney Liver Lung Pancreas Small bowel with or without liver | 0537T | 0538T | 0539T | 0540T |
| | | Q2041 | Q2042 | | |

| Procedures and Services | Additional Information | CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|--|-------|-------|-------|
| Transplants(cont'd) | Corneal transplant and bone graft procedures are covered by the health plan. | | | | |
| Vein procedures | 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 |
| Wound vac | Prior authorization required | E2402 | | | |