

Prior Authorization Requirements for Hawaii

Effective July 1, 2018

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 **UHCommunityPlan.com > For Health Care Professionals > Hawaii > Prior Authorization > QUEST Integration Prior Authorization Request Form.**

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 | 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 |
| Behavioral health services | Prior authorization required Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network. | Please call the number on the member's health plan ID card when referring for mental health and substance abuse/substance use services. | | | |
| Bone growth stimulator | Prior authorization required | 20975 | 20979 | E0747 | E0748 |
| Electronic stimulation or ultrasound to heal fractures | | E0749 | E0760 | | |
| BRCA genetic testing | Prior authorization required | 81162 | 81211 | 81212 | 81213 |
| | | 81214 | 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 | | | |
| 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 | | |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|--|-------|-------|-------|
| Cosmetic and reconstructive | 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 |
| Reconstructive procedures that treat a medical condition or improve or restore physiologic function | | 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): more than \$500 | Prior authorization required only in outpatient settings, to include patient's home | A9279 | A9280 | E0194 | E0265 |
| DME codes listed with a retail purchase or cumulative rental cost of more than \$500 | | 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 | |

| 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 | Prior authorization required | 0085T 55866 61868 65765 A4638 E1831 S2102 | 0191T 61863 61886 65767 A6000 S0810 S9988 | 33477 61864 64555 66180 A9274 S1030 S9990 | 36514 61867 64722 95978 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 |
| 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 or fax, 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

| | | | |
|-------------------------------|-------|-------|-------|
| Acthar[®] | | | |
| J0800 | | | |
| Botox[®] | | | |
| J0585 | J0586 | J0587 | J0588 |
| Brineura[™] | | | |
| C9014 | | | |
| Cerezyme[®] | | | |
| J1786 | | | |
| Cinqair[®] | | | |
| J2786 | | | |
| Elyso[®] | | | |
| J3060 | | | |
| Exondys 51[™] | | | |
| J1428 | | | |
| Fasenra[™] | | | |
| C9466 | | | |
| Ilaris[®] | | | |
| J0638 | | | |
| IVIG | | | |
| 90283 | 90284 | J1459 | J1555 |
| J1556 | J1557 | J1559 | J1561 |
| J1566 | J1568 | J1569 | J1572 |
| J1575 | J1599 | | |
| Lemtrada[®] | | | |
| J0202 | | | |
| Nucala[®] | | | |
| J2182 | | | |
| Ocrevus[™] | | | |
| J2350 | | | |
| Probuphine[®] | | | |
| J0570 | | | |
| Radicava[™] | | | |
| C9493 | | | |
| Soliris[®] | | | |
| J1300 | | | |
| Spinraza[™] | | | |
| J2326 | | | |

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

Injectable medications (cont'd)

Sublocade[®]
 Q9991 Q9992

Synagis^{®*}
 90378

Unclassified**
 C9399 J3490 J3590

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.

*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 Brineura, Fasentra, Luxturna™, and Radicava.

| | | | | | |
|---------------------------|---|---|--|--|--|
| Inpatient services | Prior authorization required | 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 . | | | |
| | For emergency admissions, please notify us within 48 hours of admission. | | | | |
| | 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 new borns, regardless of length of stay (LOS) • Elective inpatient admissions • OB and new born 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 | Prior authorization required | 23470 | 23472 | 23473 | 23474 |
| Joint, total hip and knee replacement procedures | | 24360 | 24361 | 24362 | 24363 |
| | | 24370 | 24371 | 27120 | 27122 |

| Procedures and Services | Additional Information | CPT® or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|--|---|----------------|-------|-------|
| | | 27125 | 27130 | 27132 | 27134 |
| | | 27137 | 27138 | 27412 | 27446 |
| | | 27447 | 27486 | 27487 | 29866 |
| | | 29867 | 29868 | J7330 | S2112 |
| Non-emergent air ambulance transport | Prior authorization required | A0430 S9960 | A0431 S9961 | A0435 | A0436 |
| 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 or fax, using the instructions at the top of Page 1. | | | |
| Orthognathic surgery | 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 | |
| Orthotics and prosthetics: more than \$500 | Prior authorization required only in outpatient settings, to include member's home | L0112 | L0170 | L0456 | L0462 |
| Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500 | | 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 | L2128 |
| | | L2136 | L2350 | L2510 | L2526 |
| | | L2627 | 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 |
| Orthotics and prosthetics: more than | | L5505 | L5510 | L5520 | L5530 |

| Procedures and Services | Additional Information | CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|------------------------------|--|-------|-------|-------|
| \$500 (cont'd) Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500 | | 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 | 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 Focused radiation therapy using beams of protons, which are tiny particles with a positive charge | Prior authorization required | 77520 | 77522 | 77523 | 77525 |

| Procedures and Services | Additional Information | CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|--|--|--|--|--|---|
| 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 required | 21685 | 41599 | 42145 | |
| Spinal stimulator for pain management Spinal cord stimulators when implanted for pain management | Prior authorization required | 63650 | 63655 | 63685 | |
| Spinal surgery | Prior authorization required | 0095T 22101 22114 22212 22532 22554 22590 22612 22802 22812 22849 22856 22899 63011 63017 63042 63050 63075 63087 63170 63182 63194 63199 63252 63270 63300 63304 63308 | 0098T 22102 22206 22214 22533 22556 22595 22630 22804 22818 22850 22861 63001 63012 63020 63045 63055 63077 63090 63172 63185 63195 63200 63265 63271 63301 63305 64553 | 0164T 22110 22207 22220 22548 22558 22600 22633 22808 22819 22852 22864 63003 63015 63030 63046 63056 63081 63101 63173 63190 63196 63250 63267 63272 63302 63306 64570 | 22100 22112 22210 22224 22551 22586 22610 22800 22810 22830 22855 22865 63005 63016 63040 63047 63064 63085 63102 63180 63191 63198 63251 63268 63286 63303 63307 |
| 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. | 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. 32850 32851 32852 32853 | | | |

| Procedures and Services | Additional Information | CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization | | | |
|---|---|--|-------|-------|-------|
| Transplants (cont'd) | UnitedHealthcare Community Plan of Hawaii manages the referral process to SHOTT. Transplant services include: <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. | 32854 | 32855 | 32856 | 33930 |
| | | 33933 | 33935 | 33940 | 33944 |
| | | 33945 | 38208 | 38209 | 38210 |
| | | 38212 | 38213 | 38214 | 38215 |
| | | 38232 | 38240 | 38241 | 38242 |
| | | 44132 | 44133 | 44135 | 44136 |
| | | 44137 | 44715 | 44720 | 44721 |
| | | 47133 | 47135 | 47140 | 47141 |
| | | 47142 | 47143 | 47144 | 47145 |
| | | 47146 | 47147 | 48551 | 48552 |
| | | 48554 | 50300 | 50320 | 50323 |
| | | 50325 | 50340 | 50360 | 50365 |
| | | 50370 | 50380 | 50547 | S2060 |
| | | S2061 | S2152 | | |
| | | Prior authorization required for diagnosis codes C81.00-C88.9 and C91.00-C91.02 along with codes | | | |
| | | 38206 | 38999 | J3490 | J9999 |
| | | S2107 | Q2040 | Q2041 | |
| Vagus nerve stimulation | 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 |
| 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 | | | |