

# Prior Authorization Requirements for Hawaii

## Effective April 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			
<b>Bariatric surgery</b> Bariatric surgery and specific obesity-related services	Prior authorization required	0312T	0313T	0314T	0315T
		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>	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.			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20975	20979	E0747	E0748
		E0749	E0760		
<b>BRCA genetic testing</b>	Prior authorization required	81162	81211	81212	81213
		81214	81215	81216	81217
		81432	81433		
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization required	19316	19318	19324	19325
		19328	19330	19340	19342
		19350	19357	19361	19364
		19366	19367	19368	19369
		19370	19371	19380	19396
		L8600			
<b>Cochlear and other auditory implants</b> 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	69715	69718
		69930	L8614	L8619	L8690
		L8691	L8692		

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Procedures and Services	Additional Information	CPT <sup>®</sup> 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): more than \$500</b>	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
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	E0620	E0636	E0638	E0641
		E0642	E0656	E0669	E0670
		E0675	E0693	E0694	E0700
		E0710	E0745	E0762	E0764
	Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health care</i> .	E0766	E0784	E0984	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	E8001	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			
<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> .			
<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034 B4102 B4150 B4158 B9000	B4035 B4103 B4152 B4159 B9002	B4036 B4104 B4153 B4160 B9998	B4100 B4149 B4155 B4161
<b>Experimental and investigational</b>	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
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240 31267	31254 31276	31255 31287	31256 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>877-606-3742</b> .			
		V5014 V5255 V5259 V5266	V5180 V5256 V5260 V5275	V5220 V5257 V5261	V5254 V5258 V5264
<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 G0495 S9124	G0300 G0496 S9474	G0493 S9122	G0494 S9123
<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

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications	Prior authorization required	<b>Acthar<sup>®</sup></b> J0800			
		<b>Botox<sup>®</sup></b> J0585      J0586      J0587      J0588			
		<b>Brineura<sup>™</sup></b> C9014			
		<b>Cerezyme<sup>®</sup></b> J1786			
		<b>Cinqair<sup>®</sup></b> J2786			
		<b>ElELYso<sup>®</sup></b> J3060			
		<b>Exondys 51<sup>™</sup></b> J1428			
		<b>Ilaris<sup>®</sup></b> J0638			
		<b>IVIG</b> 90283      90284      J1459      J1555 J1556      J1557      J1559      J1561 J1566      J1568      J1569      J1572 J1599			
		<b>Lemtrada<sup>®</sup></b> J0202			
		<b>Nucala<sup>®</sup></b> J2182			
		<b>Ocrevus<sup>™</sup></b> J2350			
		<b>Probuphine<sup>®</sup></b> J0570			
		<b>Radicava<sup>™</sup></b> C9493			
		<b>Soliris<sup>®</sup></b> J1300			
		<b>Spinraza<sup>™</sup></b> J2326			
		<b>Synagis<sup>®*</sup></b> 90378			

**Procedures and Services**

**Additional Information**

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

**Injectable medications (cont'd)**

**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

For emergency admissions, please notify us within 48 hours of admission.

Routine obstetrics (OB) and deliveries require notification only.

Examples of inpatient services include:

- Acute inpatient rehabilitation
- All neonatal intensive care (NICU) admissions including newborns, regardless of length of stay (LOS)
- Elective inpatient admissions
- OB and newborn confinements exceeding two days' LOS for vaginal and four day LOS for Cesarean section
- Skilled nursing facility (SNF), transitional and sub-acute care

To request prior authorization, please fax the member's registration/admission document with pertinent information, including date of service or date of admission, to UnitedHealthcare Community Plan of Hawaii at **800-267-8328**.

**Joint replacement**

Prior authorization required

Joint, total hip and knee replacement procedures

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

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<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> Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299	21127 21145 21151 21160 21195 21206 21215 21245 21249
<b>Orthotics and prosthetics: more than \$500</b> Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	Prior authorization required only in outpatient settings, to include member's home	L0112 L0464 L0486 L0632 L0638 L0810 L1000 L1310 L1700 L1755 L1845 L1950 L2010 L2036 L2106 L2136 L2627 L3649 L3730 L3901 L3971 L3999 L5010 L5100 L5200 L5250 L5312 L5400 L5505 L5535 L5580 L5600 L5616	L0170 L0480 L0624 L0634 L0640 L0820 L1005 L1499 L1710 L1834 L1846 L1970 L2020 L2037 L2108 L2350 L2628 L3671 L3740 L3904 L3975 L4000 L5020 L5105 L5210 L5270 L5321 L5420 L5510 L5540 L5585 L5610 L5639	L0456 L0482 L0629 L0636 L0700 L0830 L1200 L1680 L1720 L1840 L1860 L2000 L2030 L2038 L2126 L2510 L3230 L3674 L3764 L3905 L3976 L4010 L5050 L5150 L5220 L5280 L5331 L5460 L5520 L5560 L5590 L5613 L5640	L0462 L0484 L0631 L0637 L0710 L0859 L1300 L1685 L1730 L1844 L1945 L2005 L2034 L2060 L2128 L2526 L3265 L3720 L3900 L3961 L3977 L4020 L5060 L5160 L5230 L5301 L5341 L5500 L5530 L5570 L5595 L5614 L5642

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and prosthetics: more than \$500 (cont'd)</b>  Orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500		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	
	<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			

Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	
<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					
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 <sup>™</sup> (tisagenlecleucel) and Yescarta <sup>™</sup> (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</li> </ul>		38232	38240	38241	38242



Procedures and Services	Additional Information	CPT <sup>®</sup> or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplants (cont'd)</b>	marrow transplants	44132	44133	44135	44136
	• Heart	44137	44715	44720	44721
	• Kidney	47133	47135	47140	47141
	• Liver	47142	47143	47144	47145
	• Lung	47146	47147	48551	48552
	• Pancreas	48554	50300	50320	50323
	• Small bowel with or without liver	50325	50340	50360	50365
	Corneal transplant and bone graft procedures are covered by the health plan.	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	
<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			