



700 Bishop Street, Suite 300
 Honolulu, HI 96813.4100
 T 808.532.4006
 F 866.572.4384
 uhahealth.com

Services That Require Prior Authorization And/Or Advance Notification Effective July 1, 2018

THE FOLLOWING SERVICES REQUIRE PRIOR AUTHORIZATION

Inpatient and Ambulatory (Outpatient) Procedures	
<ul style="list-style-type: none"> • All ablative treatment for atrial fibrillation • Ambulatory surgery proposed to be done in an inpatient setting • Anesthesia services for gastrointestinal endoscopy • Arthroscopy, hip, surgical; with removal of loose body or foreign body <ul style="list-style-type: none"> ○ with femoroplasty (CPT 29914) ○ with acetabuloplasty (CPT 29915) ○ with labral repair (CPT 29916) • Artificial disc insertion in cervical spine (lumbar NON-COVERED) • Autologous chondrocyte implantation (knee) • Bariatric surgery • Blepharoplasty and repair of blepharoptosis; • Cardiac catheter ablation procedures • Electromagnetic navigation bronchoscopy • Emerging technology (T codes) • Gender identity reconstructive surgery • Hepatic resection, radiofrequency ablation and cryotherapy; chemoembolization, and microsphere radiocolloid infusion/embolization • Hyperbaric oxygen treatment • Intrastromal corneal ring segments • In vitro fertilization services • Kyphoplasty and vertebroplasty • Lung volume reduction • Organ, bone marrow, and stem cell transplant services: transplant evaluations, organ donor services, transplant procedures 	<ul style="list-style-type: none"> • Osteochondral allograft • Panniculectomy and abdominoplasty • Prophylactic mastectomy • Radiofrequency ablation of miscellaneous solid tumors (Limitations and guidelines apply) • Reduction mammoplasty (not related to breast reconstruction following mastectomy for cancer) • Rhinectomy; partial (CPT 30150) • Sleep apnea treatment (See Sleep Apnea Medical Payment Policies for limitations and guidelines) • Spinal cord stimulator for pain management • Spinal injections for pain management • Stereotactic radiosurgery (SRS) and fractionated stereotactic body radiotherapy (SRBT) • Thoracic sympathectomy for hyperhidrosis • Tissue-engineered skin substitutes (Limitations and guidelines apply) • Transcatheter mitral valve repair • Transcatheter pulmonary valve implantation • Transmyocardial laser revascularization • Treatment of hepatic neoplasms that are being considered for treatment outside of systemic chemotherapy alone • Treatment of operable prostate cancer • Treatment of varicose veins (Limitations and guidelines apply) <p>COSMETIC PROCEDURES ARE NON-COVERED SERVICES For the most current list of cosmetic procedures, visit our website at uhahealth.com/forms#providers. If a procedure or service could conceivably be considered to be cosmetic or investigational in nature, a prior authorization review is required. If a denial for services is issued and complications result in additional medical procedures, members may be financially responsible for those additional services.</p>
Diagnostic Testing and Radiology Procedures	
<ul style="list-style-type: none"> • Charged-particle (Proton or Helium Ion) radiation therapy • CTCA (Computerized Tomography of the Coronary Arteries - CPT 75571 is NON-COVERED) • CCTA (Coronary Computed Tomography Angiography) • Genetic testing (CYP450 genotyping does not require PA but limitations and guidelines apply) 	<ul style="list-style-type: none"> • Oncotype DX • PET scans • Psychological testing • Sleep studies – (See Sleep Apnea Medical Payment Policies for limitations and guidelines) • Virtual colonoscopy (Limitations and guidelines apply)

PLEASE NOTE:

- UHA requires that all participating providers participate with its prior authorization, concurrent, and retrospective review activities.
- This list is subject to change without prior notice.
- The most current list is available at: uhahealth.com/forms#providers.

Durable Medical Equipment (DME) and Supplies	
<ul style="list-style-type: none"> • Continuous glucose monitoring system • Custom fabricated medical items • Durable medical equipment purchase greater than \$500 • Durable medical equipment rental greater than \$100/month • Durable medical equipment repair and maintenance • External insulin pump • Home ventilator • Negative pressure wound therapy • Oscillatory device for bronchial drainage 	<ul style="list-style-type: none"> • Oxygen and oxygen equipment for home use • Positive airway pressure devices for the treatment of obstructive sleep apnea • Power mobility devices and push-rim activated power assist devices • Pulse oximeter for home use (children and adult) • Spinal cord stimulators for pain management • Wheelchairs: Pediatric (HCPCS E1231-E1234) and adult (HCPCS K0004, K0005, K0009)
Out-of-State Services	
<ul style="list-style-type: none"> • For members living in Hawaii: <ul style="list-style-type: none"> ○ ALL out-of-state requests (require at least 2 weeks for processing) 	<ul style="list-style-type: none"> • For members on the mainland, in addition to services listed on this PA: <ul style="list-style-type: none"> ○ ALL ASC or hospital based elective procedures ○ ALL advanced imaging
Prosthetics	
<ul style="list-style-type: none"> • Prosthetics with a cost greater than \$500 	<ul style="list-style-type: none"> • Endoskeletal knee-shin system (L5859)
Rehabilitative and Therapy Services	
<ul style="list-style-type: none"> • Applied behavior analysis for autism spectrum disorders (See ABA policy for limitations and guidelines) • Habilitative services • Intensive Cardiac Rehabilitation (Ornish) (PA required for participation in the program. No PA needed for referral for initial evaluation). • Therapeutic Massage 	<ul style="list-style-type: none"> • Physical and Occupational Therapy [following 32 units (1 unit = 15 minutes) or 8 one-hour sessions per calendar year]. Payment is limited to 4 units/session. • Residential treatment for chemical dependence (only for facility non-participating providers and out-of-state treatments) • Speech therapy
Home Health Services	
<ul style="list-style-type: none"> • Home health services following 12 visits • Home oxygen therapy 	<ul style="list-style-type: none"> • Home total parenteral nutrition for adults • Home IV antibiotic Therapy when not ordered and supervised by Infectious Diseases Specialist
Miscellaneous Services	
<ul style="list-style-type: none"> • Cologuard as a choice for Colorectal Cancer Screening (limitations and guidelines apply) • Experimental and investigational services • Gender identity services 	<ul style="list-style-type: none"> • Growth hormone therapy • Hepatitis C Treatment (limitations and guidelines apply) • Oral surgery • Orthodontic services for orofacial anomalies

Providers may submit Prior Authorization requests for medical services online at uhahealth.com/providerportal

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PRESCRIPTION DRUG PRIOR AUTHORIZATION

For a list of prescription medications that require Prior Authorization, please see uhahealth.com/webForms/drugsearch.

For questions about your drug coverage, please call:

Express Scripts Customer Service: 1-855-891-7978 **Pharmacists may call:** 1-800-922-1557

Providers may submit Prescription Prior Authorization requests online by visiting express-path.com.

THE FOLLOWING SERVICES REQUIRE ADVANCE NOTIFICATION

Elective Hospital Admissions

72 hours' advance notification is required for elective hospital admissions (including skilled nursing facilities and rehabilitation facilities) when possible. UHA requires notification of emergency and non-elective admissions within one (1) business day of admission.

Chemical Dependency/Substance Abuse Residential Treatment

72 hours advance notification is required for chemical dependency/substance abuse treatment.

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