UHA HEALTH INSURANCE

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Services That Require Prior Authorization And/Or Advance Notification Effective July 1, 2020

THE FOLLOWING SERVICES REQUIRE PRIOR AUTHORIZATION

Inpatient and Ambulatory (Outpatient) Procedures

- All ablative treatment for atrial fibrillation
- Ambulatory surgery proposed to be done in an inpatient setting
- Arthroscopy, hip, surgical; with removal of loose body or foreign body
  - 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)
- Balloon sinuplasty
- Blepharoplasty and repair of blepharoptosis;
- Cardiac catheter ablation procedures
- Electromagnetic navigation bronchoscopy
- Gender identity reconstructive surgery
- Hepatic resection, radiofrequency ablation and cryotherapy; chemoembolization, and microsphere radiocolloid infusion/embolization
- Hyperbaric oxygen treatment
- Implantation, revision or repositioning of tunneled intrathecal or epidural catheter
- Implantation or replacement of device for intrathecal or epidural drug infusion
- In vitro fertilization services
- Kyphoplasty and vertebroplasty
- Lung volume reduction
- Organ, bone marrow, and stem cell transplant services: transplant procedures, organ donor services
- 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
- Stereotactic radiosurgery (SRS) and fractioned stereotactic body radiotherapy (SRBT)
- Thoracic sympathectomy for hyperhidrosis
- Tissue-engineered skin substitutes (Limitations and guidelines apply)
- Transcatheter implantation of wireless pulmonary artery pressure sensor
- Transcatheter insertion or replacement of permanent leadless pacemaker
- 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)

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.**

Diagnostic Testing and Radiology Procedures

- Adalimumab test
- 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)
- Electroencephalographic (EEG) monitoring services (CPT 95700-95726)
- PET scans
- Posaconazole test
- Psychological testing (exclude for bariatric procedure)
- Remote monitoring of physiologic parameter(s)
- Remote physiologic monitoring treatment management services
- 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.**

• Infliximab test • Genetic testing (CYP450 genotyping does not require PA but limitations and guidelines apply) • Oncotype DX	

Durable Medical Equipment (DME) and Supplies	
• 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	• Power mobility devices and push-rim activated power assist devices • Pulse oximeter for home use (children and adult) • Radiopharmaceutical localization of tumor (CPT 78830-78832, 78835) • Spinal cord stimulators for pain management • Wheelchairs: Pediatric (HCPCS E1231-E1234) and adult (HCPCS K0004, K0005, K0009)
Out-of-State Services	
• For members living in Hawaii: ○ ALL out-of-state requests **(require at least 2 weeks for processing)**	• For members on the mainland, in addition to services listed on this PA: ○ ALL ASC or hospital based elective procedures ○ ALL advanced imaging
Prosthetics and Orthotics	
• Prosthetics and orthotics with a cost greater than $500	• Endoskeletal knee-shin system (L5859)
Rehabilitative and Therapy Services	
• 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).	• 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.** • Pulmonary rehabilitation • Residential treatment for chemical dependence (only for facility non-participating providers and out-of-state treatments) • Speech therapy
Home Health Services	
• Home health services following 12 visits	• Home total parenteral nutrition for adults • Home IV antibiotic Therapy when not ordered and supervised by Infectious Diseases Specialist

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Miscellaneous Services	
• Chimeric Antigen Receptor (CAR) T-Cell Therapy • Cologuard as a choice for Colorectal Cancer Screening (limitations and guidelines apply) • Cystourethroscopy with insertion of permanent adjustable transprostatic implant • Experimental and investigational services	• Gender identity services • 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

EXPRESS SCRIPTS®

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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