Services That Require Prior Authorization
And/Or Advance Notification
Effective June 1, 2017

THE FOLLOWING SERVICES REQUIRE PRIOR AUTHORIZATION

Inpatient and Ambulatory (Outpatient) Surgical 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 and carticel
- Bariatric surgery
- Blepharoplasty (upper eyelids only) and repair of blepharoptosis; lower eyelids are NON-COVERED
- Electromagnetic navigation bronchoscopy
- Emerging technology (T codes)
- Hepatic resection, radiofrequency ablation and cryotherapy; chemoembolization, and microsphere radiocolloid infusion/embolization
- Hyperbaric oxygen treatment
- Interventional pain management spine services
- 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
- Osteochondral allograft
- Panniculectomy and abdominoplasty
- Photodynamic therapy for actinic keratoses and other skin lesions. (Photodynamic therapy for acne is NON-COVERED*)
- Prophylactic mastectomy (CPT 19303, CPT 19304)
- Prostatectomy (open or robotic); XRT (external beam or by brachytherapy)
- Radiofrequency ablation of miscellaneous solid tumors excluding liver tumors
- Reduction mammoplasty (not related to breast reconstruction following mastectomy for cancer)
- Rhinectomy; partial (CPT 30150)
- Spinal cord stimulator for pain management
- Stereotactic radiosurgery (SRS) and fractioned stereotactic body radiotherapy (SRBT)
- Thoracic sympathectomy for hyperhidrosis
- Tissue-engineered skin substitutes
- Transcatheter aortic-valve replacement with prosthetic valve
- Transcatheter mitral valve repair
- Transcatheter pulmonary valve implantation
- Transmyocardial laser revascularization
- Treatment of varicose veins: all procedures require prior authorization (CPT 36469; sclerotherapy for spider veins are NON-COVERED*)

*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 in nature, prior authorization must be obtained.

Diagnostic Testing and Radiology Procedures

- 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
- Oncotype DX
- Pet scans
- Psychological testing
- Sleep studies - additional sleep study within the five year period (95805; 95807;95808;95810;95811) Physicians should order and providers should perform a split night study (CPT 95811) when possible.
- Virtual colonoscopy

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

- Continuous glucose monitoring system
- 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
- 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 children
- Spinal cord stimulators for pain management
- Transcutaneous electrical nerve stimulation
- Wheelchairs: pediatric (HCPCS E1231-E1234) and adult (HCPCS K0004, K0005, K0009)

### Out-of-State Services

- For member 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 inpatient elective procedures
  - ALL elective procedures performed in an outpatient facility setting
  - ALL diagnostic procedures performed in an outpatient facility setting

### Prosthetics

- Prosthetics with cost greater than $500
- Endoskeletal knee-shin system (L5859)

### Rehabilitative Services

- Cardiac rehabilitation
- Cognitive rehabilitation
- Habilitative services
- Physical and occupational therapy (after a combined total of 48 units. [1 unit = 15 minutes] or 12 sessions; per calendar year)
  Payment is limited to 4 units/sessions
- Residential treatment for chemical dependence (only for facility non-participating providers and out-of-state treatments)
- Speech therapy
- Applied behavior analysis for autism spectrum disorders

### Home Health Services

- Home health services after the first 12 visits
- Home total parenteral nutrition for adults

### Miscellaneous Services

- 0355T – Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report
- 0377T – Anoscopy with directed submucosal injection of bulking agent for fecal incontinence
- 22853 – Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)
- 22854 – Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each
- 33340 – Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation
- 36473 – Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mecanochemical; first vein treated
- 36474 – Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mecanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
- 62321 – Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid,

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

**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:

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.

<table>
<thead>
<tr>
<th>Procedure</th>
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<tr>
<td>22859</td>
<td>Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)</td>
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<td>22867</td>
<td>Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level</td>
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<td>27198</td>
<td>Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural)</td>
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<td>64483</td>
<td>Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluroscopy or CT); lumbar or sacral, single level</td>
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<td>65778</td>
<td>Placement of amniotic membrane on the ocular surface; without sutures</td>
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<td>93644</td>
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