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)

**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)

**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.

**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.
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### Durable Medical Equipment (DME) and Supplies

<table>
<thead>
<tr>
<th>Medical Equipment</th>
<th>Medical Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuous glucose monitoring system</td>
<td>Power mobility devices and push-rim activated power assist devices</td>
</tr>
<tr>
<td>Custom fabricated medical items</td>
<td>Pulse oximeter for home use (children and adult)</td>
</tr>
<tr>
<td>Durable medical equipment purchase greater than $500</td>
<td>Radiopharmaceutical localization of tumor (CPT 78830-78832, 78835)</td>
</tr>
<tr>
<td>Durable medical equipment rental greater than $100/month</td>
<td>Spinal cord stimulators for pain management</td>
</tr>
<tr>
<td>Durable medical equipment repair and maintenance</td>
<td>Wheelchairs: Pediatric (HCPCS E1231-E1234) and adult (HCPCS K0004, K0005, K0009)</td>
</tr>
<tr>
<td>External insulin pump</td>
<td></td>
</tr>
<tr>
<td>Home ventilator</td>
<td></td>
</tr>
<tr>
<td>Negative pressure wound therapy</td>
<td></td>
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<tr>
<td>Oscillatory device for bronchial drainage</td>
<td></td>
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</tbody>
</table>

### Out-of-State Services

<table>
<thead>
<tr>
<th>State Services</th>
<th>State Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>For members living in Hawaii:</td>
<td>For members on the mainland, in addition to services listed on this PA:</td>
</tr>
<tr>
<td>o ALL out-of-state requests (require at least 2 weeks for processing)</td>
<td>o ALL ASC or hospital based elective procedures</td>
</tr>
<tr>
<td></td>
<td>o ALL advanced imaging</td>
</tr>
</tbody>
</table>

### Prosthetics and Orthotics

<table>
<thead>
<tr>
<th>Prosthetics and Orthotics</th>
<th>Endoskeletal knee-shin system (L5859)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prosthetics and orthotics with a cost greater than $500</td>
<td></td>
</tr>
</tbody>
</table>

### Rehabilitative and Therapy Services

<table>
<thead>
<tr>
<th>Services</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applied behavior analysis for autism spectrum disorders (See ABA policy for limitations and guidelines)</td>
<td>Physical and Occupational Therapy [following 32 units (1 unit = 15 minutes) or 8 one-hour sessions per calendar year]. <strong>Payment is limited to 4 units/session.</strong></td>
</tr>
<tr>
<td>Habilitative services</td>
<td>Pulmonary rehabilitation</td>
</tr>
<tr>
<td>Intensive Cardiac Rehabilitation (Ornish) (PA required for participation in the program. No PA needed for referral for initial evaluation).</td>
<td>Residential treatment for chemical dependence (only for facility non-participating providers and out-of-state treatments)</td>
</tr>
<tr>
<td></td>
<td>Speech therapy</td>
</tr>
</tbody>
</table>

### Home Health Services

<table>
<thead>
<tr>
<th>Services</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home health services following 12 visits</td>
<td>Home total parenteral nutrition for adults</td>
</tr>
<tr>
<td></td>
<td>Home IV antibiotic Therapy when not ordered and supervised by Infectious Diseases Specialist</td>
</tr>
</tbody>
</table>

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HCR-0724-091420
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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:

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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### 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

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