

This list of services requiring PRIOR authorization applies to Humana’s Medicare Advantage Plans and UnitedHealthcare’s Medicare Advantage Plans contracted with MDX Hawai’i. This list applies to CONTRACTED and NON-CONTRACTED health care providers. See IMPORTANT NOTES on page 3.

APPLIES TO THE FOLLOWING HEALTH PLANS

Humana Medicare Advantage Plans

PPO Plan	Humana Choice	H5216-232/233
PPO Plan	Humana Honor	H5216-234
HMO Plan	Humana Gold Plus	H0028-048

UnitedHealthcare (UHC) Medicare Advantage Plans (PPO Plans)

Oahu

AARP Medicare Advantage Choice Plan 1	H2228-024
AARP Medicare Advantage Patriot	H2228-025
AARP Medicare Advantage Choice Plan 2	H2228-067

Kauai & Maui

AARP Medicare Advantage Choice	H2228-068
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INPATIENT SERVICES	DETAILS
Admissions	All scheduled inpatient admissions including acute hospital, rehabilitation facilities, hospice and skilled nursing facilities require PRIOR authorization. Admissions through the emergency room require notification within 24 hours.
Behavioral Health (BH) or Detoxification	All scheduled admissions require PRIOR authorization. BH hospital, psychiatric hospital, subacute facility, and substance abuse admissions through the emergency room require notification within 24 hours. Partial hospital/residential treatment requires PRIOR authorization.
Changes to Level of Care (LOC) or Health Plan Examples: <ul style="list-style-type: none"> • OBS now is admitted to IP • ICF now changes to SNF or IP • Member changes health plan during a hospital admission 	If a member changes primary health plan coverage and MDX Hawai’i becomes responsible during the hospitalization, notification to MDX Hawai’i with a revised face sheet is required. If a member changes LOC, notification is required if admitted to a hospital. Face sheet is not required if transmitting an electronic daily census. Failure to notify MDX Hawai’i within one (1) business day of the change may result in denial of coverage.
Elective Surgeries/Admissions	All scheduled admissions require PRIOR authorization. This includes any pre-scheduled inpatient hospitalizations and Ambulatory Surgery Center conversions to inpatient. For Outpatient Surgeries, please use our PA Look-Up Tool on our secured portal at www.MDXHawaii.com for authorization requirements.
Observation Services when members are admitted	No notification required UNLESS member’s LOC is changed to inpatient in a hospital without e-census.

OUTPATIENT SERVICES, PROCEDURES OR EQUIPMENT	DETAILS
All non-participating and/or out-of-area services (excludes ER visit)	No Authorization Required
All Outpatient Procedures and Surgeries	No Authorization Required
Acupuncture	Please contact the member’s Health Plan.
Brachytherapy	No Authorization Required
Outpatient Specialty Drugs	Use PA Look-Up Tool, Medications tab on our secured portal at www.MDXHawaii.com .
Chiropractic Services	No Authorization Required
Clinical trials	Please submit PRIOR authorization requests directly to the health plan to ensure that selected services are covered during the clinical trial period.
Diagnostic Tests includes PET scans, etc.	No Authorization Required
Durable Medical Equipment (DME) includes CPAP, NPPV, specialty wheelchair, orthotics, prosthetics, oxygen tank and oxygen concentrator, etc.	No Authorization Required
Drugs and Medications	Use PA Look-Up Tool, Medications tab on our secured portal at www.MDXHawaii.com .
Enteral/parenteral services and supplies and commercial oral nutritional supplements	No Authorization Required
Genetic Testing and Counseling	No Authorization Required
Home Health Services (includes Home Health Care)	No Authorization Required
Hospice Care/ Supportive Care	Notification required
Hyperbaric Oxygen Therapy	No Authorization Required
Infusion Services	No Authorization Required
Medical Nutrition Therapy (MNT)	No Authorization Required
Outpatient Services, Surgeries and Procedures	No Authorization Required
Pain Management Surgeries and Procedures	No Authorization Required
Parenteral Nutrition	No Authorization Required
Podiatry Services	No Authorization Required

(continued)

OUTPATIENT SERVICES, PROCEDURES OR EQUIPMENT	DETAILS
Proton Beam Therapy & Radiation Therapy	No Authorization Required
Radiology: Outpatient Imaging	No Authorization Required
Reconstructive Surgery, including but not limited to: <ul style="list-style-type: none"> • Blepharoplasty • Breast Reconstruction • Vein Stripping/Varicose Vein • Sclerotherapy • Bariatric Surgery 	No Authorization Required
Rehab Services (PT/OT)	No Authorization Required
Skin Grafts	No Authorization Required
Transplant services	Providers should review the Member’s benefit summary guide on what is covered and whom to contact when submitting a transplant evaluation request. Transplant requests are screened for eligibility, benefits, Centers of Excellence criteria, in addition to medical necessity based on nationally approved clinical criteria.

IMPORTANT NOTES

Please refer to your current contract to determine your needed compliance with the terms defined in this document. This list represents services and medications (i.e., medications that are delivered in the physician’s office, clinic, outpatient or home setting through home health or infusion companies) Services must be provided according to the Medicare Coverage Guidelines, established by the Centers for Medicare & Medicaid Services (CMS), and are subject to review. According to the guidelines, all medical care, services, supplies and equipment must be medically necessary. You may review the Medicare Coverage Guidelines online at: <https://www.medicare.gov/coverage>

- Investigational and experimental procedures are not usually covered benefits. Please consult the member’s Evidence of Coverage or contact the Health Plan for confirmation of coverage.
- Failure to obtain preauthorization for a service could result in payment reductions for the provider and benefit reductions for the member, based upon the provider’s contract and the member’s Evidence of Coverage.
- This is not a comprehensive list. For a current list, use the PA Look-Up Tool on our secured portal at www.MDXHawaii.com or call us at 532-6989 on O’ahu, or 1-800-851-7110 toll-free from the Neighbor Islands. If the drug is not found on the PA Look-Up Tool, please submit a Prior Authorization Request.
- There may be exceptions to this list. Not all procedures and medications are covered by all health plans. Since a single document cannot reflect all possible exceptions, individual practitioners making specific requests for services are encouraged to verify benefits and authorization requirements prior to providing services.

REFERRAL PROCESS FOR HUMANA GOLD PLUS MEMBERS (HMO PLAN ONLY)

For Primary Care Physician (PCP) Referring Humana Gold Plus Member to a Specialist

If you need to refer your Humana Gold Plus member to a specialist, please refer your patient to a provider who participates in MDX Hawai'i's Preferred Provider Network for Humana's HMO Medicare Advantage Plan. Please refer to your current contract to determine your needed compliance with the terms defined in this document.

- 1 A Specialist Referral approval is required before you refer your patient for specialty services. Please submit the Specialty Referral Request Form before the patient is referred to a specialist.
- 2 Submit the request through the MDX Hawaii provider portal. Fax the completed form to MDX Hawai'i at 532-6999 on O'ahu, or 1-800-688-4040 toll-free from the Neighbor Islands. Or, call us at 532-6989 on O'ahu, or 1-800-851-7110 toll-free from the Neighbor Islands and select Option 1 for Humana.

For Specialists

If a Humana Gold Plus member has been referred to you and needs to have a service that is on MDX Hawai'i's Prior Authorization List for Medicare Advantage Plans, either you or the PCP may submit the Prior Authorization Request Form to MDX Hawai'i.

Once the Specialty Referral is approved, the Specialist may submit a prior authorization request for any medically necessary services until the referral expires. The Specialist must have a valid Specialty referral on file in order to request prior authorization for services.

- 1 Submit the request through the MDX Hawaii provider portal. Fax the completed form to MDX Hawai'i at 532-6999 on O'ahu, or 1-800-688-4040 toll-free from the Neighbor Islands. Or, call us at 532-6989 on O'ahu, or 1-800-851-7110 toll-free from the Neighbor Islands and select Option 1 for Humana.
- 2 When you submit your claim, be sure to enter the name of the referring physician in Box 17 and NPI in Box 17b on your claim form (CMS-1500).

