



**PRIOR AUTHORIZATION LIST
FOR MEDICARE ADVANTAGE PLANS
EFFECTIVE JANUARY 1, 2019**

This list of services requiring PRIOR authorization 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: | HumanaChoice | H5216-040 | |
| PPO Plan: | HumanaChoice | H5216-041 | |
| HMO Plan: | Humana Gold Plus | H0028-004 | |
| UnitedHealthcare (UHC) Medicare Advantage Plans (PPO Plans) | | | |
| <u>Oahu</u> | | | |
| AARP MedicareComplete Choice Plan 1 | | H2228-024 | (Group #77000 & #77007) |
| AARP MedicareComplete Choice Essential | | H2228-025 | (Group #77003 & #77008) |
| AARP MedicareComplete Choice Plan 2 | | H2228-067 | (Group#77024 & #77025) |
| <u>Kauai & Maui</u> | | | |
| AARP MedicareComplete Choice | | H2228-068 | (Group #77026 & #77027) |
| 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: - 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. 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 <i>PA Look-Up Tool</i> on our website at www.mdxhawaii.com for authorization requirements. | |
| Observation Services when members are admitted | | No notification required UNLESS member's LOC is changed to inpatient. | |
| OUTPATIENT SERVICES, PROCEDURES OR EQUIPMENT | | DETAILS | |
| All non-participating and/or out-of-area services (excludes ER visit) | | PRIOR authorization required for Humana Gold Plus Members (HMO plan only) | |
| All Outpatient Procedures and Surgeries | | <i>Use PA Look-Up Tool on our website at www.mdxhawaii.com.</i> | |
| Acupuncture | | Please contact the member's Health Plan. | |
| Chemotherapy Agents Supportive Drugs Symptom Management Drugs | | <i>Use PA Look-Up Tool, Medications tab on our website at www.mdxhawaii.com.</i> | |
| Chiropractic Services | | No prior authorization is required for acute subluxation (acute low back pain or acute cervical neck pain) All other manipulation requires PRIOR authorization. See <i>PA Look-Up Tool</i> on our website at www.mdxhawaii.com for more details. For other routine Chiropractic care, please contact the member's Health Plan. | |
| Clinical trials | | Please submit PRIOR authorization requests to ensure that selected services are covered during the clinical trial period. | |



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| Diagnostic Tests includes PET scans, etc. | <i>Use PA Look-Up Tool on our website at www.mdxhawaii.com</i> |
| Durable Medical Equipment (DME) with the retail cost or cumulative rental of \$750 or more: includes CPAP, NPPV, specialty wheelchair, etc. (See below for oxygen requirements) | <i>Use PA Look-Up Tool on our website at www.mdxhawaii.com. You may use HCPCS code to look-up these services.</i> |
| Drugs and Medications | <i>Use PA Look-Up Tool, Medications tab on our website at www.mdxhawaii.com.</i> |
| Enteral/parenteral services and supplies and commercial oral nutritional supplements | |
| Genetic Testing and Counseling | Genetic Testing: <i>Use PA Look-Up Tool on our website at www.mdxhawaii.com. HMO members must use contracted providers, if available.</i> |
| Hemodialysis | Notification is required for NEW Hemodialysis patients for the first three (3) months of outpatient treatment. Once treatment is established after the three (3) month period, no notification is needed. |
| Home Health Services (includes Home Health Care) | PRIOR authorization is <u>not required</u> for Home Health Services (includes Home Health Care) if it is ordered immediately after hospitalization, stay at a Skilled Nursing Facility or surgery. All other services require PRIOR authorization. |
| Hospice Care/ Supportive Care | Notification required |
| Hyperbaric Oxygen Therapy | |
| Infusion Services | See medication list for drugs that require PRIOR authorization. <i>Use PA Look-Up Tool, Medications tab on our website at</i> |
| Medical Nutrition Therapy (MNT) | |
| Orthotics | Applies to orthotics exceeding \$750 in billed charge. HMO members must use contracted providers, if available. Use PA-Look-Up Tool on our website at www.mdxhawaii.com . You may use HCPCS to look-up these services. |
| Outpatient Services, Surgeries and Procedures | <i>Use PA -Look-Up Tool on our website at www.mdxhawaii.com.</i> |
| Oxygen Rental (includes CPAP, NPPV, oxygen tank and oxygen concentrator) | <i>Use PA Look-Up Tool on our website at www.mdxhawaii.com.</i> |
| Pain Management Surgeries and Procedures | <i>Use PA Look-Up Tool on our website at www.mdxhawaii.com.</i> |
| Parenteral Nutrition | PRIOR authorization required if Home/Infusion Center |
| Podiatry Services | |
| Prosthetics | Applies to prosthetics exceeding \$1,000 in billed charges or retail purchase. <i>Use PA Look-Up Tool on our website at www.mdxhawaii.com. You may use HCPCS code to look-up these services. HMO members must use contracted providers, if available.</i> |
| Proton Beam Therapy & Radiation Therapy | Also Brachytherapy |
| Radiology: Outpatient Imaging | <i>Use PA Look-Up Tool on our website at www.mdxhawaii.com.</i> |
| Reconstructive Surgery, including but not limited to: <ul style="list-style-type: none"> - Blepharoplasty - Breast Reconstruction - Vein Stripping/Varicose Vein - Sclerotherapy - Bariatric Surgery | <i>Use PA Look-Up Tool on our website at www.mdxhawaii.com.</i> |



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| Rehab Services (PT/OT/ST) 97164 & 97168 Re-evaluations | <p>If ordered immediately after hospitalization, surgery (related) or stay at a Skilled Nursing Facility, does not require PRIOR authorization for first eight (8) visits (with valid MD order and to a participating provider). Ongoing treatment requires submission of initial order, treatment plan, and clinical documentation. Any other new requests (not from hospitalization or immediately post-surgery), PRIOR authorization is required within seven (7) days of initial evaluation.</p> <p>Requests for ongoing treatment beyond the initial approved visits should be submitted as routine except for rare circumstances. If these requests are submitted as “urgent,” documentation should also be submitted which shows the need for urgency.</p> <p>ST as a standalone modality requires PRIOR authorization.</p> <p>Re-evaluations for Medicare should be requested only when there has been a <u>significant and unexpected change in the patient's condition that would require a revision of the care plan</u>. Requests for continued care authorization or for MD recertification are considered a routine aspect of intervention and the re-evaluation code is not accepted. Re-evaluations require PRIOR authorization.</p> |
| Skin Grafts | Use of tissue engineered skin products (e.g., EpiFax, Apligraf, Grafix, etc.) |
| Transplant services | Corneal and Cochlear transplants require PRIOR authorization. For all other transplant services, please contact the Health Plan. |
| IMPORTANT NOTES | |
| <ul style="list-style-type: none"> - 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) that are commonly reviewed and may require additional clinical information. 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/your-medicare-coverage.html. <i>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.</i> - 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 <u>not</u> a comprehensive list. For a current list, use the <i>PA Look-Up Tool</i> on our website 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 CPT, HCPCS, 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. - This list is effective January 1, 2019. | |



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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.

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. 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. 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).
3. Either you or the PCP may refer the member to another specialist. If you need to refer the member to another specialist, submit a Specialty Referral to MDX Hawaii at 532-6999 on Oahu, or 1-800-688-4040 toll-free from the Neighbor Islands.