

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:			
<u>Humana Medicare Advantage Plans</u>			
Oahu			
Humana Gold Plus (HMO)	H0028-048-001		
Humana Choice (PPO)	H5216-232-001		
Humana Choice (PPO)	H5216-233-001		
Humana Honor (PPO)	H5216-234-001		
Kauai & Maui			
Humana Gold Plus (HMO)	H0028-048-002		
Humana Choice (PPO)	H5216-232-002		
Humana Choice (PPO)	H5216-233-002		
<u>UnitedHealthcare Medicare Advantage Plans</u>			
Oahu			
AARP Medicare Advantage Choice Plan 1 (PPO)	H2228-024-000	Grp# 77000/77007	
AARP Medicare Advantage Choice Plan 2 (PPO)	H2228-067-000	Grp# 77024/77025	
AARP Medicare Advantage Patriot (PPO)	H2228-025-000	Grp# 77003/77008	
Kauai & Maui			
AARP Medicare Advantage Choice (PPO)	H2228-068-000	Grp# 77026/77027	
AARP Medicare Advantage Patriot (PPO)	H2228-025-000	Grp# 77003/77008	
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 without e-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 <i>PA Look-Up Tool on our secured portal at www.MDXHawaii.com</i> 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)		PRIOR authorization required for Humana Gold Plus Members (HMO plan only)	
All Outpatient Procedures and Surgeries		Use PA Look-Up Tool on our secured portal at www.MDXHawaii.com .	

OUTPATIENT SERVICES, PROCEDURES OR EQUIPMENT	DETAILS
Acupuncture	Please contact the member's Health Plan.
Brachytherapy	Use PA Look-Up Tool on our secured portal at www.MDXHawaii.com .
Chemotherapy Agents Supportive Drugs Symptom Management Drugs	Use PA Look-Up Tool, Medications tab on our secured portal at www.MDXHawaii.com .
Chiropractic Services	No prior authorization is required for acute subluxation (acute back pain or neck pain). Manipulation for chronic conditions require PRIOR authorization. See PA Look-Up Tool on our secured portal 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.
Diagnostic Tests	Use PA Look-Up Tool on our secured portal at www.MDXHawaii.com
Durable Medical Equipment (DME) includes CPAP, NPPV, specialty wheelchair, orthotics, prosthetics, oxygen tank and oxygen concentrator, etc.	Use PA Look-Up Tool on our secured portal at www.MDXHawaii.com . You may use HCPCS code to look-up these services. HMO members must use contracted providers, if available.
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	Use PA Look-Up Tool, Procedures and Medications tab on our secured portal at www.MDXHawaii.com .
Genetic Testing and Counseling	Genetic Testing: Use PA Look-Up Tool on our secured portal at www.MDXHawaii.com . HMO members must use contracted providers, if available.
Home Health Services (includes Home Health Care)	PRIOR authorization is <u>not required</u> for Home Health Services effective January 1, 2021
Hospice Care/ Supportive Care	Notification required
Hyperbaric Oxygen Therapy	Use PA Look-Up Tool on our secured portal at www.MDXHawaii.com .
Infusion Services	See medication list for drugs that require PRIOR authorization. Use PA Look-Up Tool, Medications tab on our secured portal at www.MDXHawaii.com .
Medical Nutrition Therapy (MNT)	Use PA Look-Up Tool on our secured portal at www.MDXHawaii.com .
Outpatient Services, Surgeries and Procedures	Use PA Look-Up Tool on our secured portal at www.MDXHawaii.com .
Pain Management Surgeries and Procedures	Use PA Look-Up Tool on our secured portal at www.MDXHawaii.com .
Parenteral Nutrition	PRIOR authorization required if Home/Infusion Center
Podiatry Services	Use PA Look-Up Tool on our secured portal at www.MDXHawaii.com .
Proton Beam Therapy & Radiation Therapy	Use PA Look-Up Tool on our secured portal at www.MDXHawaii.com .
Radiology: Outpatient Imaging	Use PA Look-Up Tool on our secured portal at www.MDXHawaii.com .

OUTPATIENT SERVICES, PROCEDURES OR EQUIPMENT	DETAILS
Reconstructive Surgery, including but not limited to: <ul style="list-style-type: none"> - Blepharoplasty - Breast Reconstruction - Vein Stripping/Varicose Vein - Sclerotherapy - Bariatric Surgery 	Use PA Look-Up Tool on our secured portal at www.MDXHawaii.com .
Rehab Services (PT/OT) 97164 & 97168 Re-evaluations	<p>The first eight (8) visits do not require PRIOR authorization if started within 2 weeks of after hospitalization, surgery (related) or stay at a Skilled Nursing Facility (with valid MD order and to a participating provider).</p> <p>Ongoing treatment requires submission of initial order, treatment plan, and clinical documentation.*</p> <p>Any other new requests (not from hospitalization or immediately post-surgery), PRIOR authorization is required within seven (7) days of initial evaluation.*</p> <p>*unless exempt from PRIOR authorization from PT initiative.</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>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	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	
<p>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</p> <ul style="list-style-type: none"> - <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 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 CPT, HCPCS, drug is not found on the PA Look-Up Tool, please submit a Prior Authorization Request. 	

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.