



**Prior Authorization Requirements for Times Super Market
Enhanced and Comprehensive Plans
Effective January 1, 2021**

The member must call the HMA Health Services Department for Hospital admissions, services or procedures **before** the services are given.

Phone: (808) 951-4621

Toll Free: (866) 377-3977

Fax: (866) 206-5655

The following services require prior authorization through the Health Services Department. Failure to obtain prior authorization **may result in a benefit reduction**. Emergency and maternity admissions do not require prior authorization but HMA Health Services Department must be notified within 48 hours or by the next business day.

INPATIENT ADMISSION	All inpatient admissions including acute, skilled and observation stays.
OUTPATIENT SERVICES	<ul style="list-style-type: none"> o Gamma Knife or X-knife Procedure o Greater than two (2) OB Ultrasounds o Imaging Scans (MRI, MRA & PET) o In Vitro Fertilization (1 per lifetime) o Reconstructive Surgery o Weight Loss Services
OUTPATIENT REHABILITATION SERVICES	<ul style="list-style-type: none"> o Occupational Therapy – after initial 10 visits o Physical Therapy – after initial 10 visits o Pulmonary Rehabilitation o Speech Therapy – after initial 10 visits
OTHER MEDICAL BENEFITS	<ul style="list-style-type: none"> o All Transplants o Applied Behavior Analysis Therapy of Autism Spectrum Disorder o Chemotherapy o Dialysis o Durable Medical Equipment & Prosthetics – over \$500; rentals over \$100 o Gender Identity Services o Genetic Testing and Counseling o Habilitative Services o Home Health Services – after initial 12 visits o Home Infusion Therapy o Hospice o Human Growth Hormone Therapy o Inhalation Therapy o Injectables o Inpatient/Outpatient surgical services <ul style="list-style-type: none"> o Autologous chondrocyte implantation o Bariatric surgery o Blepharoplasty o Panniculectomy o Thoracic sympathectomy for hyperhidrosis o Treatment of varicose veins o Hyperbaric oxygen treatment o Nutritional Counseling – initial six visits/treatment plan o Orthodontic Services for the Treatment of Orofacial Anomalies o Radiotherapy o Routine Care Associated with Clinical Trials o Supportive Care Services
MENTAL HEALTH SUBSTANCE ABUSE SERVICES	<ul style="list-style-type: none"> o Mental Health Services – Neuropsychological Testing (NPT)