



**Prior Authorization Requirements for UFCW Hawaii Food Employers
Health and Welfare Trust Fund Members
Effective June 1, 2012**

The member must call the HMA Health Services Department for elective hospital admissions, services or procedures ***before*** the services are provided.

PHONE: (808) 951-4621
Toll Free: (866) 377-3977
FAX: (866) 206-5655

Prior Authorization: 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 working day.

All non-emergency out-of-state services require prior authorization.

ELECTIVE INPATIENT ADMISSION	All <i>elective</i> inpatient admissions including acute, skilled and observation stays.
OUTPATIENT DIAGNOSTIC, THERAPEUTIC SERVICES & IMAGING SCANS	<ul style="list-style-type: none"> ○ Chemotherapy ○ Radiotherapy ○ Physical Therapy ○ Speech Therapy ○ Occupational Therapy ○ Dialysis ○ MRI -Magnetic Resonance Imaging ○ MRA-Magnetic Resonance Angiogram ○ PET-Positron Emission Tomography ○ Gamma Knife or X-knife Procedure ○ OB Ultrasound (limit 2 per pregnancy) ○ Myelogram
HOME HEALTH SERVICES	<ul style="list-style-type: none"> ○ Durable Medical Equipment ○ Home Health Services
MISCELLANEOUS	<ul style="list-style-type: none"> ○ Smoking Cessation ○ Human Growth Hormone ○ In Vitro Fertilization (1 per lifetime) ○ Hospice ○ Surrogacy Health Benefits ○ Non-Emergency Out of State Services
OUTPATIENT SURGERY (see listing below)	The following surgeries are covered benefits if done on an outpatient basis, but a second surgical opinion may be required if a Health Services Review indicates the requested procedure may not be medically necessary or not a covered benefit. In this case if you do not call and obtain the necessary second surgical opinion or pre-admission review, your benefit payments will be reduced.
Endoscopic Procedures	<ul style="list-style-type: none"> ○ Bronchoscopy ○ Colonoscopy ○ Cystoscopy ○ ERCP-Endoscopic Retrograde ○ Cholangiopancreatography ○ Esophagoscopy ○ Laparoscopy ○ Sigmoidoscopy ○ Duodonoscopy



**Prior Authorization Requirements for UFCW Hawaii Food Employers
Health and Welfare Trust Fund Members
Effective June 1, 2012**

Gastrointestinal Surgery	<ul style="list-style-type: none"> ○ Inguinal hernia repair ○ Liver biopsy, percutaneous ○ Hemorrhoidectomy 	<ul style="list-style-type: none"> ○ Rectal polypectomy ○ Umbilical hernia repair
General Surgery	<ul style="list-style-type: none"> ○ Breast biopsy ○ Cervical node biopsy ○ Excision of breast mass (cyst) ○ Excision of foreign body (superficial) ○ Excision of lipoma ○ Excision of mass ○ Gall bladder surgery ○ Hysterectomy 	<ul style="list-style-type: none"> ○ Excision of skin lesion ○ Muscle biopsy ○ Neurectomy ○ Neurolysis, simple ○ Varicose veins, ligation and excision ○ Laparotomy ○ Laparoscopic procedures ○ Revision of colostomy
Gynecologic Surgery	<ul style="list-style-type: none"> ○ Abortion (1st trimester) – limit of two per lifetime ○ Dilatation and Curettage (D&C) ○ Hymenotomy 	<ul style="list-style-type: none"> ○ Marsupialization of Bartholin's cyst ○ Sterilization or reversal is not a covered benefit
Ophthalmic Surgery	<ul style="list-style-type: none"> ○ Excision of cataract ○ Other elective eye surgery 	<ul style="list-style-type: none"> ○ Iridectomy
Orthopedic Surgery	<ul style="list-style-type: none"> ○ Arthroscopy ○ Fracture, closed reduction ○ Ganglionectomy ○ Hammertoe Operation ○ Manipulation of the joints ○ Removal of bunion 	<ul style="list-style-type: none"> ○ Meniscectomy ○ Osteotomy ○ Phalangectomy ○ Tendon sheath repair ○ Tenotomy
Otolaryngic Surgery	<ul style="list-style-type: none"> ○ Myringoplasty ○ Myringotomy ○ Nasal polypectomy 	<ul style="list-style-type: none"> ○ Septoplasty ○ Tympanoplasty
Plastic /Reconstructive Surgery	<ul style="list-style-type: none"> ○ Blepharoplasty ○ Otoplasty ○ Rhinoplasty ○ Reconstructive Surgery 	<ul style="list-style-type: none"> ○ Rhytidectomy ○ Scar revision ○ Septal reconstruction ○ Skin graft ○ Breast reduction/ augmentation
Urologic Surgery	<ul style="list-style-type: none"> ○ Circumcision (if performed after discharge from birth) ○ Meatotomy ○ Orchiectomy 	<ul style="list-style-type: none"> ○ Sterilization or reversal is not covered ○ Testicular biopsy ○ Urethral dilation ○ Transurethral Resection Prostatectomy