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Prior Authorization Request and Notification Form

☐ Prior Authorization Request

☐ Notification

1) MEMBER INFORMATION:

Patient Name:	Patient Member Number:	Date of Birth: (MM/DD/YYYY)
Patient Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Phone Number:	UHA Plan: <input type="checkbox"/> 600 <input type="checkbox"/> 3000
Other Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Specify Other Insurance:	Subscriber:

2) REQUESTING PHYSICIAN / PROVIDER INFORMATION:

Name:	Specialty:
Contact Person:	Phone: Fax:
Address:	
Personal Physician:	Phone: Fax:

3) SERVICING PROVIDER INFORMATION:

Name:	Address:
Contact Person:	Name of Facility:
Phone: Fax:	<input type="checkbox"/> Inpatient <input type="checkbox"/> Ambulatory (Outpatient) Surgery Center <input type="checkbox"/> Observation <input type="checkbox"/> Other

4) CLINICAL INFORMATION:

Procedure requested:	CPT:	Date of Procedure:
Procedure requested:	CPT:	Date of Procedure:
Procedure requested:	CPT:	Date of Procedure:
Diagnosis Description:	ICD Code:	
Diagnosis Description:	ICD Code:	
Diagnosis Description:	ICD Code:	

Is Patient's Condition Related To An Accident: (Current or Previous)? ☐ Yes ☐ No

If Yes - Check one of the following: ☐ Employment ☐ Automobile ☐ Home ☐ Other (specify)

SUBMIT THIS SIGNED AND COMPLETED FORM ALONG WITH SUPPORTING CLINICAL DOCUMENTATION

Physician Acknowledgment:

I have read and understand the definition of Medical Necessity outlined in Hawaii Revised Statutes 432E-1.4.¹ I further understand that UHA applies this definition to the authorization and payment for all services rendered to its members. I, or my agent acting on my behalf, attest that the services requested above meet the definition of medical necessity

Signature of Physician or Agent **REQUIRED**

Date

INSTRUCTIONS FOR SUBMITTING PRIOR AUTHORIZATION AND NOTIFICATION FORMS

Prior Authorization is a special pre-approval process to ensure that certain treatments, procedures, or supplies are **medically necessary** Covered Services that will be provided in an appropriate setting. **This is not an authorization for payment.** Payments are made subject to member's eligibility and benefits on the day of service.

In determining whether to provide Prior Authorization, we may use guidelines that include clinical standards, protocols, or criteria regarding treatment of specific conditions or providing certain services or supplies.

Submit a completed **Prior Authorization Request** via UHA's online portal: uhahealth.com/portals/providerlogin.

- a) Attach supporting clinical documentation (e.g., clinical notes, diagnostic studies, lab results).
- b) You must provide sufficient information to allow us to make a decision regarding your request. If you do not provide the information we request or if the information you provide does not show entitlement to coverage under the member's plan, your request may be delayed or denied.
- c) This is not an authorization for payment. Payments are made subject to member's eligibility and benefits on the day of service.
- d) This form is also used for all out-of-network referrals.

In clinically urgent situations prior authorization determinations are made within 3 business days. Routine prior authorization determinations are made within 15 days.

¹HRS 432E-1.4. Medical Necessity. (a) For contractual purposes, a health intervention shall be covered if it is an otherwise covered category of service, not specifically excluded, recommended by the treating licensed health care provider, and determined by the health plan's medical director to be medically necessary as defined herein. A health intervention may be medically indicated and not qualify as a covered benefit or meet the definition of medical necessity. A managed care plan may choose to cover health interventions that do not meet the definition of medical necessity. (b) A health intervention is medically necessary if it is recommended by the treating licensed health care provider and approved by the health plan's medical director or physician designee, and is (1) For the purpose of treating a medical condition; (2) The most appropriate delivery or level of service, considering potential benefits and harms to the patient; (3) Known to be effective in improving health outcomes. **Effectiveness is determined first by scientific evidence;** if no scientific evidence exists then by professional standards of care; if no professional standards of care exist or if they exist but are outdated or contradictory then by expert opinion; and (4) Cost-effective for this condition compared to alternative health interventions, including no intervention. For purposes of this section, cost effective shall not necessarily mean the lowest price.