



Master Payment Policy

I. Policy

UHA will make medical necessity decisions in accordance with Hawaii Statutes and the foundations of medical ethics.

II. Criteria/Guidelines

UHA's overarching payment criteria flow from the Hawaii Revised Statutes definition of medical necessity. The balanced determination of appropriateness, efficacy, and cost-effectiveness can be complex. UHA seeks to employ current, scholarly, authoritative, and validated data and opinions in making payment determinations. UHA understands the biologic variability and associated nuances that drive diagnostic and therapeutic decisions.

Rather than maintaining internal payment policies for a vast and increasing number of clinical situations and procedures, UHA will systematically use standard recommendations and criteria from professional societies including but not limited to ASCO, NCCN, ACIP, ACP, ASBS, MCG, InterQual, and ACOG, that are published in standard peer-reviewed journals including but not limited to JACC and ACR, or by CMS. UHA also references routinely updated and annotated payment criteria from prevailing payers throughout the United States. Additional sources for criteria and payment decisions include opinions of Hawaii-based experts, independent review organizations, and briefs from specialty societies and organizations. Upon request, UHA will provide the source(s) of its information in its determinations. "Lack of information" inquiries are an opportunity for mutual education and understanding between UHA and physicians and other providers.

For scenarios that fall outside of this realm, UHA maintains a set of payment policies unique to its initiatives, values, and common requests. Notably, attention should be paid to our payment policies including but not limited to: "Emerging Technology," "Medical Necessity Determination," "Never Events, Hospital Acquired Conditions, and Egregious Errors," as well as the Medical Benefits Guide for an individual member's plan. These internal policies will also be provided with determinations.

NOTE:

This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine, and it should not deter a provider from expressing his/her judgment.

Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or members' individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.

UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria considering any supporting documentation through direct peer communication.

III. Administrative Guidelines

UHA Medical Directors, nurses, and operations specialists may be reached for peer-to-peer, care coordination, and appeals process assistance via telephone at (808) 532-4006 or toll free: (800) 458-4600 ext. 300 and fax (866) 572-4384.

IV. Policy History

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