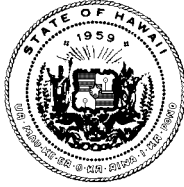


LINDA LINGLE  
GOVERNOR



LILLIAN B. KOLLER, ESQ.  
DIRECTOR

HENRY OLIVA  
DEPUTY DIRECTOR

**STATE OF HAWAII**  
**DEPARTMENT OF HUMAN SERVICES**  
Med-QUEST Division  
Administration  
P. O. Box 700190  
Kapolei, Hawaii 96709-0190

In reply, please refer to:

---

In reply, please refer to:

Governor's Referral No.:

---

May 17, 2004

MEMORANDUM

ACS M04-03

TO: All Active Medicaid Providers

FROM: Lynette Honbo, M.D., Medical Director

SUBJECT: CHANGES TO PRIOR AUTHORIZATION LETTERS

You will soon receive revised and reformatted prior authorization status letters. The letters will include the following additional information fields:

- Procedure code description
- Explanation of denied & revoked procedures
- Additional information, if applicable, in a free text field

Notification of approved prior authorizations will be sent to the servicing provider and when applicable, the referring provider. Notification of all denied prior authorizations will be sent to the servicing provider, the recipient, and when applicable, the referring provider.

All prior authorization letters will be sent to the provider's correspondence address. Providers must take the necessary measures to ensure PA status letters are routed to the appropriate party. If you need to change your correspondence address, please call HCMB at 692-8099.

A sample prior authorization letter is attached. If you have any questions regarding this memorandum call the ACS Provider Inquiry Unit at 952-5570 or 1-800-235-4378.

Attachment: Sample PA Letter

LINDA LINGLE  
GOVERNOR

# SAMPLE PA LETTER

LILLIAN B. KOLLER, ESQ.  
DIRECTOR

HENRY OLIVA  
DEPUTY DIRECTOR

STATE OF HAWAII  
DEPARTMENT OF HUMAN SERVICES  
Med-QUEST Division  
MEDICAL STANDARDS BRANCH  
P. O. Box 700190  
Kapolei, Hawaii 96709-0190

May 17, 2004

HAWAII MEDICAID PROVIDER  
P O BOX 100  
HONOLULU, HI 96814

Dear Provider:

This letter is to inform you of the disposition of the request that we have received for authorization of services/items for:

Recipient ID No : 0001234567 JOHN DOE  
Referring Provider : JANE SMITH

Service dates : 03/01/2004 Thru 03/31/2004

Procedure : E0431 RR PORTABLE GASEOUS OXY  
Status/Reason : DENIED RECIPIENT HAS EQUIPMENT TO MEET NEED  
Number of Units : 1.00  
HAR 17-1739.1-4. OUR RECORDS SHOW THAT THE RECIPIENT ALREADY HAS PORTABLE GASEOUS OXYGEN AND WE DO NOT COVER BACK UP SYSTEMS.

Procedure : E1390 RR OXYGEN CONCENTRATOR  
Status/Reason : APPROVED  
Number of Units : 1.00  
Authorization Number : 000000001

Procedure : E1399 NU DURABLE MEDICAL EQUIP  
Status/Reason : DENIED DENY/SERVICE DENIED AFTER REVIEW  
Number of Units : 1.00  
HAR 17-1739.1-4. WE ARE DENYING THIS REQUEST BECAUSE THE RECIPIENT NO LONGER NEEDS THIS PIECE OF EQUIPMENT. THE INFORMATION THAT WE RECEIVED FROM DR. SMITH INDICATES THAT THIS EQUIPMENT WAS BOUGHT FOR THE RECIPIENT BY ANOTHER PROGRAM. THE DESIRE FOR TWO PIECES OF THE SAME EQUIPMENT DOES NOT MEET MEDICAL NECESSITY.

Procedure : E0260 RR HOSPITAL BED, SEMI-E  
Status/Reason : PENDED SEND DOCUMENTATION TO SUPPORT MED NECESS  
Number of Units : 1.00  
PLEASE PROVIDE DOCUMENTATION SHOWING THAT WEDGES OR PILLOWS HAVE BEEN TRIED TO ELEVATE THE HEAD AND HAVE BEEN UNSUCCESSFUL.

Service dates : 04/01/2004 Thru 04/30/2004

Procedure : E1390 RR OXYGEN CONCENTRATOR  
Status/Reason : APPROVED

Number of Units : 1.00  
Authorization Number : 000000001

Procedure : E0245  
Status/Reason : REVOKED AUTHORIZATION REVOKED/PROVIDER  
Number of Units : 1.00

Service dates : 04/01/2004 Thru 07/31/04

Procedure : K0108 NU WHEELCHAIR COMPONENT, ASSEC  
Status/Reason : APPROVED  
Number of Units : 1.00  
Authorization number : 00000000101  
Unit Price : \$55.00  
SEAT GLIDE H-BLOCK

If any of the above information is incorrect, or if you have any questions regarding this information, please contact:

ACS State Healthcare  
P.O. Box 2561  
Honolulu, HI 96804-2561  
Oahu 952-5570  
Neighbor Islands (800) 235-4378  
Fax 952-5562

MQD Administration

**SAMPLE PA LETTER**