



Important Prior Authorization Updates

(Effective Apr. 1, 2026)

As part of our ongoing work to improve the prior authorization (PA) process for both providers and members, `Ohana Health Plan wants to share some important updates to our PA requirements. Our goal is to reduce administrative burden, simplify submission and approval processes, and facilitate timely access to appropriate, high-quality care.

Code change details can be found below. These changes may include:

- Removing PA requirements based on criticality of review and clinical need.
- Creating a more uniform set of prior authorization requirements across our markets and lines of businesses, including adding and changing some PA requirements, to simplify processes, reduce confusion for providers, and support future efforts to expand real-time responses to requests.

If you have questions about specific prior authorization codes or how these changes affect your practice, please reach out to your local Provider Engagement representative.

Service Category	PA Rule	Services	Procedure codes
Behavioral Health	PA Required	Treatment Services	S9480
DME Services	PA Required	Beds	E0277
		Diabetic Drugs And Supplies	A9276, A9277, A9278, E0784
		Neurostimulators	E0745, E0747, E0748, E0760
		Nutritional Services	B4102, B4103, B4104, B4105
		Orthotic & Prosthetic	L0460, L0462, L0464, L0650, L1832, L1940, L1970, L2280, S1040
		Supplies and Devices	E0445, E0465, E0470, E0471, E0781, E1390
	Wheelchairs	E1010, E1011, E1012, E1028, E2298, E2609, E2617, E2620, E2621, K0816, K0821, K0823, K0824, K0825, K0826, K0827, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0856, K0857, K0858, K0860, K0861, K0862, K0863, K0884	
	PA Required beyond 186 units per calendar month or the benefit limitation— whichever is greater	Incontinence Supplies	T4525, T4526, T4527, T4528, T4529, T4530, T4533, T4543
	PA Required after plan benefit limitation	Nutritional Services	B4149, B4150, B4152, B4153, B4154, B4155, B9998
	No PA Required if member is under 21 years old at date of service. PA Required for all other members.	Nutritional Services	B4100
Drug Codes	PA Required	Injections	J0485
Hearing Services	PA Required	Implants and Supplies	V5160, V5257, V5260
Hospice	PA Required	Hospice Services	Q5005, Q5006
Other Medical Services	PA Required	Wound Care	E2402
	No PA Required for PAR providers	Wound Care	97605, 97606, 97607, 97608
Pain Management	PA Required	Surgery-Nervous System	64640
	PA Required unless performed on the same day as	Surgery-Nervous System	64430, 64445

	an approved or paid surgery		
Physical Medicine	PA Required	Orthotic & Prosthetic	L5673
Physician Services	PA Required	Neurological Tests	95711
	No PA Required for PAR providers	Neurological Tests	95706, 95707, 95708, 95709, 95710
Skin Procedures	PA Required after 12 visits per calendar year	Surgery-Integumentary System	11043
Surgery Procedures	PA Required	Hysterectomies	58545
		Joint Replacement Surgery	27702
		Surgery-Cardiovascular System	37232, 37236, 37237, 37238, 37239, 37246, 37247, 37248, 37249
		Surgery-Endocrine System	60240, 60252, 60500
		Surgery-Heart	92920, 92921
		Surgery-Respiratory System	31253, 31254, 31255, 31256, 31257, 31259, 31267
	No PA Required for PAR providers	Surgery-Musculoskeletal System	29848
		Surgery-Nervous System	64718, 64719, 64721