

Purpose of the List:

The purpose of this list is to convey code-specific prior authorization requirements *as determined by medical policy*.

This list does not convey inpatient or facility-based prior authorization requirements, non-covered or limited services, DME location restrictions, or other denials, including benefit restrictions. Please see the [General Prior-Authorization Requirements](#), [Non-Covered and Limited Services List](#) and [Durable Medical Equipment List](#) for additional information.

Benefit restrictions may be found in member handbooks or by inquiring with Providence Health Plan Customer Service: 503-574-7500 (local) or 800-878-4445 (toll free).

Content:

The Non-Covered and Limited Services List contains the following information:

- Applicable line of business
- Code and code descriptions
- Effective date and termination date (if applicable) of the PA requirement
- Additional prior authorization notes (e.g., prior authorization is only required for specific diagnosis codes or places of service)
- All medical policies associated with the PA requirement

Using the List:

To search for codes on the list use “Ctrl + F” or “Command + F” on your keyboard and search for specific CPT/HCPCS code.