

All Oregon and Washington Medicare Group & Individual Plans Prior Authorization Requirements¹

Authorization does not guarantee benefits or payment.

Benefits are based on eligibility at the time the service is rendered and are subject to any applicable contract terms.

Please see the combined prior authorization list for code-specific prior authorization requirements.

Effective January 1, 2024

1. All:
 - Inpatient hospital (including maternity) admissions
 - Skilled nursing facility (SNF) admissions
 - Inpatient rehabilitation facility admissions
 - Inpatient mental health and/or chemical dependency service
 - LTACH: long term care acute hospital admissions

2. Select outpatient procedures, **including but not limited to**, the following categories:
 - Miscellaneous cosmetic, reconstructive, nasal, oral/dental/orthognathic procedures
 - Applied behavior analysis (ABA)
 - Cervical, thoracic and lumbar spinal surgeries
 - Bariatric surgery
 - Select hip, knee and shoulder procedures
 - Sleep studies and/or treatment of sleep disorders, including uvulectomy and uvulopalatopharyngoplasty (UPPP)
 - Transcranial magnetic stimulation (TMS)
 - Intensive outpatient mental health and/or chemical dependency service

Note: Services and procedures without specific CPT codes (unlisted services and procedures) will be reviewed for medical necessity, correct coding, and pricing at the claim level.

3. Organ/Tissue and bone marrow transplants (including pre-transplant evaluations and HLA typing)

4. Transplant is excluded as an opt-out benefit and must be provided by an approved health plan provider and must be prior authorized by Providence Health Plan

5. **Medicare HMO members only:** all services provided by non-participating providers, including services provided by Legacy and OHSU facilities and affiliated providers who are OUT of PLAN

6. High tech diagnostic imaging: MRI, MRA, SPECT, CT, CTA, PET, nuclear cardiology
Authorizing agent: **Carelon®**; Tel: 1.800.920.1250

7. General anesthesia for dental services

8. Procedures/Surgeries/Treatments that may be considered not medically necessary

9. Genetic testing

¹ Pharmacy Prior Authorization Requirements are listed on ProvLink

10. Skin substitutes

11. Select Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) **including but not limited to** the following categories:

- Power wheelchairs and supplies
- Seat lift mechanisms
- Oral appliances
- Flexion/Extension devices
- Wound therapy pumps
- Initial 90-day trial of CPAP or BiPAP and purchase of CPAP or BiPAP post 90-day trial period

In-plan authorizing agent for Durable Medical Equipment: **Providence Home Services**

Tel: 800-762-1253

Fax: 503.215.4655

Providence Home Services provides and coordinates all requests for medical supplies and equipment for Providence Health Plan in Oregon and Washington. Call 503-215-4663 or 800-762-1253 to arrange for pick-up or delivery, or visit our website to learn more about Providence Home Medical Equipment.