
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.

Effective January 1, 2020

1. All:
 - Inpatient hospital (including maternity) Admissions
 - Skilled Nursing Facility (SNF) Admissions
 - Inpatient Rehabilitation Facility Admissions
 - Inpatient Mental Health and/or Chemical Dependency Service
 - Authorizing agent: **PBH/Optum**; Tel: 800-711-4577
2. Select Outpatient Procedures, **including but not limited to**, the following categories:
 - Miscellaneous Cosmetic, Reconstructive, Nasal, Oral/Dental/Orthognathic Procedures
 - Cervical, Thoracic and Lumbar Spinal Surgeries
 - Bariatric Surgery
 - Uvulectomy, Uvulopalatopharyngoplasty (UPPP)
 - Select Hip, Knee and Shoulder Procedures
 - Sleep Studies and/or Treatment of Sleep Disorders
 - Intensive Outpatient Mental Health and/or Chemical Dependency Service
 - Authorizing agent: **PBH/Optum**; Tel: 800-711-4577
3. Organ/Tissue and Bone Marrow Transplants (including pre-transplant evaluations and HLA typing)
 - Transplant is excluded as an Opt-out Benefit and must be provided by an approved health plan provider and must be Prior Authorized by the Health Plan
4. **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
5. Stress Echo (SE), Resting Trans Echo (TTE) and Transesophageal Echo (TEE)
 - Authorizing Agent: **AIM Specialty Health®**; Tel: 800-920-1250
6. High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
 - Authorizing Agent: **AIM Specialty Health®**; Tel: 1.800.920.1250
7. Services and Procedures without specific CPT codes (unlisted services and procedures) will be reviewed at a claims level with chart notes
8. General Anesthesia for Dental Services
9. Procedures/Surgeries/Treatment that may be considered Experimental or Investigational
10. Genetic Testing
11. Neuropsychological Testing
12. Gender Affirming Surgical Interventions
13. Prosthetics
14. Skin Substitutes
15. Select Durable Medical Equipment (DME) **including but not limited to** the following categories:
 - Power Wheelchairs and Supplies
 - Seat Lift Mechanisms
 - Select Nerve Stimulators
 - Oral Appliances
 - Flexion/Extension Devices
 - Wound Therapy Pumps
 - Speech Generating Devices
 - 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.

¹ *Pharmacy Prior Authorization Requirements are listed on ProvLink*