

## **All Oregon and Washington Medicare Group & Individual Plans Prior Authorization Requirements<sup>1</sup>**

*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, 2026*

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

<sup>1</sup> Pharmacy Prior Authorization Requirements are listed on ProvLink

10. Skin and tissue substitutes: procedures and products

11. Cardiac Device Procedures and Evaluations

Authorizing agent: **Carelon**®; Tel: 1.800.920.1250

12. 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
- Continuous glucose monitoring supply

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.