

PEBB Statewide
PEBB Providence Choice

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.

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.

Effective January 1, 2024

1. Outpatient rehabilitation
 - As listed on the [Prior Authorization List](#), PT/OT codes require PA through authorizing agent eviCore Healthcare®
 - For additional information, including eviCore's clinical guidelines and a complete list of services requiring medical necessity review, please visit: [the eviCore-PHP website](#) or call the eviCore Client Provider Operations department at **(800) 646-0418 (Option #4)**.
 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:
 - **Bariatric services are excluded as an opt-out benefit and must be provided by a participating provider and must be prior authorized by Providence Health Plan.**
 - Select hip, knee and shoulder procedures
 - Sleep studies and/or treatment of sleep disorders, including uvulectomy and uvulopalatopharyngoplasty (UPPP)
- Note: the below services require notification of facility admission and concurrent review for medical necessity:*
- 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
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 Providence Health Plan
 4. All services which require prior authorization and are provided by a non-participating provider.
 5. **PEBB Statewide only:** Services provided by OHSU providers are IN PLAN
 6. Stress echo (SE), resting trans echo (TTE) and transesophageal echo (TEE)
 - Authorizing agent: **Carelon®**; Tel: 800-920-1250

¹ Pharmacy Prior Authorization Requirements are listed on ProvLink

7. High tech diagnostic imaging: MRI, MRA, SPECT, CT, CTA, PET, nuclear cardiology
 - Authorizing agent: **Carelon®**; Tel: 800-920-1250
8. General anesthesia for dental services
9. Procedures/Surgeries/Treatments that may be considered investigational or not medically necessary
10. Genetic testing
11. Skin substitutes
12. Prosthetics
13. 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
 - Initial 90-day trial of CPAP or BiPAP and purchase of CPAP or BiPAP post 90-day trial period

In-plan DME authorizing agent: **Providence Home Services**

- Tel: 800-762-1253
- Fax: 503-215-4655