

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.

Effective January 1, 2022

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:
 - **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)
 - 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)
 - 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: **AIM Specialty Health®**; Tel: 800-920-1250

7. High tech diagnostic imaging: MRI, MRA, SPECT, CT, CTA, PET, nuclear cardiology
 - Authorizing agent: **AIM Specialty Health®**; Tel: 800-920-1250

¹ Pharmacy Prior Authorization Requirements are listed on ProvLink

8. General anesthesia for dental services
9. Procedures/Surgeries/Treatment that may be considered Investigational
10. Genetic testing
11. Gender affirming surgical interventions
12. Skin substitutes
13. Prosthetics
14. Select durable medical equipment (DME) **including, but not limited to**, the following categories:
 - Power wheelchairs and supplies
 - Seat lift mechanisms
 - Select nerve stimulators, including:
 - i. spinal cord stimulators
 - ii. vagus nerve stimulators,
 - iii. deep brain stimulators, and
 - iv. responsive cortical 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