

**Providence Health & Services Alaska, Washington, Oregon, California, Montana
Swedish, Kadlec and Pacific Medical Centers**

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, 2021

1. All:
 - Inpatient hospital (including maternity) admissions
 - Skilled nursing facility (SNF) admissions
 - Inpatient rehabilitation facility admissions
 - Inpatient mental health and/or chemical dependency service
 - *Note:* for Providence St. Joseph's Health (PSJH), except PSJH Northern California, the authorizing agent for these services is Optum; Tel: 800-711-4577
 - LTACH: long term care acute hospital admissions

2. Select outpatient procedures and treatments, **including but not limited to**, the following categories:
 - Miscellaneous cosmetic, reconstructive, nasal, oral/dental/orthognathic procedures
 - Applied behavior analysis (ABA)
 - *Note:* for Providence St. Joseph's Health (PSJH), except PSJH Northern California, the authorizing agent for these services is Optum; Tel: 800-711-4577
 - 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)
 - *Note:* for Providence St. Joseph's Health (PSJH), except PSJH Northern California, the authorizing agent for these services is Optum; Tel: 800-711-4577
 - Intensive Outpatient Mental Health and/or Chemical Dependency Service
 - *Note:* for Providence St. Joseph's Health (PSJH), except PSJH Northern California, the authorizing agent for these services is Optum; Tel: 800-711-4577

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 the health plan.

4. Stress echo (SE), resting trans echo (TTE) and transesophageal echo (TEE)
 - Authorizing agent: **AIM Specialty Health®**; Tel: 800-920-1250

5. High tech diagnostic imaging: MRI, MRA, SPECT, CT, CTA, PET, nuclear cardiology
 - Authorizing agent: **AIM Specialty Health®**; Tel: 800.920.1250

6. General anesthesia for dental services
7. Procedures/Surgeries/Treatments that may be considered investigational
8. Genetic testing
9. Gender affirming surgical interventions
10. Prosthetics
11. Skin substitutes
12. 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

Durable Medical Equipment Authorizing Agents

Providence Health System Oregon (PHS OR):

- In-plan authorizing agent for Durable Medical Equipment: **Providence Home Services**
 - Tel: 800.762.1253
 - Fax: 503.215.4655

Providence Health System Alaska, Washington, California, Montana (PHS WA, PHS AK, PHS CA, PHS MT), Swedish, Kadlec and Pacific Medical Centers:

- **Authorizing Agent for Durable Medical Equipment: Providence Health Plans**
 - Tel: 503.574.6400 / 800.638.0449
 - Fax: 503.574.6464