

Providence Preferred (PPO)**All Service Areas****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, 2025

1. All:
 - Inpatient hospital (including maternity) admissions
 - Skilled nursing facility (SNF) admissions
 - Inpatient rehabilitation facility admissions
 - Inpatient mental health and/or chemical dependency service
 - Hospice services
 - LTACH: long term care acute hospital admissions
 2. Outpatient rehabilitation
 - 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)**.
 3. 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 (when a plan benefit)
 - 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.*
4. Organ/Tissue and bone marrow transplants (including pre-transplant evaluations and HLA typing)
 5. All services which require prior authorization and are provided by a non-participating provider.
 6. Stress echo (SE), resting trans echo (TTE) and transesophageal echo (TEE)
 - Authorizing agent: **Carelon®**; Tel: 800-920-1250
 7. High tech diagnostic imaging: MRI, MRA, SPECT, CT, CTA, PET, nuclear cardiology
 - Authorizing agent: **Carelon®**; Tel: 800-920-1250

¹ Pharmacy Prior Authorization Requirements are listed on ProvLink

8. General anesthesia for dental services
9. Procedures/Surgeries/Treatments that may be considered investigational or not medically necessary
10. Genetic testing
11. Skin and tissue 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