

**Providence Preferred (PPO)****All Service Areas****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, 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
  - Hospice services
  - 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 (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.*

3. Organ/Tissue and bone marrow transplants (including pre-transplant evaluations and HLA typing)
4. All services which require prior authorization and are provided by a non-participating provider.
5. Stress echo (SE), resting trans echo (TTE) and transesophageal echo (TEE)
  - Authorizing agent: **AIM Specialty Health®**; Tel: 800-920-1250
6. High tech diagnostic imaging: MRI, MRA, SPECT, CT, CTA, PET, nuclear cardiology
  - Authorizing agent: **AIM Specialty Health®**; Tel: 800-920-1250
7. General anesthesia for dental services
8. Procedures/Surgeries/Treatment that may be considered investigational

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

9. Genetic testing
10. Gender affirming surgical interventions (when a plan benefit)
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, 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