

**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, 2026*

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

<sup>1</sup> 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: procedures and products
12. Prosthetics
13. Non-urgent/non-emergent air ambulance transport
14. 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
  - Glucose monitoring and sensor procedures

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

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