

Oregon - Based Groups
Washington - Based Groups
Individual and Family Plan Other ASO
Groups

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
 - 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)**.
 - Please note that several Administrative Only (ASO) plans will be adding the use of eviCore medical necessity reviews for outpatient rehabilitation. Specific groups are:
 - SAIF Corporation
 - COLLEGENET Inc
 - Clackamas County
 - Umpqua Health LLC
 - Riverpoint Medical
 - Rebound Physical Therapy
 - Oregon Episcopal School
 - Orthopedic and Fracture Clinic PC
 - Jet Industries
 - Nosler

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
 - Select hip, knee and shoulder procedures
 - Sleep studies and/or treatment of sleep disorders, including uvulectomy and uvulopalatopharyngoplasty (UPPP)
 - Transcranial magnetic stimulation (TMS)

¹ Pharmacy Prior Authorization Requirements are listed on ProvLink

- 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)
 - 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
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
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

Durable Medical Equipment Authorizing Agents

- In-plan authorizing agent: **Providence Home Services**
 - Tel: 800-762-1253
 - Fax: 503-215-4655
- Washington based Groups: **Any FCHN DME provider** or Providence Home Services
 - Tel: 888.-822-4164
 - Fax: 503-215-4655