Health Share/Providence

Prior Authorization Requirements

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.

Effective January 1, 2020

1. All
   - Inpatient Hospital (including maternity) Admissions
   - Skilled Nursing Facility (SNF) Admissions
   - Inpatient Rehabilitation Facility Admissions
   - Chemical Dependency Services (Residential, Inpatient and Subacute Detox Only):
     - Authorizing Agent: Health Share of Oregon (HSO)/County Clinics
     - Authorizing Agent: HSO/Providence Health Plan for Inpatient Detox only
   - Inpatient Mental Health Services
     - Authorizing agent: based on designation of county/state contract)
     - Authorizing agent: HSO/Providence Health Plan for Inpatient Detox only
   - Inpatient Hospice Services (when a plan benefit)

2. Select Outpatient Procedures, including, but not limited to, the following categories:
   - Miscellaneous Cosmetic, Reconstructive, Nasal, Oral/Dental/Orthognathic Procedures
   - Cervical, Thoracic and Lumbar Spinal Surgeries
   - All Bariatric Services (when a plan benefit)
   - Uvulectomy, Uvulopalatopharyngoplasty (UPPP), Laser-Assisted Uvulopalatoplasty (LAUP)
   - Select Hip, Knee and Shoulder Procedures
   - Sleep Studies and/or Treatment of Sleep Disorders
   - Intensive Outpatient Mental Health and/or Chemical Dependency Service

3. All Services which Require Prior Authorization and are provided by a Non-Participating Provider.

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 the Health Plan

5. All “below the line” Procedures for Oregon Health Plan members (see Oregon Health Plan Prioritized List)

6. Stress Echo (SE), Resting Trans Echo (TTE) and Transesophageal Echo (TEE)
   - Authorizing Agent: AIM Specialty Health®; tel: 800-920-1250

7. High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
   - Authorizing Agent: AIM Specialty Health®; tel: 800-920-1250

8. Services and Procedures without specific CPT codes (unlisted services and procedures) will be reviewed at a claims level with chart notes

9. General Anesthesia for Dental Services

10. Procedures/Surgeries/Treatment that may be considered Investigational

11. Genetic Testing

12. Neuropsychological Testing

13. Gender Affirming Surgical Interventions
14. Prosthetics

15. Skin Substitutes

16. Select Durable Medical Equipment, including, but not limited to the following:
   - Power Wheelchairs and Supplies
   - Seat Lift Mechanisms
   - Select Nerve Stimulators
   - Skin Substitutes
   - Oral Appliances
   - Flexion/Extension Devices
   - Wound Therapy Pumps
   - Speech Generating Devices
   - Initial 90-day trial of CPAP or BiPAP and purchase of CPAP or BiPAP post 90-day trial period

17. In-plan authorizing agent: Providence Home Services:
   - Tel: 800-762-1253
   - Fax: 503-215-4655

1 Pharmacy Prior Authorization Requirements are listed on ProvLink