Pharmacy Prior Authorization Requirements are listed on ProvLink

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PEBB Statewide
PEBB Providence Choice

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
   • Inpatient Mental Health and/or Chemical Dependency Service
     o Authorizing agent: PBH/Optum; Tel: 800-711-4577

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
   • Bariatric Surgery:
     • Bariatric services are excluded as an Opt-Out Benefit and must be provided by a Participating Provider and must be prior authorized by Providence Health Plan.
     • Uvulecctomy, Uvulopalatopharyngoplasty (UPPP)
     • Select Hip, Knee and Shoulder Procedures
     • Sleep Studies and/or Treatment of Sleep Disorders
     • Intensive Outpatient Mental Health and/or Chemical Dependency Service
       o Authorizing agent: PBH/Optum; Tel: 800-711-4577

3. 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

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

5. PEBB Statewide only: Services provided by OHSU providers are IN PLAN

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. Skin Substitutes

15. Prosthetics

16. Select Durable Medical Equipment.
   - In-plan authorizing agent: Providence Home Services
     - Tel: 800-762-1253
     - Fax: 503-215-4655