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

5. High Tech Diagnostic Imaging: MRI, MRA, SPECT, CT, CTA, PET, Nuclear Cardiology
   - Authorizing Agent: AIM Specialty Health®; Tel: 1.800.920.1250

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

7. General Anesthesia for Dental Services

8. Procedures/Surgeries/Treatment that may be considered Experimental or Investigational

9. Genetic Testing

10. Neuropsychological Testing

11. Gender Affirming Surgical Interventions

12. Prosthetics

13. Skin Substitutes

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
   - Speech Generating Devices
• Initial 90-day trial of CPAP or BiPAP and purchase of CPAP or BiPAP post 90-day trial period

Durable Medical Equipment Authorizing Agents

Providence Health System Oregon (PHS OR):

• In-plan authorizing agent for Durable Medical Equipment: Providence Home Services
  o Tel: 800.762.1253
  o Fax: 503.215.4655

Providence Health System Alaska, Washington, California, Montana (PHS WA, PHS AK, PHS CA, PHS MT), Swedish, Kadlec and Pacific Medical Centers:

• Authorizing Agent for Durable Medical Equipment: Providence Health Plans
  o Tel: 503.574.6400 / 800.638.0449
  o Fax: 503.574.6464