Providence Preferred (PPO) All Service Areas

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 and some Intensive Outpatient Mental Health and/or Chemical Dependency Services
   - Hospice Services

2. **Non-Emergency 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 (when a plan benefit)
   - Organ/Tissue and Bone Marrow Transplants (including pre-transplant evaluations and HLA typing)
   - Uvulectomy, Uvulopalatopharyngoplasty (UPPP)

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

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

5. **General Anesthesia for Dental Services**

6. **Procedures/Surgeries/Treatment that may be considered Investigational**

7. **Genetic Testing**

8. **Neuropsychological Testing**

9. **Gender Affirming Surgical Interventions (when a plan benefit)**

10. **Select Durable Medical Equipment**
    - Authorizing agent: **Providence Home Services**

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*Pharmacy Prior Authorization Requirements are listed on ProvLink*
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