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

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

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

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

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

8. General anesthesia for Dental Services

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

10. Genetic Testing

Pharmacy Prior Authorization Requirements are listed on ProvLink
11. Neuropsychological Testing

12. Gender Affirming Surgical Interventions (when a plan benefit)

13. Skin Substitutes

14. Prosthetics

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