

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.

Please see the combined prior authorization list for code-specific prior authorization requirements.

Effective January 1, 2024

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)
- Select hip, knee and shoulder procedures
- Sleep studies and/or treatment of sleep disorders, including uvulectomy and uvulopalatopharyngoplasty (UPPP)
- Intensive outpatient mental health and/or chemical dependency service

Note: Services and procedures without specific CPT codes (unlisted services and procedures) will be reviewed for medical necessity, correct coding, and pricing at the claim level.

3. All services which require prior authorization and are provided by a non-participating provider.

4. Organ/Tissue and bone marrow transplants performed at a non-contracted facility. **As of 12/1/23, PA is no longer required for contracted transplant facilities. Pre-transplant evaluations still require PA. Refer to guideline note 42 in OHA's prioritized list for additional billing guidelines.**

- Transplant is excluded as an opt-out benefit and must be provided by an approved health plan provider

5. "Below the line" procedures for **Oregon Health Plan** members when a benefit exception is requested (see Oregon Health Plan Prioritized List)

6. Stress echo (SE), resting trans echo (TTE) and transesophageal echo (TEE)
 - Authorizing agent: **Carelon®**; tel: 800-920-1250
7. High tech diagnostic imaging: MRI, MRA, SPECT, CT, CTA, PET, nuclear cardiology
 - Authorizing agent: **Carelon®**; tel: 800-920-1250
8. General anesthesia for dental services
9. Procedures/Surgeries/Treatment that may be considered investigational or not medically necessary
10. Genetic testing
11. Prosthetics
12. Skin substitutes
13. Select Durable Medical Equipment, including, but not limited to the following:
 - Power wheelchairs and supplies
 - Seat lift mechanisms
 - Select nerve stimulators
 - Oral appliances
 - Flexion/Extension devices
 - Wound therapy pumps
 - Initial 90-day trial of CPAP or BiPAP and purchase of CPAP or BiPAP post 90-day trial period

Durable Medical Equipment Authorizing Agents

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