

**Effective for DOS MAY 1, 2018**

**UHA Prior Authorization Grid**

**Important Information for All Claims**

* Services not reflected on this authorization grid do not require a prior authorization.
* All services must be medically necessary, subject to OHP regulations. **If a service performed is non-funded by OHP (and is not an additional benefit offered by UHA), the claim will be denied as a non-covered service per OHP criteria.** An approved authorization is not a guarantee of payment. Payment is based on benefits in effect at the time of service, member eligibility and medical necessity. Prioritized List: <http://www.oregon.gov/oha/HPA/CSI-HERC/Pages/Prioritized-List.aspx>
* **UHA requires a prior authorization for out-of-network services**.

Authorization is required for the following services/procedures:

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| **Inpatient Hospital/Residential Services** |
| Inpatient Hospital / Partial Hospitalization / Acute Rehabilitation/Psychiatric Inpatient Hospital / Residential/ Detox |
| **Skilled Nursing Facility Services** |
| All SNF Services |
| **Outpatient Hospital and Ambulatory Surgery Center Services** |
| Outpatient procedures provided in hospital outpatient setting or Ambulatory Surgery Center require prior authorization, including Hyperbaric Oxygen Therapy |
| **Physical/Occupational/Speech Therapy Services** |
| Requires prior authorization after the first 8 visits per diagnosis/condition |
| **Chiropractic and Acupuncture** |
| Requires prior authorization submitted by Primary Care Provider  Chiropractic is a covered benefit ONLY for diagnoses of Scoliosis and Conditions of the Back and Spine (Prioritized List Lines 361, 401) |
| **Outpatient Diagnostic and Therapeutic Radiology Services** |
| All MRI |
| **Diabetic Supplies** | |
| PA is required for diabetic supplies that **exceed** the coverage guidelines below:   * **Type I, Gestational, or Type II using multiple short-acting insulin injections**: up to 100 test strips and lancets every month, and one (1) lancet device every six (6) months. * **Type II:**  up to 100 test strips and lancets every three (3) months, and one (1) lancet device every 6 months. | |

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| **Durable Medical Equipment (DME), Prosthetics/Medical Supplies** |
| All DME rentals |
| DME purchases exceeding **$500.00 (billed amount** per item for ALL vendors) |
| Prosthetics/Medical Supplies purchases **exceeding $500.00**  (billed amount per item for ALL vendors) |
| ALL Enteral / Parenteral Feeding Supplies |
| ALL incontinence supplies |
| **Comprehensive Dental Services** |
| Facility fees and anesthesia services for dental services provided in an Ambulatory Surgery Center, Hospital or Office setting under general anesthesia |
| **Dermatology: UV and Laser Treatments** |
| **Genetic Testing** |
| **Sleep Studies Performed in Facilities** |
| Home sleep studies require no prior authorization. |
| **Injectable & Infused Medications** |
| The following CPT codes require a prior authorization:   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | J0129 | J0596 | J1325 | J1743 | J2504 | J3315 | J7193 | J9019 | J9215 | J9315 | | J0135 | J0597 | J1438 | J1745 | J2505 | J3355 | J7194 | J9020 | J9217 | J9325 | | J0178 | J0598 | J1439 | J1786 | J2507 | J3357 | J7195 | J9032 | J9218 | J9328 | | J0180 | J0630 | J1442 | J1817 | J2562 | J3380 | J7196 | J9033 | J9225 | J9330 | | J0202 | J0638 | J1447 | J1830 | J2680 | J3385 | J7197 | J9034 | J9226 | J9352 | | J0220 | J0641 | J1458 | J1833 | J2760 | J3486 | J7198 | J9035 | J9228 | J9354 | | J0221 | J0712 | J1459 | J1930 | J2778 | J3490 | J7199 | J9041 | J9245 | J9355 | | J0256 | J0714 | J1460 | J1931 | J2786 | J3590 | J7311 | J9042 | J9261 | J9357 | | J0257 | J0717 | J1556 | J1942 | J2793 | J7175 | J7313 | J9043 | J9262 | J9371 | | J0270 | J0775 | J1557 | J1950 | J2794 | J7178 | J7316 | J9047 | J9264 | J9395 | | J0275 | J0800 | J1559 | J2010 | J2796 | J7179 | J7330 | J9050 | J9266 | J9400 | | J0485 | J0878 | J1560 | J2020 | J2820 | J7180 | J7340 | J9055 | J9268 | Q0167 | | J0490 | J0881 | J1561 | J2170 | J2840 | J7181 | J7504 | J9145 | J9271 | Q2043 | | J0570 | J0885 | J1566 | J2182 | J2860 | J7182 | J7527 | J9155 | J9295 | Q2050 | | J0571 | J0887 | J1568 | J2212 | J2940 | J7183 | J7686 | J9171 | J9299 | Q3027 | | J0572 | J0888 | J1569 | J2315 | J2941 | J7185 | J7999 | J9176 | J9301 | Q4074 | | J0573 | J0890 | J1572 | J2323 | J3060 | J7186 | J8565 | J9179 | J9302 | Q5101 | | J0574 | J0894 | J1575 | J2353 | J3110 | J7187 | J8597 | J9202 | J9303 | Q5102 | | J0575 | J0897 | J1595 | J2355 | J3121 | J7188 | J8650 | J9205 | J9305 |  | | J0585 | J1290 | J1599 | J2357 | J3145 | J7189 | J8655 | J9207 | J9306 |  | | J0586 | J1300 | J1600 | J2440 | J3243 | J7190 | J8670 | J9212 | J9307 |  | | J0587 | J1322 | J1602 | J2502 | J3262 | J7191 | J8999 | J9213 | J9308 |  | | J0588 | J1324 | J1675 | J2503 | J3285 | J7192 | J9017 | J9214 | J9310 |  |   The following CPT codes are excluded from coverage:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | J0400 | J1631 | J3470 | J3473 | J7323 | J7326 | | J0401 | J2358 | J3471 | J7320 | J7324 | J7327 | | J1630 | J2426 | J3472 | J7321 | J7325 |  | |