

**Effective for DOS on or after July 1, 2018**  
**UHA Prior Authorization Grid**

**Important Information for ALL Providers**

- 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 (see Prioritized List).**
- Prioritized List: <http://www.oregon.gov/oha/HPA/CSI-HERC/Pages/Prioritized-List.aspx>
- **UHA requires a prior authorization for out-of-network services.**
- 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.

**Authorization is required for the following services/procedures:**

<b>Inpatient Hospital/Residential Services</b>
Inpatient Hospital / Partial Hospitalization / Acute Rehabilitation/Psychiatric Inpatient Hospital / Residential/ Detox
<b>Skilled Nursing Facility Services</b>
All SNF Services
<b>Outpatient Hospital and Ambulatory Surgery Center Services</b>
Outpatient procedures provided in hospital outpatient setting or Ambulatory Surgery Center require prior authorization, including Hyperbaric Oxygen Therapy
<b>Physical/Occupational/Speech Therapy Services</b>
Requires prior authorization after the first 8 visits per diagnosis/condition
<b>Chiropractic and Acupuncture</b>
Requires <u>initial</u> prior authorization submitted by Primary Care Provider; subsequent visits for same condition are requested by Chiropractor/Acupuncturist. Of note, <u>Chiropractic</u> is a covered benefit ONLY for diagnoses of Scoliosis/Conditions of the Back & Spine (Prioritized List Lines 361, 401)
<b>Outpatient Diagnostic and Therapeutic Radiology Services</b>
All MRI

<b>Durable Medical Equipment (DME), Prosthetics/Medical Supplies</b>
All DME rentals
DME purchases exceeding <b>\$500.00 (billed amount)</b> per item for ALL vendors)
Prosthetics/Medical Supplies purchases <b>exceeding \$500.00</b> (billed amount per item for ALL vendors)
ALL Enteral / Parenteral Feeding Supplies
ALL incontinence supplies
<b>Diabetic Supplies</b>
PA is required for diabetic supplies that <b>exceed</b> the coverage guidelines below: <ul style="list-style-type: none"> <li>• <b>Type I, Gestational, or Type II using multiple short-acting insulin injections:</b> up to 100 test strips and lancets every month, and one (1) lancet device every six (6) months.</li> <li>• <b>Type II:</b> up to 100 test strips and lancets every three (3) months, and one (1) lancet device every 6 months.</li> </ul>
<b>Comprehensive Dental Services</b>
Facility fees and anesthesia services for dental services provided in an Ambulatory Surgery Center, Hospital or Office setting under general anesthesia
<b>Dermatology</b>
Requires <u>initial</u> prior authorization submitted by Primary Care Provider; subsequent visits for same condition are requested by Dermatologist.
<b>Procedures Performed in Office/Outpatient Setting (CPT 10000-69999)</b>
See <a href="#">Appendix II</a> for list of CPT for list of CPT codes <u>not requiring PA</u> when performed in-network for a diagnosis on a funded line of the Prioritized List.
<b>Genetic Testing</b>
<b>Sleep Studies Performed in Facilities</b>
<u>Home sleep studies</u> require no prior authorization.
<b>Injectable &amp; Infused Medications</b>
See <a href="#">Appendix I</a> for list of J-codes <u>not requiring PA</u> when performed in-network for a diagnosis on a funded line of the Prioritized List.



**Appendix I: CPT Codes Not Requiring Prior Authorization**

**Injectable & Infused Medications**

J0120	J0595	J1050	J1610	J2185	J2730	J3305	J7501	J7650	J9175
J0130	J0600	J1071	J1620	J2210	J2765	J3310	J7502	J7657	J9178
J0132	J0610	J1094	J1626	J2248	J2770	J3320	J7503	J7658	J9181
J0133	J0620	J1100	J1640	J2250	J2780	J3350	J7505	J7659	J9185
J0153	J0636	J1110	J1642	J2260	J2783	J3360	J7507	J7665	J9190
J0171	J0637	J1120	J1644	J2265	J2785	J3364	J7508	J7668	J9200
J0190	J0640	J1160	J1645	J2270	J2788	J3365	J7509	J7669	J9201
J0200	J0670	J1162	J1650	J2274	J2790	J3370	J7510	J7674	J9206
J0207	J0690	J1165	J1652	J2278	J2791	J3396	J7511	J7676	J9208
J0210	J0692	J1170	J1655	J2280	J2792	J3400	J7512	J7680	J9209
J0278	J0694	J1180	J1670	J2300	J2795	J3410	J7515	J7681	J9211
J0280	J0696	J1190	J1700	J2310	J2800	J3411	J7516	J7682	J9230
J0282	J0697	J1200	J1710	J2320	J2805	J3415	J7517	J7683	J9250
J0285	J0698	J1205	J1720	J2354	J2810	J3420	J7520	J7684	J9260
J0287	J0702	J1212	J1730	J2360	J2910	J3430	J7525	J8499	J9263
J0288	J0706	J1230	J1740	J2370	J2916	J3465	J7604	J8501	J9267
J0289	J0710	J1240	J1742	J2400	J2920	J3475	J7605	J8520	J9270
J0290	J0713	J1245	J1750	J2405	J2930	J3480	J7606	J8521	J9280
J0295	J0715	J1250	J1756	J2407	J2950	J3485	J7608	J8530	J9293
J0300	J0720	J1260	J1790	J2410	J2993	J3489	J7611	J8560	J9320
J0330	J0725	J1265	J1800	J2430	J2995	J3535	J7612	J8600	J9340
J0348	J0735	J1267	J1810	J2469	J2997	J7030	J7613	J8610	J9351
J0360	J0740	J1270	J1815	J2501	J3000	J7040	J7614	J8700	J9360
J0380	J0744	J1327	J1840	J2515	J3030	J7050	J7622	J9000	J9390
J0390	J0745	J1330	J1850	J2540	J3070	J7060	J7624	J9025	Q0162
J0395	J0770	J1335	J1885	J2543	J3090	J7070	J7626	J9027	Q0163
J0456	J0780	J1364	J1890	J2545	J3095	J7100	J7631	J9031	Q0164
J0461	J0795	J1380	J1940	J2550	J3101	J7110	J7632	J9040	Q0166
J0470	J0833	J1410	J1953	J2560	J3105	J7120	J7635	J9045	Q0169
J0475	J0834	J1430	J1955	J2590	J3230	J7297	J7636	J9060	Q0180
J0476	J0840	J1436	J1956	J2597	J3240	J7298	J7637	J9065	S0020
J0500	J0850	J1450	J1960	J2650	J3250	J7300	J7638	J9070	S0028
J0515	J0875	J1453	J1980	J2675	J3260	J7301	J7639	J9098	S0077
J0520	J0882	J1455	J1990	J2690	J3265	J7303	J7641	J9100	
J0558	J0895	J1457	J2001	J2700	J3280	J7304	J7642	J9120	
J0561	J1000	J1570	J2060	J2704	J3300	J7307	J7643	J9130	
J0583	J1020	J1571	J2150	J2710	J3301	J7308	J7644	J9150	
J0592	J1030	J1573	J2175	J2720	J3302	J7336	J7648	J9151	
J0594	J1040	J1580	J2180	J2725	J3303	J7500	J7649	J9165	



<b>Appendix II: CPT Codes Not Requiring PA:</b>									
<b>Procedures Performed in Office/Outpatient Setting (CPT 10000 – 69999)</b>									
0295T	0296T	0297T	0298T	10021	10022	10060	10061	10120	10121
10140	10160	11100	11101	11201	11300	11301	11302	11303	11305
11306	11307	11308	11310	11311	11312	11313	11719	11720	11721
11730	11732	11740	11750	11976	11980	11981	11982	11983	12001
12002	12004	12005	12006	12007	12011	12013	12014	12015	12016
12017	12018	12020	12021	12031	12032	12034	12035	12036	12037
12041	12042	12044	12045	12046	12047	12051	12052	12053	12054
12055	12056	12057	13100	13101	13102	13120	13121	13132	13133
13151	13152	13153	13160	16000	16020	16025	16030	17000	17003
17004	17110	17111	17250	19000	19001	19030	19081	19082	19083
19084	19085	19086	20005	20200	20205	20206	20220	20225	20500
20501	20526	20527	20550	20551	20552	20553	20600	20604	20605
20606	20610	20611	20612	20670	21310	21315	21320	21337	21345
21400	21412	21431	21450	21480	21485	21820	23350	23500	23505
23520	23525	23540	23545	23570	23600	23605	23620	23625	23650
23655	23665	23675	24220	24500	24505	24530	24535	24560	24565
24576	24577	24600	24605	24620	24650	24655	24670	24675	25246
25500	25505	25520	25530	25535	25560	25565	25600	25605	25622
25624	25630	25635	25650	25660	25675	25680	25690	26010	26011
26600	26605	26641	26645	26670	26675	26700	26705	26720	26725
26740	26742	26750	26755	26770	26775	27093	27095	27096	27197
27220	27222	27230	27232	27238	27240	27246	27250	27252	27256
27257	27265	27266	27267	27268	27370	27500	27501	27502	27503
27508	27516	27520	27530	27532	27538	27550	27552	27560	27562
27648	27750	27752	27760	27767	27768	27780	27781	27786	27788
27808	27810	27816	27818	27824	27825	27830	27831	27840	28190
28400	28405	28430	28435	28470	28475	28490	28495	28510	28515
28530	28540	28545	28570	28575	28600	28605	28630	28635	28660
28665	29000	29010	29015	29035	29040	29044	29046	29049	29055
29058	29065	29075	29085	29086	29105	29125	29126	29130	29131
29200	29240	29260	29280	29305	29325	29345	29355	29358	29365
29405	29425	29435	29440	29445	29450	29505	29515	29520	29530
29540	29550	29580	29581	29582	29583	29584	29700	29705	29710
29720	29730	29740	29750	29799	30901	30903	30905	30906	31231
31237	31238	31575	36400	36405	36406	36410	36415	36416	36591
36592	36593	36596	36600	38220	38221	38222	38505	38790	38792
40490	40800	40806	40808	40810	40830	40831	41000	41005	41006
41007	41008	41009	41100	41105	41108	41110	42100	42400	42550



**Appendix II: CPT Codes Not Requiring PA:**

**Procedures Performed in Office/Outpatient Setting (CPT 10000 – 69999)**

42650	42660	42700	42720	42800	42804	42806	42809	42970	43200
43201	43202	43204	43205	43206	43210	43211	43212	43213	43214
43215	43216	43217	43220	43226	43227	43229	43231	43232	43233
43235	43236	43237	43238	43239	43240	43241	43242	43243	43244
43245	43246	43247	43248	43249	43250	43251	43252	43253	43254
43255	43257	43259	43266	43270	43273	43917	43918	44360	44361
44388	44389	44390	44391	44392	44394	44401	44402	44403	44404
44405	44406	44407	44408	45300	45303	45305	45307	45308	45309
45315	45317	45320	45321	45327	45330	45331	45332	45333	45334
45335	45337	45338	45340	45341	45342	45346	45347	45349	45350
45378	45379	45380	45381	45382	45384	45385	45386	45388	45389
45390	45391	45392	45393	46083	46600	46606	46900	46910	46916
47000	49320	49321	49322	49427	49450	49451	49452	49460	49465
50690	51100	51101	51102	51600	51700	51701	51702	51703	51705
51710	51728	51729	51736	51741	51784	51785	51792	51797	51798
52000	52001	52281	53600	53601	53605	53620	53621	53660	53661
54050	54055	54056	54100	54240	54250	54500	54800	55250	55700
56405	56420	56440	56442	56501	56515	56605	56606	57061	57065
57100	57105	57160	57170	57180	57452	57454	57455	57456	57460
57461	57500	57520	57800	58100	58110	58120	58300	58301	58340
58345	58558	58565	58660	58661	58662	59025	59120	59121	59130
59136	59140	59150	59151	59160	59200	59320	59325	59412	59425
59426	59812	59820	59821	59830	59840	59841	59850	59851	59852
59855	59856	59857	59870	59871	60100	60300	61070	61215	62270
62272	62273	62284	62290	62291	62292	62302	62304	62305	62367
62368	62369	65205	65210	65220	65222	65235	65410	65430	68100
69000	69005	69020	69100	69200	69209	69210	69220	69433	