



UMPQUA HEALTH

ALLIANCE

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What needs prior approval?

Umpqua Health Alliance (UHA) provides multiple services that are available to our members. Most covered services can be accessed without prior approval from UHA if the services are provided by an in network provider. However, some services need prior approval to see if they are medically appropriate before they can be accessed. Below are lists of general services that need prior approval.

Medical Services that require prior approval are:

- Skilled Nursing Facilities (SNF).
- Referrals to out of network providers.
- Referrals to dermatology.
- Chiropractic services.
- Acupuncture services.
- Physical, occupational, and speech therapy after the first 8 visits.
- Medical equipment (DME) that cost more than \$500.
- Additional diabetic supplies.
- Planned inpatient procedures and hospitalizations.
- Elective procedures.
- Outpatient procedures that are done in a surgery center or hospital.
- Some outpatient procedures that are done in a provider office.
- Genetic testing.
- Sleep studies done in a facility.
- MRIs.

Medical Service that do not require prior approval are:

- Emergency services.

- Unplanned hospitalizations.
- Transportation to medical appointments.
- Diagnostic testing.
- All family planning services.

Behavioral Health Services that require prior approval are:

- Assertive Community Treatment (ACT) services for out of network providers.
- Inpatient psychiatric hospitalizations.
- Psychiatric residential services.
- Psychiatric residential treatment services (PRTS).
- Out of network services related to behavioral residential services (BRS).
- Out of network detox services for substance use disorders.
- Out of network residential services for substance use disorders.
- Partial hospitalization services.

Behavioral Health Services that do not require prior approval are:

- Wraparound service.
- ACT services provided by an in network provider.
- All outpatient services.
- All screenings related to mental health or substance use disorders.

How do you get prior approval?

Service that require prior approval need to be requested by your primary care provider (PCP), a specialist, or a behavioral health provider. UHA members can go directly to any mental health provider or substance use disorder program and request services without being referred by their PCP. Members can also call UHA Member Services at 541-229-4842 for more information on specific services that need prior approval and how to request prior approval.

How long does it take to get prior approval?

UHA follows all state rules regarding making a decision on requests for services. Some services need to be reviewed quicker than others per the state rules. Below is a table that shows how long it can take for some services. Any service not listed in the table is a standard request and needs to be reviewed within 14 days of UHA getting the request.

Service	Time for Review
Expedited Requests	72 hours
Non-Emergent Behavioral Health Hospitalizations or Residential Services.	3 days
Substance Use Disorder Service	2 days
Skilled Nursing Facility Services	2 days
Prescription Drugs	24 hours