

Effective for DOS on or after 10/16/2020

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:

Inpatient Hospital
Acute Care Hospital / Long Term Acute Care / Acute Physical Rehabilitation
Mental Health
Psychological Evaluations / PRTS / Acute Rehabilitation / Psychiatric Inpatient Hospital
Substance Use Disorder
Detox / Partial Hospitalization / Residential
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 <u>initial</u> Primary Care Provider's evaluation to be submitted by specialist with PA request; subsequent visits for same condition are requested by Chiropractor/Acupuncturist. <u>Chiropractic</u> is a covered benefit ONLY for diagnoses of Scoliosis/Conditions of the Back & Spine (Prioritized List Lines 361, 401)
Outpatient Diagnostic and Therapeutic Radiology Services
All MRI

Durable Medical Equipment (DME), Prosthetics, and Medical Supplies
PA required for ALL: DME rentals, enteral/parenteral feeding supplies, incontinence supplies, SFA requests and DME purchases/repairs if over \$500.00 DMAP rate per item.
No PA required for covered DME purchases/repairs if under \$500.00 DMAP rate per item with appropriate coding/modifiers
Diabetic Supplies
PA is required for diabetic supplies that exceed the coverage guidelines below: Type I, Gestational, or Type II <u>using multiple short-acting insulin injections</u>: 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.
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
Requires <u>initial</u> Primary Care Provider's evaluation to be submitted by specialist with PA request; subsequent visits for same condition are requested by Dermatologist.
Procedures Performed in Office/Outpatient Setting (CPT 10000-69999)
See Appendix II 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.
Genetic Testing
Sleep Studies Performed in Facilities
<u>Home sleep studies</u> require no prior authorization.
Injectable and Infused Medications
See Appendix I 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	J0575	J1020	J1571	J2150	J2720	J3303	J7501	J7657	J9178
J0130	J0583	J1030	J1573	J2175	J2725	J3305	J7502	J7658	J9181
J0132	J0592	J1040	J1580	J2180	J2730	J3310	J7503	J7659	J9185
J0133	J0594	J1050	J1610	J2185	J2765	J3320	J7505	J7665	J9190
J0153	J0595	J1071	J1620	J2210	J2770	J3350	J7507	J7668	J9200
J0171	J0600	J1094	J1626	J2248	J2780	J3360	J7508	J7669	J9201
J0190	J0610	J1100	J1640	J2250	J2783	J3364	J7509	J7674	J9206
J0200	J0620	J1110	J1642	J2260	J2785	J3365	J7510	J7676	J9208
J0207	J0636	J1120	J1644	J2265	J2788	J3370	J7511	J7680	J9209
J0210	J0637	J1130	J1645	J2270	J2790	J3396	J7512	J7681	J9211
J0278	J0640	J1160	J1650	J2274	J2791	J3400	J7515	J7682	J9230
J0280	J0670	J1162	J1652	J2278	J2792	J3410	J7516	J7683	J9250
J0282	J0690	J1165	J1655	J2280	J2795	J3411	J7517	J7684	J9260
J0285	J0692	J1170	J1670	J2300	J2800	J3415	J7520	J8499	J9263
J0287	J0694	J1180	J1700	J2310	J2805	J3420	J7525	J8501	J9267
J0288	J0696	J1190	J1710	J2315	J2810	J3430	J7604	J8520	J9270
J0289	J0697	J1200	J1720	J2320	J2910	J3465	J7605	J8521	J9280
J0290	J0698	J1205	J1730	J2354	J2916	J3475	J7606	J8530	J9293
J0295	J0702	J1212	J1740	J2360	J2920	J3480	J7608	J8560	J9320
J0300	J0706	J1230	J1742	J2370	J2930	J3485	J7611	J8562	J9340
J0330	J0710	J1240	J1750	J2400	J2950	J3489	J7612	J8600	J9351
J0348	J0713	J1245	J1756	J2405	J2993	J3535	J7613	J8610	J9360
J0360	J0715	J1250	J1790	J2407	J2995	J7030	J7614	J8700	J9370
J0364	J0720	J1260	J1800	J2410	J2997	J7040	J7620	J8705	J9390
J0380	J0735	J1265	J1810	J2430	J3000	J7042	J7622	J9000	S0028
J0390	J0740	J1267	J1815	J2501	J3010	J7050	J7624	J9025	S0077
J0395	J0743	J1270	J1817	J2510	J3030	J7060	J7626	J9027	S0109
J0456	J0744	J1320	J1835	J2515	J3070	J7070	J7631	J9031	S0199
J0461	J0745	J1327	J1840	J2540	J3090	J7100	J7632	J9040	Q0144
J0470	J0770	J1330	J1850	J2543	J3095	J7110	J7635	J9045	Q0162
J0475	J0780	J1335	J1885	J2545	J3101	J7120	J7636	J9060	Q0163
J0476	J0795	J1364	J1890	J2550	J3105	J7297	J7637	J9065	Q0164
J0500	J0833	J1380	J1940	J2560	J3230	J7298	J7638	J9070	Q0166
J0515	J0834	J1410	J1953	J2590	J3240	J7300	J7639	J9098	Q0169
J0520	J0840	J1430	J1955	J2597	J3250	J7301	J7641	J9100	Q0180
J0558	J0841	J1436	J1956	J2650	J3260	J7303	J7642	J9120	Q9992
J0561	J0850	J1450	J1960	J2675	J3265	J7304	J7643	J9130	S0020
J0571	J0875	J1453	J1980	J2690	J3280	J7307	J7644	J9150	
J0572	J0882	J1455	J1990	J2700	J3300	J7308	J7648	J9151	
J0573	J0895	J1457	J2001	J2704	J3301	J7336	J7649	J9165	
J0574	J1000	J1570	J2060	J2710	J3302	J7500	J7650	J9175	

Appendix II: CPT Codes Not Requiring PA:									
Procedures Performed in Office/Outpatient Setting (CPT 10000 – 69999)									
0295T	0296T	0297T	0298T	10004	10005	10006	10007	10008	10009
10010	10011	10012	10021	10060	10061	10120	10121	10140	10160
11102	11103	11104	11105	11106	11107	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	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	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	27369	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
28665	28530	28540	28545	28570	28575	28600	28605	28630	28635
28660	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	29584	29700	29705	29710	29720	29730
29740	29750	29799	30300	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

Appendix II: CPT Codes Not Requiring PA:
Procedures Performed in Office/Outpatient Setting (CPT 10000 – 69999)

41008	41009	41100	41105	41108	41110	42100	42400	42550	42650
42660	42700	42720	42800	42804	42806	42809	42970	43200	43201
43202	43204	43205	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	43253	43254	43255	43259	43266
43270	43273	43450	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	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	56820	56821	57061	57065	57100	57105	57160	57170	57180
57420	57421	57452	57454	57455	57456	57460	57461	57500	57520
57522	57800	58100	58110	58120	58300	58301	58340	58345	58558
58660	58661	58662	59025	59120	59121	59130	59136	59140	59150
59151	59160	59200	59320	59325	59412	59425	59426	59430	59812
59820	59821	59830	59850	59851	59852	59855	59856	59857	59870
59871	60100	60300	59840	59841	61070	61215	62270	62272	62273
62284	62290	62302	62304	62305	62367	62368	62369	65205	65210
65220	65222	65235	65410	65430	68100	69000	69005	69020	69100
69200	69209	69210	69220	69433					

Change Log		
Date	Page	Action Details
5/23/2020	1	Add: Psychological Evaluations and remove BRS services
8/01/2020	3	Add: J0571-J5075, 56820, 56821, 57420, 57421
9/01/2020	4-6	Add: 30300, 69209, 69210
9/22/2020	5	Add: 57522
9/22/2020	5	Remove: Per Guideline Note 173 45391, 45392, 62290, 62291, 62292
10/16/2020	5	Remove: Per Guideline Note 173 43206, 43252, 43257, 58565