UMPQUA HEALTH ALLIANCE

Professionally Administered Drugs

Prior Authorization Grid

This authorization grid pertains to professionally administered drugs, which a health care provider administers in a clinical setting such as an office or an outpatient hospital facility, or through home infusion therapy services. These services, known as buy and bill, are billed under Umpqua Health Alliance's medical benefit.

Drugs billed directly to Umpqua Health Alliance by a pharmacy are part of the pharmacy benefit. For retail, specialty or mail-order coverage information, visit the Pharmacy Services webpage.

Important Information for All Providers

General Information

- Services not reflected on this authorization grid require prior authorization.
- Prior authorization is not required when Umpqua Health Alliance is the secondary payer.
- Umpqua Health Alliance requires prior authorization for out-of-network services unless this document states otherwise.

Medical Necessity and Appropriateness

- All services must be medically necessary and are subject to Oregon Health Plan regulations. If the Oregon Health Plan does not fund a service, and the service is not an additional benefit that Umpqua Health Alliance offers, the claim will be denied as a noncovered service under Oregon Health Plan criteria. See the Prioritized List of Health Services.

Early and Periodic Screening, Diagnosis and Treatment Benefit

- Services for children from birth to age 21 may require a prior authorization review for medical necessity and appropriateness under the Early and Periodic Screening, Diagnosis and Treatment benefit. See the **Early and Periodic Screening, Diagnosis and Treatment criteria**.

Authorization and Payment

- An approved authorization does not guarantee payment. Payment is based on the benefits in effect at the time of service, member eligibility and medical necessity.

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- A request for authorization submitted more than 30 days after the date of service, or more than 90 days after the date of service for behavioral health services, must include documentation from the provider explaining why the provider could not obtain authorization within those time frames. Prior authorization of services is subject to periodic utilization review and retrospective review to confirm that services meet the definition of medical appropriateness.
- Providers must request single case agreements and special financial arrangements on the prior authorization. Claims from in-network providers are paid at their contracted rate unless otherwise indicated.
- Umpqua Health Alliance may not authorize services under the following circumstances:
  - The request Umpqua Health Alliance receives is not complete.
  - The provider did not hold the appropriate license, certificate or credential at the time services were requested.
  - The recipient was not eligible for Medicaid at the time services were requested.
  - The provider cannot produce appropriate documentation to support medical appropriateness, or the provider did not submit the appropriate documentation to Umpqua Health Alliance.
  - The services requested do not comply with Oregon Administrative Rules 410-120-1260 through 410-120-1860.

Prior Authorization Submission

Umpqua Health Alliance requires all in-network providers to submit prior authorization requests through the Community Integration Manager portal.

- For help signing up for Community Integration Manager access, follow the **Community Integration Manager sign-up instructions**.
- To reach the provider portal, go to the Community Integration Manager login page at cim1.phtech.com/cim/login.

Out-of-network providers may submit prior authorization requests by fax using the **Professionally Administered Drug (PAD) Prior Authorization Form**.

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Required information: Providers must submit medical notes, prescriptions and supporting documentation with the prior authorization request. These notes must be current and relevant to the requested service and the patient's condition.

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Professionally Administered Drugs (Injectable and Infused)

Codes Not Requiring Prior Authorization for All Providers

(In-Network and Out-of-Network)

The codes below do not require prior authorization for any provider, in network or out of network. **Any professionally administered drug code not listed below requires prior authorization.**

C Codes (1 code)

C9154

G Codes (2 codes)

G1028

G2215

J Codes (460 codes)

J0120
J0122
J0130
J0132
J0133
J0153
J0171
J0173
J0185
J0190
J0200
J0207
J0210
J0248
J0278
J0280
J0282
J0283
J0285
J0287
J0288
J0289
J0290
J0291
J0295
J0300
J0330
J0348
J0360
J0364
J0380
J0390
J0395
J0456
J0461
J0470
J0475
J0476
J0500
J0515
J0520
J0558
J0561
J0571
J0572
J0573
J0574
J0575
J0577
J0578
J0583
J0592
J0594
J0595
J0600
J0609
J0610
J0611
J0620
J0636
J0637
J0640
J0665
J0670
J0689
J0690
J0692
J0694
J0695
J0696
J0697
J0698
J0701
J0702
J0703
J0706
J0710
J0713
J0715
J0716
J0720

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J0735	J1050	J1320	J1644
J0736	J1071	J1327	J1645
J0737	J1094	J1330	J1650
J0738	J1095	J1335	J1652
J0740	J1096	J1364	J1655
J0741	J1097	J1380	J1670
J0742	J1100	J1398	J1700
J0743	J1110	J1410	J1710
J0744	J1120	J1430	J1720
J0745	J1130	J1436	J1730
J0752	J1160	J1437	J1738
J0770	J1162	J1450	J1740
J0780	J1165	J1453	J1742
J0795	J1170	J1455	J1750
J0834	J1190	J1456	J1756
J0840	J1200	J1457	J1790
J0841	J1201	J1570	J1800
J0850	J1205	J1571	J1810
J0875	J1212	J1573	J1815
J0878	J1230	J1574	J1817
J0882	J1240	J1580	J1835
J0887	J1245	J1610	J1840
J0895	J1250	J1611	J1850
J0945	J1260	J1620	J1885
J1000	J1265	J1626	J1890
J1010	J1267	J1640	J1940
J1020	J1270	J1642	J1953
J1040	J1308	J1643	J1955

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J1956	J2315	J2720	J3095
J1960	J2320	J2725	J3101
J1961	J2354	J2730	J3105
J1980	J2360	J2765	J3230
J1990	J2370	J2770	J3240
J2003	J2401	J2780	J3250
J2060	J2402	J2783	J3260
J2150	J2405	J2785	J3265
J2175	J2407	J2788	J3280
J2180	J2410	J2790	J3300
J2184	J2430	J2791	J3301
J2185	J2469	J2792	J3302
J2186	J2501	J2795	J3303
J2210	J2510	J2800	J3305
J2247	J2515	J2805	J3310
J2248	J2540	J2810	J3320
J2250	J2543	J2910	J3350
J2251	J2545	J2916	J3360
J2260	J2550	J2919	J3364
J2265	J2560	J2950	J3365
J2270	J2590	J2993	J3370
J2272	J2597	J2995	J3371
J2274	J2650	J2997	J3372
J2278	J2675	J3000	J3396
J2280	J2690	J3010	J3400
J2281	J2700	J3030	J3410
J2300	J2704	J3070	J3411
J2310	J2710	J3090	J3415

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J3420	J7308	J7611	J7650
J3430	J7309	J7612	J7657
J3465	J7315	J7613	J7658
J3475	J7336	J7614	J7659
J3480	J7500	J7615	J7660
J3485	J7501	J7620	J7665
J3489	J7502	J7622	J7667
J3535	J7503	J7624	J7668
J7030	J7505	J7626	J7669
J7040	J7507	J7627	J7670
J7042	J7508	J7631	J7674
J7050	J7509	J7632	J7676
J7060	J7510	J7633	J7680
J7070	J7511	J7634	J7681
J7100	J7512	J7635	J7682
J7110	J7515	J7636	J7683
J7120	J7516	J7637	J7684
J7121	J7517	J7638	J8499
J7131	J7518	J7639	J8501
J7295	J7520	J7640	J8515
J7296	J7525	J7641	J8520
J7297	J7604	J7642	J8521
J7298	J7605	J7643	J8530
J7300	J7606	J7644	J8540
J7301	J7607	J7645	J8560
J7303	J7608	J7647	J8562
J7304	J7609	J7648	J8600
J7307	J7610	J7649	J8610

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J8700
J8705
J9000
J9025
J9027
J9040
J9045
J9060
J9065
J9073
J9098
J9100
J9120
J9130
J9150
J9151
J9165
J9171
J9175
J9178
J9181
J9185
J9190
J9200
J9201
J9206
J9208
J9209
J9211
J9230
J9250
J9260
J9263
J9267
J9270
J9280
J9293
J9320
J9340
J9351
J9360
J9370
J9390

M Codes (11 codes)

M0239
M0240
M0241
M0243
M0244
M0245
M0246
M0247
M0248
M0249
M0250

P Codes (4 codes)

P9041
P9045
P9046
P9047

Q Codes (23 codes)

Q0138
Q0139
Q0144
Q0162
Q0163
Q0164
Q0166
Q0169
Q0180
Q0243
Q0244
Q0245
Q0247
Q0249
Q0515
Q2004
Q2009
Q2017
Q4081
Q4082
Q5167
Q9968
Q9991

S Codes (53 codes)

S0020
S0073
S0080
S0109
S0119
S0190
S0191
S4989
S4993
S5497
S5498
S5501
S5520
S5521
S9325
S9326
S9327
S9328
S9329
S9330
S9331
S9335
S9336
S9338
S9339

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S9345
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S9504
S9992

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