Providence Health Plan

Prior authorization

The process in simple terms

Prior authorization is approval from the health plan before receiving a service or treatment.

Here are highlights of what you should know:

- In-network providers will request authorization for you (if prior authorization is needed)
- Out-of-network providers may not, so you would be responsible for getting authorization from Providence Health Plan*
- Emergency services do not require prior approval

Prior authorization does not guarantee coverage. Benefits are paid based on coverage at the time of service. Claims may be denied if a required prior authorization isn't received.

The prior authorization process

Timelines depend on whether the condition is urgent or not urgent. Otherwise, the process is the same:

01 The request is submitted by your in-network provider or by you (if using an out-of-network provider)

02 A clinical team of experts review the request to ensure the procedure or treatment meets current evidence-based coverage guidelines

NOTE: If additional information is needed, there's 15-calendar-day (non-urgent) or 24-hour deadline (urgent) for additional information to be provided or the request will be denied.

The in-network provider or you (if using an out-of-network provider) will be notified if prior authorization is approved, denied, or if additional information is needed.

*If you go to an out-of-network provider, ask if they'll submit any needed prior authorization requests for you. If not, you'll need to submit the paperwork with Providence Health Plan for prior approval. The out-of-network provider will still need to provide the information needed for you to fill out the prior authorization request. The form includes information about how to submit it.

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Services requiring prior authorization

Here are a few of the services and treatments that require prior authorization:

- Inpatient hospital and birthing center stays (excluding emergency room care)
- Skilled nursing facility stays
- Inpatient/outpatient rehabilitation facility stays
- Inpatient/outpatient mental health and/or chemical dependency services
- Outpatient rehabilitation
- Procedures, surgeries, treatments that are not proven medically safe and/or effective (example: bariatric surgery or select joint/spinal procedures)
- Durable medical equipment including, but not limited to:
  - Power wheelchairs and supplies
  - Select nerve stimulators
  - CPAP and BiPAP
  - Oral appliances
- Certain medications with restrictions, medications that are part of a step therapy program, or prescription refill limitations

Access a comprehensive **list of services requiring prior authorization**. If you're not sure if you need prior authorization before a treatment or procedure, ask your provider and/or call customer service.

TIP: You can log in to myProvidence to check the status of prior authorization requests. From the top navigation, choose "**My Health Plan**," then "**Referrals and Prior Authorizations**."

For more information, visit **ProvidenceHealthPlan.com/PriorAuthorization** or, you can check your member handbook for more in depth information.

Have questions? Call Providence Health Plan customer service Monday through Friday, 8 a.m. to 5 p.m. (Pacific Time) at **503-574-7500** or toll-free at **800-878-4445 (TTY: 711)**.