

Referral/Prior Authorization Grid

Notes:

If service not indicated as needing a referral/PA on this grid, no referral/PA required.

Claims payment is subject to member eligibility, benefit coverage and current coverage of the diagnosis.

Questions regarding this Referral/Prior-Authorization Grid can be directed to WVCH Provider Services at 503-584-2150.

SERVICE OR PROCEDURE	Prior-Auth	Referral
PHYSICIAN SERVICES		
Consultation with Specialist ** Click here to view current policy***		See Policy
Follow Up visit after ER (with specialist)		Yes
Allergy Testing/Treatment	Yes	
OUTPATIENT HOSPITAL SERVICES		
Surgical Services	Yes	
Emergency Room (Processed after receipt of claim)		Yes
Ambulatory clinic services (STEPS, SHAPES, SHOTS, STARS etc)	Yes	
INPATIENT HOSPITAL SERVICES		
Inpatient Stays-UM notification within 24 hours at: 503-587-5144	Yes	
Inpatient Rehabilitation Center	Yes	
SURGICAL PROCEDURES- All surgical procedures require a referral to the performing physician with a surgery option and PA if indicated.		
Any procedure requiring early admit or extended stay (longer than usual and customary)	Yes	
Hysterectomies	Yes	
Inpatient surgical procedures	Yes	
MOHS	Yes	
Outpatient surgical procedures	Yes	
INTERMEDIATE CARE FACILITY		
Therapies	Yes	
Skilled Nursing Facility Admission	Yes	
Home Health Care Services	Yes	

MENTAL HEALTH AND SUBSTANCE USE DISORDER	
In-Patient Mental Health Treatment- Call Behavioral Care Network at 503-361-2647	
Inpatient Chemical Dependency - medical detox only	Yes
Outpatient Mental Health - Call Behavioral Care Network at 503-361-2647	
Outpatient Substance Use Disorder - Members may self refer to contracted providers. Call Behavioral Care Network at 503-361-2647 for contracted providers	
THERAPIES AND ALTERNATIVE THERAPIES	
PT, OT, ST Evaluations ** Click here to view current policy***	See Policy
Outpatient Therapy Treatments i.e. PT, OT, ST	Yes
Acupuncture Consult	Yes
Acupuncture Treatment	Yes
Chiropractic Consult	Yes
Chiropractic Treatment	Yes
Pain Management Program	Yes
COVERAGE FOR ADDITIONAL SERVICES AND SUPPLIES- benefit limits may apply	
Durable Medical Equipment (Certificate of Medical Necessity) - All rentals and funded purchases over \$200 allowable	Yes
Disposable Medical Supplies-Over OHP coverage limits	Yes
Orthotics/Prosthetics	Yes
VISION SERVICES-Coverage Limitations-Refer to OHA Visual Services Administrative Rulebook, Division 140	
HEARING SERVICES	
Routine Hearing Exams	Yes
Hearing Aid Repairs	Yes
Hearing Aids	Yes
COMMON DIAGNOSTIC PROCEDURES- All diagnostic procedures require a referral to the ordering physician with a diagnostic option and PA if indicated.	
24hr ECG monitor and real time analysis CPT 93236	Yes
24 hour PH Probe with admission	Yes
Discogram	Yes
24 hour Video Monitored EEG admission	Yes
EGD with Botox	Yes
Hysteroscopy with Ablation (58563)	Yes
MRI Scan	Yes
MRA Scan	Yes
Pet Scans, META Scans, SPECT Scans, MUGA scans	Yes
Proton Beam Treatment	Yes
Sleep Studies (Approval required for initial consult with 1 follow up)	Yes

OTHER		
Bariatric Surgery	Yes	Yes
Chemotherapy (Administered in Office)		Yes
Diabetes Education Limited benefit	Yes	
Epidural steroid injections	Yes	
Facet Injections	Yes	
Genetic Testing	Yes	Yes
Implanted patient-activated cardiac event recorder (loop recorders) CPT 33282	Yes	Yes
Investigational/Experimental	Yes	Yes
Non-emergency out of area services		Yes
Plastic, Reconstructive and Cosmetic Procedures	Yes	Yes
Radio Frequency Nerve Ablation	Yes	
Synagis	Yes	
Transplants (No PA Required for kidney and/or cornea when performed in Oregon)	Yes	Yes
Trigger Point Injections	Yes	
EXCLUDED SERVICES		
Joint Injections - Synvisc, Hyalgen, Supartz (OHP Exclusion)	Excluded	Excluded
Services to Protect or Improve Fertility	Excluded	Excluded
Clinical Trials- OHP Exclusion	Excluded	Excluded

Update 01.2017