

ADVANCED HEALTH

Approved: January 1, 2018

2018 Prior Authorization Grid

Effective: **January 1, 2018 - December 31, 2018*****THIS GRID IS FOR SERVICES PERFORMED BY LOCAL CONTRACTED PROVIDERS ONLY**

*1. Local providers are Advanced Health contracted providers who maintain a service location within Coos/Curry Counties

Prior Authorization is required for ALL SERVICES performed by OUT OF AREA providers or by LOCAL NON-CONTRACTED providers (except emergency services). Services not reflected on the below grid may require authorization; contact Advanced Health at (541) 269-7400 for further details.

This grid is to be used as a guide for determining prior authorization requirements. It should not be relied upon for determination of covered benefits under Oregon Health Plan.

Prior Authorization Required?

Chemical Dependency Services (Member may self refer; no PCP referral required)		OHP ONLY	Commercial Ins as Primary	Medicare as Primary
		1 All Chemical Dependency Services reviewed by ADAPT: 541-751-0357 or Curry Community Health: Contact 541-373-8001	N/A	N/A
Dental Services				
2 Advantage Dental - Customer Service 1-866-268-9631	N/A	N/A	N/A	
Diagnostic Services				
3 Procedures done for diagnosis only (e.g. diagnostic colonoscopy)	No	No	No	
4 Procedures done for diagnosis and treatment with an above the line diagnosis	Yes	Yes	No	
5 Sleep Studies	Yes	Yes	Yes	
6 Genetic testing: Non-prenatal (e.g. BRCA, Lynch synd, microarray; Drug metabolism testing is NOT covered on OHP	(see guideline note D1)	Yes	Yes	Yes
7 Genetic testing: Prenatal: See Guideline Note D17 for recommendations				
1. Routine Prenatal Genetic Testing (one time CF carrier, routine aneuploidy)	No	No	No	
2. Cell-free fetal DNA for high risk PT	No	No	No	
3. Fragile X Testing	No	No	No	
8 Virtual Colonoscopy/Capsule Endoscopy	Yes	Yes	Yes	
9 MRI/MRA/PET Scans	Yes	Yes	Yes	
Dietary Counseling/Medical Education Services				
Medical education services require prior authorization (exceptions below)				
10 Dietary consult - initial visit not to exceed 60 minutes	No	No	No	
11 Dietary consult - follow-up visit (per OHP GN 5 - Obesity)	No	No	No	
12 Group services with Bay Area Hospital	No	No	No	
Emergency Care Services				
13 Emergency/Urgent care (provider/facility) (includes urgent/emergent procedures)	No	No	No	
14 Local specialist follow-up visit within 14 calendar days of ER visit	No	No	No	
15 Emergency ambulance/transport	No	No	No	
Equipment and Supplies				
16 Durable Medical Equipment (DME) Supplies (non-recurring items less than \$300)	No	No	No	
17 CPAP/BIPAP/Humidifier - Initial 3 month trial & continuation of therapy	Yes	Yes	Yes	
18 Oxygen & Equipment (up to 36 month capped rental)	Yes	Yes	Yes	
19 Repairs (parts & labor)	Yes	Yes	Yes	
20 Orthotics/Prosthetics	Yes	Yes	Yes	

Prior Authorization Required?				
	Hearing Services	OHP ONLY	Commercial Ins as Primary	Medicare as Primary
21	Routine hearing exam	No	No	No
22	Hearing Aids	Yes	Yes	Yes
23	Hearing Aid Batteries (Limited to 15 every 3 months)	No	No	No
24	Equipment repairs	Yes	Yes	Yes
Home Health Services				
25	Initial evaluation (nursing and/or therapy)	No	No	No
26	Nursing visits	Yes	Yes	No
27	Speech, Physical and Occupational Therapy	Yes	Yes	No
28	Supplies/equipment, if not included in per diem	Yes	Yes	Yes
Hospice/Palliative Care				
29	Hospice/Palliative Care	Yes	Yes	No
Infusion Services (Home & Office)				
30	Enteral/Parenteral/IV Infusion Therapy	Yes	Yes	Yes
31	Specialized antibiotics (Daptomycin and Vancomycin)	Yes	Yes	Yes
32	Medication administration at outpatient infusion, less than \$300	No	No	No
33	Exceptions (Items not requiring authorization) -			
	1. Blood transfusions	No	No	No
	2. Hydration	No	No	No
	3. Antiemetics	No	No	No
	4. Anticoagulants	No	No	No
	5. Steroids	No	No	No
	6. PICC/Port Flushes	No	No	No
	7. Phlebotomy	No	No	No
	8. Pain Medication	No	No	No
	9. Antibiotics	No	No	No
Inpatient Hospital Services				
34	Inpatient Length of Stay			
	1. Planned inpatient surgery	Yes	Yes	Yes
	2. Unplanned hospital stay(req. admit notification for LOS within 24 hrs)	Yes	Yes	Yes
	3. Normal vaginal delivery (if LOS is less than 48 hrs.)	No	No	No
	4. Caesarean section delivery (if LOS is less than 96 hrs.)	No	No	No
	5. Family Birthing Center (Normal Vaginal Delivery)	No	No	No
	6. Newborn (if LOS does not exceed 5 days)	No	No	No
Mental Health Services				
35	Coos Health and Wellness - 541-751-2500, Crisis Line 541-751-2550 Curry Community Health - 541-373-8001, Crisis Line 877-519-9322	N/A	N/A	N/A

Prior Authorization Required?				
	Outpatient Hospital/ASC Services	OHP ONLY	Commercial Ins as Primary	Medicare as Primary
36	Outpatient service with an above the line diagnosis (place of service must be medically appropriate-follow CMS guidelines)	Yes	Yes	No
37	Outpatient observation over 48 hours	Yes	Yes	Yes
38	Any procedure traditionally done in physician's office for which a different place	Yes	Yes	Yes
39	of service is requested			
40	Wound Care - Initial evaluation and treatment	No	No	No
41	Wound Care - Ongoing treatment	Yes	Yes	Yes
Pharmacy Services				
42	Outpatient Medications	See Advanced Health Formulary		Bill Medicare Part D
43	Medicare Part B billable drugs (ex: Nebulizer Solutions)	N/A	N/A	No
Physician Services				
44	Office visits with Primary Care Provider (PCP)	No	No	No
45	Initial office visit with local contracted specialist with PCP referral	No	No	No
46	Follow-up office visits with local contracted specialist	Yes	Yes	No
47	Out of Area Providers	Yes	Yes	Yes
48	Durable Medical Equipment (DME) Supplies allowed by DMAP policy dispensed/billed by physician's office. If more than \$300 per item, must have DMAP covered CPT/HCPCS and diagnosis. Refer to the MMIS website. OHA Tools and How to use benefits and prioritized list	Yes	Yes	Yes
Prevention and Wellness Services				
49	All Immunizations (Including out-of-area County Health departments in state of Oregon) *Children < 19 years old are covered under 'Vaccines for Children'	No	No	No
	a. Zostavax (Shingles vaccine) See CDC Guidelines for recommendations	No	No	No
	b. HPV injection See CDC Guidelines for recommendations	No	No	No
	c. Pneumovax See CDC Guidelines for recommendations	No	No	No
	d. Adult Prevnar See CDC Guidelines for recommendations	No	No	No
50	Family Planning Services: (Includes services in the state of Oregon)			
	a. Family planning visits, Pregnancy tests	No	No	No
	b. Contraceptive supplies	No	No	No
	c. Tubal Ligation/Vasectomy(with valid consent/limited under Medicare)	No	No	No
	d. Intra-Uterine Device (IUD)	No	No	No
51	Screening pap, HPV testing, screening mammogram per USPSTF guidelines	No	No	No
52	Screenings for sexually transmitted diseases (including out of area)	No	No	No
53	HIV/AIDS testing/prevention services (including out of area)	No	No	No
54	Sexual abuse exam (including out of area)	No	No	No
55	Bone density test: Recommended for women older than 65; high risk men or younger women based on WHO FRAX tool (see www.shef.ac.uk/FRAX); more than 2 yrs. from previous test	No	No	No
56	Colorectal Cancer Screening: Age 50-75	No	No	No
57	Termination of Pregnancy (including out of area)	No	No	No

Prior Authorization Required?				
Skilled Nursing Facility Services		OHP ONLY	Commercial Ins as Primary	Medicare as Primary
58	Pre-Screening / Verbal Pre-Approval	No	No	No
59	Inpatient Stay (Place of Service code "31")	Yes	Yes	No
60	Supplies / equipment, if not included in per diem	Yes	Yes	Yes
61	Provider Visit in the facility	No	No	No
Specialty Visit				
62	Bariatric Surgery - Phase 1 (6 month prep)	Yes	Yes	No
63	Bariatric Surgery - Phase 2 (surgery)	Yes	Yes	Yes
64	Dialysis Treatment (approved Nephrology follow-up visit required for dialysis)	No	N/A	No
65	Oncology Notification	Yes	Yes	No
66	Initial Visit Only (Acupuncture, Chiropractic, Naturopathy, Osteopathy)	No	No	No
67	Follow-up Visits with an above the line diagnosis (Acupuncture, Chiropractic, Naturopathy, Osteopathy)	Yes	Yes	No
Surgical Procedures and Services				
68	Scheduled Inpatient Surgical Procedures (includes physician services)	Yes	Yes	Yes
69	Scheduled Outpatient Surgical Procedures, with an above the line diagnosis	Yes	Yes	No
70	Urgent/Emergent Outpatient Surgical Procedures from ER	No	No	No
71	Hysterectomy (With valid consent; exceptions listed below in section 74 do not apply)	Yes	Yes	Yes
72	Co-surgeon (Exceptions listed in section 75 below do not apply)	Yes	Yes	Yes
73	Surgical assist in accordance with guidelines	No	No	No
74	Anesthesia Services with approved surgical auth	No	No	No
75	Exceptions (Items not requiring authorization) -			
	1. Procedures done for diagnostic purposes - see Diagnostic Services	No	No	No
	2. Procedures w/charges less than \$300 done in office with ATL diagnosis	No	No	No
	3. C-sections	No	No	No
	4. D&C	No	No	No
	5. Central Line insertion and removal	No	No	No
	6. Feeding tube replacement	No	No	No
	7. Circumcision (Office or IP setting if under 28 days of age)	No	No	No
	8. Casting and supplies	No	No	No
Therapy/Rehab Services				
<i>ST, Cardiac, Pulmonary</i>				
76	Initial evaluation and re-evaluation (within guideline) with PCP referral	No	No	No
77	Additional visits with an above the line diagnosis	Yes	Yes	No
<i>PT/OT</i>				
78	Initial evaluation & 2 Units of Measure (UoM) with PCP referral	No	No	No
79	Up to 16 UoM with an above the line diagnosis	No	No	No
80	Additional UoM	Yes	Yes	No

Prior Authorization Required?				
Transportation Services				
81	Non-emergency transportation arranged by the client through: Bay Cities Brokerage 541-266-4323 or 877-324-8109	N/A	N/A	N/A
Vision Services		OHP ONLY	Commercial Ins as Primary	Medicare as Primary
<i>OHP does not cover routine yearly eye exams (exceptions below)</i>				
82	Children through age 20 & pregnant women only	No	No	No
83	Medical eye - initial consult visit with PCP referral (e.g.: Diabetic, Injury, Glaucoma)	No	No	No
84	Medical eye - follow-up visit	Yes	Yes	Yes
85	Medical eye - surgical procedure with an above the line diagnosis (outpatient only)	Yes	Yes	No
86	Eyeglasses/fittings/repairs (children thru age 20 & pregnant women only)	No	No	No

F Drive/Authorization Grids

(Rev 3/12/2018)