

THIS GRID IS FOR SERVICES PERFORMED BY LOCAL CONTRACTED PROVIDERS ONLY
Local providers are Advanced Health contracted providers who maintain a service location within Coos/Curry Counties

ADVANCED HEALTH		Approved: January 1, 2019		
2019 Prior Authorization Grid		Effective: <i>January 1, 2019 - December 31, 2019</i>		
*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				
<i>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.</i>				
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	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	Yes	Yes	Yes
		(see guideline note D1)		
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 \$500)	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

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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 \$500	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	No	No	No
	4. Caesarean section delivery	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
	7. Provider visit in the facility	No	No	No
	8. Inpatient Mental Health	Refer to line 35 below		
Mental Health Services				
35	For Mental Health Services and Authorizations, contact: Coos Health and Wellness @ 541-266-6700, Crisis Line 541-266-6800 or Curry Community Health @ 541-373-8001, Crisis Line 877-519-9322			

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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 of service is requested	Yes	Yes	Yes
39	Wound Care - Initial evaluation and treatment	No	No	No
40	Wound Care - Ongoing treatment	Yes	Yes	Yes
Pharmacy Services				
41	Outpatient Medications	See Advanced Health Formulary		Bill Medicare Part D
42	Medicare Part B billable drugs (ex: Nebulizer Solutions)	N/A	N/A	No
Physician Services				
43	Office visits with Primary Care Provider (PCP)	No	No	No
44	Initial office visit with local contracted specialist with PCP referral	No	No	No
45	Follow-up office visits with local contracted specialist	Yes	Yes	No
46	Out of Area Providers	Yes	Yes	Yes
47	Durable Medical Equipment (DME) Supplies allowed by DMAP policy dispensed/billed by physician's office. If more than \$500 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				
48	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, Shingrix (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
49	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
	d. Intra-Uterine Device (IUD) in office	No	No	No
	e. Termination of Pregnancy	No	No	No
	f. Tubal Ligation/Vasectomy(w/valid consent/limited under Medicare)in area	No	No	No
	g. Tubal Ligation/Vasectomy(w/valid consent/limited under Medicare)out of area	Yes	Yes	Yes
50	Maternal fetal medicine initial consult & follow ups for pregnant women	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	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

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Skilled Nursing Facility Services	OHP ONLY	Commercial Ins as Primary	Medicare as Primary
57 Pre-Screening / Verbal Pre-Approval	No	No	No
58 Inpatient Stay (Place of Service code "31")	Yes	Yes	No
59 Supplies / equipment, if not included in per diem	Yes	Yes	Yes
60 Provider Visit in the facility	No	No	No
Specialty Visit			
61 Bariatric Surgery - Prior Auth from PCP	Yes	Yes	No
62 Bariatric Surgery - Prior Auth from Specialist	Yes	Yes	Yes
63 Dialysis Treatment (approved Nephrology follow-up visit required for dialysis)	No	No	No
64 Oncology Notification	Yes	Yes	No
Surgical Procedures and Services			
65 Scheduled Inpatient Surgical Procedures (includes physician services)	Yes	Yes	Yes
66 Scheduled Outpatient Surgical Procedures, with an above the line diagnosis	Yes	Yes	No
67 Urgent/Emergent Outpatient Surgical Procedures from ER	No	No	No
68 Hysterectomy (With valid consent; exceptions listed below in section 72 do not apply)	Yes	Yes	Yes
69 Co-surgeon (Exceptions listed in section 72 below do not apply)	Yes	Yes	Yes
70 Surgical assist in accordance with guidelines	No	No	No
71 Anesthesia Services with approved surgical auth	No	No	No
72 Exceptions (Items not requiring authorization) -			
1. Procedures done for diagnostic purposes - see Diagnostic Services	No	No	No
2. Procedures 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			
Cardiac/Pulmonary/Speech Therapy			
73 Initial evaluation and re-evaluation (within guideline) with PCP referral	No	No	No
74 Additional visits with an above the line diagnosis	Yes	Yes	No
PT/OT			
75 Initial evaluation & 2 Units of Measure (UoM) with PCP referral	No	No	No
76 Up to 16 UoM with an above the line diagnosis	No	No	No
77 Additional UoM	Yes	Yes	No
78 Initial Visit Only (Acupuncture, Chiropractic, Naturopathy, Osteopathy)	No	No	No
79 Follow-up Visits with an above the line diagnosis (Acupuncture, Chiropractic, Naturopathy, Osteopathy)	Yes	Yes	Yes

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Prior Authorization Required?			
Transportation Services	OHP ONLY	Commercial Ins as Primary	Medicare as Primary
80 For Non-emergency transportation contact: Bay Cities Brokerage @ 541-266-4323 or 877-324-8109			
Vision Services			
<i>OHP does NOT cover routine yearly eye exams (exceptions below)</i>			
81 Children through age 20 & pregnant women only	No	No	No
82 Medical eye - initial visit with PCP referral (e.g.: Diabetic, Injury, Glaucoma)	No	No	No
83 Medical eye - follow-up visit	Yes	Yes	Yes
84 Diabetic annual exam with PCP referral	No	No	No
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
87 Eyeglasses/fittings/repairs (Adults 21 years and older)	Yes	Yes	No

F Drive/Authorization Grids

(Rev 12/31/2018)