

THIS GRID IS FOR SERVICES PERFORMED BY IN-NETWORK PROVIDERS ONLY
All Below the Line conditions require a Prior Authorization for consideration of coverage
Must have DMAP covered CPT and Diagnosis. Please refer to OHA Prioritized List

ADVANCED HEALTH		Approved: January 1, 2021
2021 Prior Authorization Grid		Effective: January 1, 2021 - December 31, 2021
Prior Authorization is required for ALL SERVICES performed by OUT OF NETWORK providers (except urgent care, emergent, * family planning, HIV treatment). Services not reflected on the below grid may require authorization; contact Advanced Health at (541) 269-7400 for further details.		
* As defined in OARs 410-130-0585 and 410-130-0587. Out of network tubal ligation and vasectomy requires prior authorization and valid consent form		
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 is not required for Medicare Primary members for those services covered by Medicare.		
For all other services, refer to the grid below.		
**Retroactive authorizations will be considered for 30 days past the date of service		
**The following services require a prior authorization for OHP and Commercial Insurance as Primary		
Behavioral Health Services		
No prior authorization is required for Outpatient Behavioral Health Visits with an in-network provider		
1	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers or institutions	
2	Applied Behavior Analysis (ABA) Services	
3	Psychiatric day treatment program	
4	Behavioral day treatment, per hour	
5	Intensive outpatient psychiatric services	
Chemical Dependency Services (Member may self refer; no PCP referral required)		
6	Chemical Dependency Services reviewed by ADAPT: 541-751-0357 or Curry Community Health: Contact 541-373-8001	
Dental Services		
7	Advantage Dental - Customer Service 1-866-268-9631	
Diagnostic Services		
8	Procedures done for diagnosis and treatment	
9	Sleep Studies	
10	Genetic testing:	
	Non-prenatal (e.g. BRCA, Lynch synd, microarray, Drug metabolism)	(see guideline note D1)
	Prenatal	(see guideline note D17)
11	Virtual Colonoscopy/Capsule Endoscopy	
12	MRI/MRA/PET Scans	
Equipment and Supplies		
13	CPAP/BIPAP/Humidifier - Initial 3 month trial & continuation of therapy	
14	Durable Medical Equipment (DME) Supplies allowed by DMAP policy dispensed/billed by physician's office. Refer to the MMIS website. Anything not on the table below, dispensed in a physicians office, requires an auth.	
	OAR 410-130-0700 - HCPCS Supplies and DME	
	Table 130-0700-1 - Supplies and DME Covered in Office Setting	
15	DME recurring equipment and supplies (ex: wound care, ostomy, urological supplies, etc.)	
16	DME rentals billed with an RR Modifier (wheelchair, hospital beds, hoier lift, etc.)	
17	Oxygen & Equipment (up to 36 month capped rental)	
18	Repairs (parts & labor)	
19	Orthotics/Prosthetics	

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Hearing Services	
20	Hearing Aids
21	Equipment repairs
Home Health Services	
22	Nursing visits
23	Speech, Physical and Occupational Therapy
24	Supplies/equipment, if not included in per diem
Hospice/Palliative Care	
25	Hospice/Palliative Care
Infusion Services (Home & Office)	
26	Enteral/Parenteral/IV Infusion Therapy
27	Specialized antibiotics (Daptomycin and Vancomycin)
Inpatient Hospital Services	
28	Inpatient Length of Stay
	1. Planned inpatient surgery (procedure needs to pair with diagnosis and be above the line on the OHA Prioritized List)
	2. Unplanned hospital stay(req. admit notification for LOS within 24 hrs)
	3. Inpatient Behavioral Health
Outpatient Hospital/ASC Services	
29	Outpatient service with an above the line diagnosis (place of service must be medically appropriate - follow CMS guidelines)
30	Outpatient observation over 48 hours
31	Any procedure traditionally done in physician's office for which a different place of service is requested
32	Wound Care - Ongoing treatment
Pharmacy Services	
33	Outpatient Medications: See Advanced Health Formulary
	*for Medicare Primary members, Bill Medicare Part D
Skilled Nursing Facility Services	
34	Inpatient Stay (Place of Service code "31")
35	Supplies / equipment, if not included in per diem
Specialty Services	
36	Bariatric Phase 1 - Prior Auth from PCP
37	Bariatric Surgery - Prior Auth from Specialist
38	Oncology
Surgical Procedures and Services	
39	Scheduled Inpatient Surgical Procedures (includes physician services)
40	Scheduled Outpatient Surgical Procedures, with an above the line diagnosis
41	Hysterectomy (With valid consent)
Therapy/Rehab Services	
**Combined 30 visits per year for all disciplines below, no prior authorization required for in-network provider	
PT/OT/Chiropractic/Acupuncture/Naturopathy/Osteopathy/Speech	
42	Additional visits - greater than 30 visits per year
	(see guideline note 6) (see guideline note 56)
Transportation Services	
43	For Non-emergency transportation contact: Bay Cities Brokerage @ 541-266-4323 or 877-324-8109
Vision Services	
OHP does NOT cover routine yearly eye exams except for children through age 20 and pregnant women	
44	Medical eye - surgical procedure with an above the line diagnosis (outpatient only)
45	Eyeglasses/fittings/repairs (Adults 21 years and older)