

Services That May Require Pre-Authorization

Many services need authorization. You can look at the provider directory on our website to see which providers are in our network.

*Please look at the table below to see if the service you need requires a pre-authorization.

Doctor Visits	Authorization/Referral?	Limits to Care?
Primary Care Provider (PCP) visits (MD, PA, NP)	No PA required	No limit
Specialty visits	Medicare Primary – No PA required Special Health Care Needs – No PA required Non-Special Health Care Needs - PA required for Out of Network provider	Some limits
Preventative Services	Authorization/Referral?	Limits to Care?
Well Child visits for babies, children, and teens	No PA required	As recommended
Routine physicals	No PA required	As recommended
Well-women annual visits	No PA required	As recommended
Mammograms (breast x-rays)	No PA required	As recommended; 3D mammograms PA required
Family Planning	No PA required	No limit
OB care and Newborn care: Prenatal visits with your provider; Postpartum care (care for the mother after the baby is born)	No PA required	No limit
Prostate exams	No PA required	No limit
Sexually transmitted infection (STI) screening	No PA required	No limit
Testing and counseling for HIV and AIDS	No PA required	No limit

Prescription Drugs	Authorization/Referral?	Limits to Care?
Many drugs are available with a prescription. A full list of prescription drugs can be found on Advanced Health's formulary. You can view the formulary on our website at http://advancedhealth.com/members/pharmacy-info/	PA may be required for non-formulary drugs	Some limits
Most Mental health prescription drugs are not covered by Advanced Health. They are covered by OHP. Your pharmacist will know where to send the bill.	Contact OHP	Contact OHP
Immunizations/Shots	Authorization/Referral?	Limits to Care
Vaccines	No PA required	Travel vaccines are not covered
Hospital Stays	Authorization/Referral?	Limits to Care
Urgent Care / Emergencies	No PA required	No limit
24/7 emergency care; ambulance	No PA required	No limit
Hospital Inpatient Care	Notification from Hospital required	No limit
Elective surgery; inpatient or outpatient	PA required	Some limits
Vision	Authorization/Referral?	Limits to Care?
Routine eye exams	No PA required	Some limits; Covered only for pregnant women and people aged 20 and under
Eye glasses	No PA required	Some limits; Covered only for pregnant women and people aged 20 and under
Medical eye exams	No PA required	Some limits
Contact Lenses	PA required	Some limits
Other Services	Authorization/Referral?	Limits to Care?
Transportation to medical appointments	No PA required	Some limits; contact Bay Cities Brokerage
Durable Medical Equipment	May require PA	Some limits
Hearing Aids and hearing aid exams	PA required	Some limits
Physical, occupational, speech therapy, chiropractic, and acupuncture	No PA required	30 visits annually combined for covered condition
Transgender Health	May require PA	Approval based on OHP guidelines; Contact Advanced Health
Home Health Care	PA required	Some limits
Skilled Nursing Facilities	PA required	Some limits

Hospice Services	PA required	As recommended
Inpatient Rehabilitation	PA required	Some limits
Behavioral Health (mental health and substance use disorder treatment)	No PA required	No limits

Emergency Dental Care	Authorization?	Pregnant women and members under 21	All other members
Urgent or immediate treatment Emergency stabilization (in or out of service area) Examples: extreme pain, infection, bleeding, swelling or injuries to the teeth or gums	No PA required	Covered	Covered
Preventive Care	Authorization?	Pregnant women and members under 21	All other members
Primary Care Dentist visits (exams)	No PA required for preventative services for specific ages	Up to 2 visits a year for age 18 and under; 1 visit a year for age 19 through 21	1 visit per year
Cleaning	No PA required	Covered	Covered
Fluoride Treatment	No PA required	Up to 2 visits a year for age 18 and under; 1 visit a year for age 19 through 21	1 visit per year
X-rays	No PA required	Covered	Covered
Sealants for children under age 16	No PA required	1 Sealant treatment per molar every 5 years	Not covered
Restorative and Prosthodontic Care	Authorization?	Pregnant women and members under 21	All other members
Fillings	No PA required	Covered	Covered
Dentures	PA required	Full dentures once every 10 years if appropriate; partial dentures once every 5 years	Covered; limited
Crowns	PA required	Covered; limited	Covered; limited
Oral Surgery	Authorization	Pregnant women and members under 21	All other members
Extractions	May require PA	Covered; limited	Covered; limited
Root canals	May require PA	Covered; limited	Covered; limited

