

December 16, 2019

Dear Provider,

We recognize that submitting prior authorization requests for your patients can be time-consuming and burdensome to your daily workflows. In an effort to streamline your process and be responsive to this identified challenge, Advanced Health has decided to remove the prior authorization requirement for contracted specialist office visits (CPT codes 99201-99215) effective January 1, 2020. For visits rendered prior to January 1, 2020 an authorization will still be required for payment.

Claims submitted for contracted specialist visits must be submitted with a funded diagnosis. Claims will deny for visits for non-funded conditions.

Prior authorization will continue to be required for services or treatments as defined by the Advanced Health Authorization Grid.

Please reference the Health Evidence Review Commission Prioritized List of Health Services for guidance on funded conditions. The list is available here: <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Searchable-List.aspx> or may be accessed through our Advanced Health website at <http://advancedhealth.com/providers/oha-prioritized-list/>.

A prior authorization will continue to be required for all non-contracted or out of network provider visits and services.

If you have questions regarding authorization requirements, please contact us at (541) 269-7400.

Thank you for your continued service to our Advanced Health members!

Sincerely,

The Advanced Health Team