

**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 Prior Authorization Grid**

*Prior Authorization is required for ALL SERVICES performed by OUT OF NETWORK providers (except urgent care, emergent, \*\* family planning, HIV treatment, and Pharmacy prescribing and dispensing of tobacco cessation products). 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/Medicare Advantage members unless those services are not covered by Medicare. For all other services, refer to the grid below.**

\*\*Retroactive authorizations will be considered for 90 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 in Coos County: 541-751-0357 or Adapt Integrated Health Care in Curry County: 1-877-408-8941

**Dental Services**

- 7 Advantage Dental - Customer Service 1-866-268-9631

**Diagnostic Services**

- 8 Procedures done for diagnosis and treatment
- 9 Genetic testing:
  - Non-prenatal (e.g. BRCA, Lynch synd, microarray, Drug metabolism) [\(see guideline note D1\)](#)
  - Prenatal [\(see guideline note D17\)](#)
- 10 Virtual Colonoscopy/Capsule Endoscopy
- 11 Radiology/Medical Imaging:
  - MRI/MRA/PET Scans

**Equipment and Supplies**

- 12 CPAP/BIPAP/Humidifier - Initial 3 month trial & continuation of therapy
- 13 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
- 14 DME recurring equipment and supplies (ex: wound care, ostomy, urological supplies, etc.)
- 15 DME rentals billed with an RR Modifier (wheelchair, hospital beds, hooyer lift, etc.)
- 16 Oxygen & Equipment (up to 36 month capped rental)
- 17 Repairs (parts & labor)
- 18 Orthotics/Prosthetics

**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**

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