

covered services requiring preauthorization:

Access Health requires members to become more involved and educated in all aspects of their health care decisions. You, the member, are responsible for obtaining a Referral and Prior Authorization and completing Protocols prior to having a service. If you do not, you will be responsible for any unpaid charges.

Certain medical services require preauthorization, which is approval for a covered service by Access Health, prior to the service. To be sure that the services are covered, you need to contact Access Health as soon as you know about the service, even weeks prior, but Access Health must be notified at least 72 hours *before* the service is to be performed.

Certain medical services are covered only if you complete Protocol requirements. Once you have completed the Protocol with the assistance of the Health Advisor, the services will be authorized. If you have any questions about which services need a Referral, Preauthorization and/or a Protocol, call Access Health.

Medical Services That Require Preauthorizations

Medical services that require a Referral, Prior Authorization, Protocol or Treatment Plan are listed below.

- **Provider Referrals must be faxed as soon as the service is scheduled; a minimum of 72 hours prior to the service (231) 728-5160**
- **Members need to call (231) 728-5180 x101 for services requiring a Referral, Prior Authorization, Protocol or a Treatment Plan**

Medical Service	Referral Required	Prior Authorization Required	Subject To AH Protocol	Treatment Plan Required	C 3 Plan Member Co-payment	Standard Plan Member Co-payment
Specialist Office visit(s) max 4 times year per specialty	X	X			\$20 Co-payment	\$30 Co-payment
Specialist Surgical Procedure (example: ablation, mini plebectomy)	X	X			25% \$150 Max	30% \$200 Max
Allergy Injections (CPT 95115)	X	X	X		\$5 Co-Payment	\$10 Co-Payment
Allergy Testing	X	X	X	X	\$20 Co-payment	\$30 Co-payment
California Eyewear (medical)	X	X			\$10 Co-payment	\$10 Co-payment
CT Scan	X	X	X		25% \$300 Max.	30% \$400 Max.
MRI	X	X	X		25% \$300 Max.	30% \$400 Max.
Bone Density (Age 50+)					25% \$300 Max.	30% \$400 Max.
Bone Density (Under 50)	X	X			25% \$300 Max.	30% \$400 Max.
Apnea Testing	X	X	X		50% Co-payment	50% Co-payment
Halter Monitor- 24 Hour					25% \$300 Max.	30% \$400 Max.
Needle Biopsy (with anesthesia)	X	X			25% \$300 Max.	30% \$400 Max.
Pulmonary Function Testing	X	X	X		25% \$300 Max.	30% \$400 Max.
Echo Testing					25% \$300 Max.	30% \$400 Max.
Colonoscopy- with symptoms, family history. Call for screening options.	X	X			25% \$300 Max.	30% \$400 Max.
Gastroscopy-EGD	X	X	X		25% \$300 Max.	30% \$400 Max.

Medical Service	Referral Required	Prior Authorization Required	Subject To AH Protocol	Treatment Plan Required	C 3 Plan Member Co-payment	Standard Plan Member Co-payment
Brochoscopy					25% \$300 Max.	30% \$400 Max.
Angiography	X	X			25% \$300 Max.	30% \$400 Max.
Stress Test- Westshore Cardiology (GXT)	X	X			\$20 Co-Payment	\$30 Co-Payment
Stress Test- Hospital Outpatient (GXT)	X	X			25% \$300 Max.	30% \$400 Max.
Wound Care	X	X		X	25% \$300 Max.	30% \$400 Max.
Pain Services- clinic, outpatient, injections	X	X	X	X	50% Co-payment	50% Co-payment
Chemotherapy & Radiation Therapy—Hospital Outpatient Note: for J Codes- use the pharmaceutical assistance program	X	X		X	25% \$300 Max.	30% \$400 Max.
Chemotherapy & Radiation Therapy—Physician Setting Note: for J Codes- use the pharmaceutical assistance program	X	X		X	\$20 Co-payment	\$20 Co-payment
Outpatient Surgery	X	X	X		25% \$300 Max.	30% \$400 Max.
Inpatient Hospitalization	X	X	X		25% \$300 Max.	30% \$400 Max.
Durable Medical Equipment, Orthotics & devices over \$100	X	X			20%, up to \$500 paid by AH; Amount over \$500 is member responsibility	30%, up to \$500 paid by AH; Amount over \$500 is member responsibility
Surgery- within the first six months of enrolling Inpatient and outpatient	X	X	X		50% Co-payment	50% Co-payment
Home Care	X	X			\$10 per visit	\$10 per visit
Spinal Injections under fluoroscopy at Orthopaedic Associates (in office)	X	X	X	X	25% Co-payment \$125 Maximum per injection	30% Co-payment \$200 Maximum per injection
Cataract Surgery-Ambulatory at Shoreline Ophthalmology (in office)	X	X			25% Co-payment \$125 Maximum	30% Co-payment \$200 Maximum
Respiratory Therapy	X	X		X	25% \$300 Max.	30% \$400 Max.
Cardiac Rehabilitation Post CABG	X	X		X	25% \$300 Max.	30% \$400 Max.
Physical, Occupational & Speech Therapy	X	X			\$20 Co-payment 20 visit max per Year	\$30 Co-payment 20 visit max per year
Outpatient Behavioral Health—Call for Provider List	X	X	X Within 10 months		\$20 Co-payment per visit	\$30 Co-payment per visit
Prescriptions on Formulary with "PAP" or "PA"		X			45% Co-payment	55% Co-payment
Tobacco Cessation Medications- formulary Formulary- generic		X			45% Co-payment \$5	55% Co-payment \$7