

# PRIOR AUTHORIZATION LIST

FOR SMALL GROUP PLANS IN OREGON



Coverage of certain medical services and surgical procedures requires Samaritan Health Plans' written authorization before the services are performed. Your provider can request prior authorization by phone, fax, or mail. If for any reason your provider will not or does not request prior authorization for you, you must contact the Plan yourself. In some cases, additional information or a second opinion can be required before authorizing coverage.

## PRIOR AUTHORIZATION BY SAMARITAN HEALTH PLANS IS REQUIRED FOR THE FOLLOWING MEDICAL SERVICES AND SURGICAL PROCEDURES:

- Continuous Glucose Monitors (CGM) and CGM supplies
- Durable Medical Equipment (DME) including prosthesis, oxygen and oxygen supplies, with line item prices over \$800 in rental or purchase fees or rentals over (3) months.
- Elective procedures or services (for the following):
  - Genetic testing, except standard prenatal testing, which includes Verifi®
  - Neck and back surgery (done as inpatient, outpatient and those done as in-office procedures)
  - Sclerotherapy
  - Uvulopalatopharyngoplasty
- Hospitalization for dental procedures
- Inpatient hospital care, with an exception of maternity delivery services\*
- Potentially cosmetic, reconstructive and/or experimental surgery and services, including clinical trials
- Radiological services (for the following):
  - Computer Axial Tomography (CAT/CT) scans
  - Positron Emission Tomography (PET) scans
  - Magnetic Resonance Imaging (MRI)
  - Virtual colonoscopy
  - Capsule endoscopy
- Residential services for mental health and substance abuse/detoxification
- Skilled Nursing Facility (SNF) services
- Therapeutic abortion
- Transplants, except corneal (including evaluation)

\* Inpatient hospitalization admissions for the purpose of childbirth do not require a prior authorization in accordance with the Newborns' and Mothers' Protections (Newborns' Act). Services do not require prior authorization unless hospital stay exceeds 48 hours for a vaginal delivery or 96 hours for a cesarean section.

Emergency Services will not require prior authorization in accordance with the Patient Protection and Affordable Care Act. We request notification of any emergency admissions or observation stays not previously described in this document that exceed 48 hours in order to ensure that all of the member's care is appropriately coordinated.

**Medically necessary:** Services and medical supplies that are required for prevention, diagnosis or treatment of a health condition which encompasses physical or mental conditions, or injuries, and which are:

- Consistent with the symptoms of a health condition or treatment of a health condition
- Appropriate with regard to standards of good health practice and generally recognized by the relevant scientific community, evidence-based medicine and professional standards of care as effective
- Not solely for the convenience of a member or a provider of the service or medical supplies
- The most cost effective of the alternative levels of medical services or medical supplies, which can be safely provided to member in the PCP's judgment.

For these purposes, "generally accepted standards of medical practice" means standards based on credible scientific evidence that is published in peer-reviewed, medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations, and the views of physicians practicing in relevant clinical areas and any other relevant factors.

**Samaritan Health Plans reserves the right to review or otherwise deny services that are not medically necessary.**