

2018 PRIOR AUTHORIZATION LIST

FOR LARGE GROUP EVERYDAY CHOICES PLANS

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 \$1,000 in rental or purchase fees or rentals over three (3) months.
- Procedures or services (for the following):
 - Bariatric surgery
 - Genetic testing, except standard prenatal testing
 - Neck and back surgery (inpatient, outpatient and those done as in-office procedures)
 - Sclerotherapy
 - Uvulopalatopharyngoplasty
- Hospitalization for dental procedures, including ASC
- Inpatient hospital care
 - Exception: Maternity delivery services
 - Exception: Labor & delivery
 - Exception: Newborn less than 5 days
- Cosmetic, reconstructive and/or experimental surgery and services, including clinical trials.
- Radiological services (for the following):
 - Capsule Endoscopy
 - CT Scan with Thorax; W/O Contrast (Code 71250)
 - Low Dose CT Scan (LDCT) for Lung Cancer Screening (Code G0297)
 - Magnetic Resonance Imaging (MRI)
 - Positron Emission Tomography (PET) scans
 - Virtual Colonoscopy
- Residential services for mental health and substance abuse/detoxification
- Skilled Nursing Facility (SNF) services
- Therapeutic abortions
- Transplants (including evaluation)
 - Exception: Corneal

Emergency Services will not require prior authorization in accordance with Patient Protection and Affordability Care Act. We request notification of any emergency admissions and observation stays, which are not previously described in this document, which 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 member or a provider of the service or medical supplies; and
- The most cost effective of the alternative levels of medical services or medical supplies, which can be safely provided to the member in the provider's judgment
- In Samaritan's determination as based on available information and documentation, and in accordance with the terms of the Plan

For these purposes, "generally accepted standards of medical practice" means standards that are based on credible scientific evidence 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 found to be medically necessary.