Samaritan Health Plans

2019 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:

- All Durable Medical Equipment (DME) items greater than $800 for purchase. Rental items with rental fee greater than $800 per month or rental length greater than 3 months.
- Procedures or services (for the following):
  - Clinical trials
  - Genetic testing, except standard prenatal testing
  - Neck and back surgery (inpatient, outpatient and those done as in-office procedures)
  - Sclerotherapy
  - Skin substitute, Tissue-engineered
  - Urine drug tests (PA required after 12 units per year)
  - Uvulopalatopharyngoplasty
  - Wireless/capsule endoscopies/motility studies
- 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 potentially experimental surgery and services; and new or emerging technologies*
- Radiological services (for the following):
  - Magnetic Resonance Imaging (MRI)
  - Positron Emission Tomography (PET) scans
  - Virtual Colonoscopy
- Residential services (other than emergency services)
- Skilled Nursing Facility (SNF) services
- Therapeutic abortions
- Transplants (including evaluation)
  - Exception: Corneal
- New or unlisted drug codes with billed amounts greater than $5,000
- Unlisted procedure codes with billed amounts greater than $5,000

***Cosmetic, reconstructive and/or experimental services, and new or emerging technologies have the following requirements and considerations:**

- Cosmetic and experimental services do not generally meet medical necessity.
- Services which may be considered reconstructive will require prior authorization to demonstrate medical necessity regardless of dollar amounts or codes billed.
- Experimental services which may include new or emerging technologies, are not covered.
- Prior authorization for new or emerging technologies is required to ensure that the service meets current accepted standards of care.

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

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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.

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.

PRIOR AUTHORIZATION BY SAMARITAN SMALL GROUP PLANS IS REQUIRED FOR THE FOLLOWING DRUGS WHEN PAID UNDER THE MEDICAL PLAN:

- Abatacept
- Abobotulinumtoxin A
- Aflibercept
- Agalsidase Beta
- Albiglutide
- Alemtuzumab
- Alglucosidase Alfa
- Alpha-1 Proteinase Inhibitor
- Antihemophilic Factor
- Belatacept
- Belimumab
- Bevacizumab
- Bortezomib
- C1 Esterase Inhibitor
- Certolizumab
- Cetuximab
- Coagulation Factor IX
- Coagulation Factor VIIa
- Collagenase, Injectable
- Daratumumab
- Denosumab
- Eculizumab
- Edetate (EDTA) Chelation
- Epoetin and Darbepoetin
- Epoprostenol
- Etanercept
- Fulvestrant
- Glatiramer Acetate
- Golimumab
- Granulocyte Colony-Stimulating Factor (G-CSF) or Granulocyte-Macrophage Colony-Stimulating Factor (GM-CSF)
- Hyaluronic Acid, Intra-articular Injection
- Icatibant
- Idursulfase
- Imiglucerase
- Immune Globulin Intravenous (IVIG)
- Infliximab
- Interferon and Peginterferon
- Ipilimumab
- Lanreotide
- Laronidase
- Mecasermin
- Mepolizumab
- Natalizumab
- Nivolumab
- Octreotide
- Ocrevus
- Omalizumab
- OnabotulinumtoxinA
- Oprelvekin
- Palifermin
- Palivizumab
- Palonosetron
- Panitumumab
- Pasireotide
- Pegaptanib
- Pegloticase
- Pegvisomant
- Pembrolizumab
- Pertuzumab
- Ranibizumab
- RimabotulinumtoxinB
- Rituximab
- Romiplostim
- Secukinumab
- Somatropin
- Taliglucerase
- Teduglutide
- Teriflunomide
- Teriparatide
- Tocilizumab
- Trastuzumab
- Ustekinumab
- Vedolizumab
- Velaglucerase