2024 Prior Authorization List

For Large Employer Group Plans

Samaritan Health Plans

Coverage of certain medical services, procedures, supplies and equipment requires written prior authorization by Samaritan Health Plans before being performed or supplied. **Samaritan Health Plans reserves the right to review or otherwise deny services that are not found to be medically necessary**[3].

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 by phone yourself. In some cases, additional information or a second opinion can be required before authorizing coverage.

Benefits are determined by the plan. Items listed may have limited coverage or not be covered at all. Please refer to your plan documents for benefit coverage details. If it is not clear if a service is included under the PA list categories, please submit an authorization for review.

Prior authorization by Samaritan Health Plans is required for the following medical services and surgical procedures:

- Applied behavior analysis.
- Bariatric surgery (benefit is for in-network services only).
- Capsule/wireless endoscopies and motility monitoring studies.
- Category III codes.
- Chimeric antigen receptor (CAR) T-cell therapy.
- Continuous glucose monitors.
- Dental medical services.
- Durable medical equipment (DME) and supplies, prosthetics and orthotics with billed amount greater than $1,000 for purchase. Rental items with rental fee greater than $1,000 per month or rental length greater than three months.
- Elective coronary angioplasty.
- Genetic testing.
  - **Exception:** standard prenatal testing and FIT DNA testing.
- Hospitalization for dental procedures, including ambulatory surgery center (ASC).
- Hyperbaric oxygen therapy.
- Implantable neurostimulators.
- Inpatient hospital care (including mental health and substance use disorder):[1]
  - **Exception:** Labor and Delivery stays less than 96 hours.
  - **Exception:** newborn stays less than 96 hours.
- Inpatient habilitative/rehabilitative care.
- Parenteral and enteral nutrition (related supplies follow DME prior authorization requirements).
- Potentially cosmetic, experimental or reconstructive surgery and services, including new and emerging technologies and clinical trials.[2]
  - **Exception:** Outpatient gender affirming treatments and services.
- Proprietary Lab Analysis testing.
- Provider administered (infused/injected) drugs (see **samhealthplans.org/Find-a-Drug**).
- Radiological services Implied:
  - Magnetic resonance imaging (MRI) for breast, cervical, lumbar and thoracic regions.
  - Magnetic resonance elastography (MRE)
  - Positron emission tomography (PET) scans.
  - Virtual colonoscopy.
- Residential, day, intensive outpatient or partial hospitalization treatment services for mental health and substance use disorder.
- Skilled nursing facility (SNF).
- Skin substitute – tissue engineered.
- Spinal injections for pain management (including in-office procedures).
  - **Exception:** myelography.
  - **Exception:** nerve blocks as part of covered surgery.

- Spinal surgeries.
- Transplants.
  - **Exception:** corneal transplants.
- Uvulopalatopharyngoplasty.
- Varicose Vein procedures/surgeries (ablation, sclerosing, stab phlebectomies)

1 Emergency services will not require prior authorization in accordance with the Patient Protection and Affordability Care Act. We request notification of all emergency admissions and post-emergency observation stays which exceed 48 hours to ensure that the member's care is appropriately coordinated.

2 Potentially cosmetic, experimental or reconstructive surgery and services, including new and emerging technologies and infused/injected drugs, and clinical trials have the following requirements and considerations:
   - Cosmetic and experimental services, which may include new and emerging technologies, often do not meet medical necessity and are generally not covered.
   - Services which may be considered reconstructive will require prior authorization to demonstrate medical necessity regardless of dollar amounts or codes billed.
   - Prior authorization for new and emerging technologies is required to ensure that the service meets current accepted standards of care.

3 **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 the member, based on 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.

Provider administered drugs:

Prior authorization is required for certain "provider administered drugs." Please see our plan formularies to determine if a drug requires prior authorization. The formularies and prior authorization lists and criteria are available on our website at: **samhealthplans.org/Find-a-Drug**.

Questions?

For any questions about your plan, please contact Customer Service at **541-768-4550**, or toll free **800-832-4580** (TTY **800-735-2900**), Monday through Friday, 8 a.m. to 8 p.m.