

2025 Prior Authorization List

Samaritan Advantage Health Plans (HMO)



Samaritan
Health Plans

Coverage of certain medical services, procedures, supplies and equipment requires Samaritan Advantage Health Plans' (SAHP) written authorization before being performed or supplied. All services are subject to Medicare requirements. **SAHP reserves the right to review or otherwise deny services that are not medically necessary³.**

Prior authorization by SAHP is required for the following medical services and surgical procedures:

SAHP has a code list for reference and review for the services listed below at samhealthplans.org/AdvantageBenefits or samhealthplans.org/ProviderAuthorizations.

- All non-contracted services.
 - **Exceptions:** dialysis, flu vaccines, hearing aids and hearing aid fitting/evaluations, labs, routine vision exams/hardware and X-rays.
- Capsule/wireless endoscopy and motility monitoring studies.
- Chimeric antigen receptor (CAR) T-cell therapy.
- Durable medical equipment (DME) and supplies, prosthetics, and orthotics with billed amount greater than \$500 for purchase. Rental items with rental fee greater than \$500 per month or rental length greater than 3 months.
 - **Exception:** standard diabetic supplies (standard blood glucose monitors, lancet devices, lancets, control solution) and positive airway pressure (PAP) supplies.
 - **All miscellaneous DME codes require prior authorization.**
- Genetic testing.
 - **Exception:** standard prenatal testing.
- Elective coronary angioplasty.
- Elective/planned surgeries performed in an operating room, surgical suite, hospital or ambulatory surgery center (ASC).
 - **Exception:** colonoscopies and gastrointestinal (GI) (with or without biopsies) (these codes will not be on the Prior Authorization code list).
 - **Exception:** Ear, nose, and throat (ENT) endoscopies (with or without biopsies) (these codes will not be on the Prior Authorization code list).
- Hyperbaric oxygen therapy.
- Inpatient hospital care.¹
 - **Exception:** labor and delivery stay less than 96 hours.
 - **Exception:** newborn stay less than 96 hours.
- Inpatient rehabilitation care.
- Medicare-covered dental.
- Mental health and substance use disorder services (for the following):
 - Intensive day treatment/partial hospitalization.
 - Electroconvulsive therapy.
 - Inpatient¹ and subacute.
- Mohs micrographic surgery.
- Parenteral and enteral nutrition (related supplies follow DME prior authorization requirements).
- Proprietary lab analyses (PLA)
- Potentially cosmetic, experimental or reconstructive surgery and services, including new and emerging technologies and clinical trials.²
- Radiological services (for the following):
 - Magnetic resonance imaging (MRI) and magnetic resonance angiography (MRA) for breast, cervical, lumbar and thoracic regions only.
 - PET and CTA coronary.
 - Virtual colonoscopy.
- 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 (including work up).

- 1 Emergency services will not require prior authorization in accordance with Patient Protection and Affordability Care Act. We request notification of all emergency admissions and post-emergency observation stays that exceed 48 hours to ensure that all the member's care is appropriately coordinated.
- 2 Potentially cosmetic, experimental, or reconstructive surgery and services, including new and emerging technologies, 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 or supplies that are proper and needed for the diagnosis or treatment of your medical condition, are provided for the diagnosis, direct care, and treatment of your medical condition, meet the standards of good medical practice in the local area, and aren't mainly for the convenience of you or your doctor.

Provider Administered Part B drugs:

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

Questions?

If you have any questions, contact Customer Service at **541-768-4550**, or toll free **800-832-4580** (TTY **800-735-2900**).

Customer Service is available:

- Oct. 1 to March 31: daily from 8 a.m. to 8 p.m.
- April 1 to Sept. 30: Monday through Friday 8 a.m. to 8 p.m.