

2025 Prior Authorization List

Samaritan Choice Plans



Samaritan
Health Plans

Coverage of certain medical services, procedures, supplies and equipment requires Samaritan Choice Plans' written authorization before being performed or supplied. In some cases, Samaritan Choice Plans may require you to provide additional information or seek a second opinion before authorizing coverage.

Samaritan Choice Plans reserves the right to review or otherwise deny services that are not found to be medically necessary. Failure to obtain a prior authorization may result in your claim being denied, either in whole or in part. Prior authorization is not a guarantee of payment.

Your provider may request prior authorization by phone, fax or mail. This requirement applies to both in-network and out-of-network providers. If it is not clear if a service is included under the Prior Authorization (PA) list categories, please submit an authorization for review.

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

- Applied behavior analysis.
- Bariatric surgery (benefit is for in-network/designated facilities only).
- Biofeedback.
- Capsule/wireless endoscopies and motility monitoring studies.
- Category III codes (these codes end with a T).
- Chimeric antigen receptor (CAR) T-cell therapy.
- Dental medical services.
- Durable medical equipment (DME), prosthetics, orthotics and medical supplies 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.
- Genetic testing:
 - **Exception:** Standard prenatal testing and FIT DNA testing.
- Hospitalization for dental procedures including ambulatory surgical 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 rehabilitation care.
- Panniculectomy.
- 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
- Provider administered (infused/injected) drugs (see [samhealthplans.org/Find-a-Drug](https://www.samhealthplans.org/Find-a-Drug)).
- Radiological services:
 - Magnetic resonance imaging (MRI) for cervical, lumbar and thoracic regions.
 - Magnetic resonance elastography (MRE).
 - PET scans.
 - CTA coronary.
 - Virtual colonoscopy.
- Mental health and substance use services:
 - Day treatment/partial hospitalization.
 - Inpatient¹, subacute and residential.
- Proprietary lab analysis codes.
- 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 Patient Protection and Affordability Care Act. We request notification of all emergency admissions and post-emergency observation stays that exceed 48 hours in order 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 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 and infused/injected drugs is required to ensure that the service meets current accepted standards of care.
- 3 **Medically necessary:** health care services or supplies that a provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:
 - In accordance with generally accepted standards of medical practice.
 - Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease.
 - Not primarily for the convenience of the patient, physician, or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

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?

If you have any questions, 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.