2025 Prior Approval List

InterCommunity Health Network CCO



InterCommunity Health Network Coordinated Care Organization's (IHN-CCO) has a list of services that need to be reviewed by IHN-CCO before the services are covered. This means your health care provider needs to send in a request for review to your IHN-CCO plan.

For members age 21 and older:

Not all condition and treatment pairs are covered by OHP. There is a stopping point on the list called "the line" or "the funding level". Pairs above the line are covered and pairs below the line are not. Some conditions and treatments above the line have certain rules and may not be covered. Please check if condition is below the line. Below the line conditions will not be paid without approved prior authorization⁴.

For members under age 21:

Requests for a member aged 0 to 21 will follow the EPSDT rule. EPSDT is a child and youth health care benefit. This started on Jan. 1, 2023. IHN-CCO will cover medically needed and appropriate services. This includes items "below the line" on the Prioritized List as well as services that don't appear on the Prioritized List, like Durable Medical Equipment. Services may need prior approval, see the list below.

Learn more about the Prioritized List at: oregon.gov/oha/hsd/ohp/pages/prioritized-list.aspx.

Prior approval by IHN-CCO is required for the following medical services and surgical procedures:

IHN-CCO has a code list for reference and review for the services listed below at

IHNtogether.org/your-benefits/prior-approval and samhealthplans.org/providers/care-management/authorizations.

- Acupuncture only in excess of 30 visits per calendar year.
- All non-contracted services.
 - **Exception:** Dialysis, flu and COVID vaccines, labs and X-rays.
- Applied behavioral therapy (ABA) services.
- Capsule/wireless endoscopies and motility monitoring studies.
- Contact lenses.
- 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 three months.
 - Exception: No PA for: diabetic supplies (Standard glucose monitors, lancets, lancet devices and positive airway pressure (PAP) supplies).
- Elective/planned surgeries performed in an operating room, surgical suite, hospital or ambulatory surgery center (ASC).
 - o **Exception:** Colonoscopies, gastrointestinal (GI) endoscopies (with and without biopsies).
 - Exception: Ear, nose and throat (ENT) endoscopies (with or without biopsies).
 - o **Exception:** Voluntary sterilization.

- Genetic testing.
 - Exception: Standard prenatal testing.
- Hyperbaric oxygen therapy. (HBOT)
- Inpatient hospital care¹.
 - Exception: Labor and delivery stays less than 96 hours.
 - o **Exception:** Newborn stays less than 96 hours.
- Inpatient rehabilitation care.
- Mental health services.
 - o Intensive day treatment/partial hospitalization.
 - o Inpatient¹, subacute and residential.
 - o Chemical dependency.
 - o Transcranial magnetic stimulation.
 - o Electroconvulsive therapy.
- Neuropsychological evaluations.
- Outpatient cardiac/pulmonary rehabilitation services in excess of 30 visits.
- Outpatient rehabilitation services in excess of 30 visits (120 units) per calendar year, per service including:
 - Occupational therapy.
 - o Physical therapy.
 - Speech language therapy.
 - o **Exception:** Evaluation and re-evaluation.
- Parenteral and enteral nutrition (related supplies follow DME prior approval requirements).

- Potentially cosmetic, experimental or reconstructive surgery and services, including new and emerging technologies and clinical trials².
- Proprietary lab analysis tests.
- Provider administered drugs³.
- Radiological services for the following:
 - Magnetic resonance imaging for breast, brain, cervical, lumbar and thoracic regions.
 - o Pet scan (PET).
 - o CTA coronary.

- Skilled nursing facility.
- Skin substitute: Tissue engineered.
- Spinal surgeries.
- Spinal injections for pain management (including in- office procedures).
 - o **Exception:** Myelography.
 - o **Exception:** Nerve blocks as part of covered surgery.
- Transplants (including preparation).
- Virtual colonoscopy.
- 1 Emergency services do not need prior approval. Please tell IHN-CCO of all ER visits and hospital stays that are longer than 48 hours.
- 2 There are rules when certain services are allowed. This includes:
 - Cosmetic: These are services done to improve the appearance only.
 - Experimental services: Services that are not yet past the trial stage.
 - Reconstructive surgery: Services to repair a damaged or injured area.
 - New technology.
 - Clinical trials.
- 3 **Provider administered drugs:** The medication or drugs that need approval are listed on a pharmacy Prior Authorization List. This list is available on our website at: **IHNtogether.org/Prescriptions** and **samhealthplans.org/Find-a-Drug**.
- 4 Items are reviewed before being approved. They are reviewed for:
 - Is it in line with the symptoms or treatment of a health condition.
 - Does it meet standards of good health practice? Standards that are generally accepted by the medical experts. Is there
 research that show the service is safe and effective.
 - Is it being used for more than the convenience of the member or a provider of the service or medical supplies.
 - Are the most effective of the services or supplies being given.

Decisions for services will be made using the details and documents provided and the rules of the plan.

Questions?

Contact Customer Service at **541-768-7863** or **866-203-3435**, (TTY **800-735-2900** or **711**), Monday through Friday, 8 a.m. to 8 p.m.

You can get this in other languages, large print, Braille or a format you prefer. You can also ask for an interpreter. This help is free. Call 866-203-3435 (TTY 800-735-2900 or 711). We accept relay calls.

Puede obtenerlo en otros idiomas, letra grande, Braille o el formato que prefiera. También puede solicitar un intérprete. Esta ayuda es gratuita. Llame al 866-203-3435 (TTY 800-735-2900 or 711). Aceptamos todas las llamadas de retransmisión.

OHP-IHN-25-4486 162948 1024