

COHO-SILETZ Plans

2011 PRIOR AUTHORIZATION LIST

Prior to obtaining the services listed below, authorization must be obtained. A hospital or physician who is a contracted provider may request pre-authorization by phone at the number identified above. The request will be reviewed and the Covered Person will be notified of the number of approved hospital days for the requested admission.

If services are received from a non-contracted provider, the member is responsible to make certain the compliance procedures of this program are completed. To minimize the risk of reduced benefits, an Employee should contact Samaritan Health Services to make sure that the hospital or attending physician has initiated the necessary pre-authorization process.

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

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| <ul style="list-style-type: none"> • Inpatient Admissions, with exception of maternity delivery services* • Emergency Admissions, notification required within 48 hours • Elective procedures: <ul style="list-style-type: none"> ○ Hysterectomy ○ Tonsillectomy and Adenoidectomy ○ Uvulopharyngopalatoplasty ○ Laminectomy, with or without fusion ○ Sclerotherapy ○ Reconstructive surgery – regardless of place of service ○ Gastric bypass surgery ○ Palatoplasty ○ Sleep study ○ Allergy Testing • Transplant services • Artificial limbs and eyes | <ul style="list-style-type: none"> • Inpatient rehabilitative services • PET Scans • CT Scans • Chemotherapy and Dialysis • Magnetic Resonance Angiography and Imaging – (MRAs & MRI's) • Pain management clinics-hospital based outpatient only • Skilled nursing facility services • Home health services • Medical equipment, including insulin pumps, oxygen and oxygen supplies, and any durable medical equipment over \$1,000 or rental over three months. • Any services that could be considered cosmetic or experimental. • Residential and Inpatient Treatment for chemical dependency and mental health. • Genetic testing except standard prenatal testing which includes Cystic Fibrosis where indicated |
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**Inpatient hospitalization admissions for the purpose of childbirth does not require a prior authorization in accordance with the Newborns' and Mothers' Protections (Newborns' Act). Services do not require prior authorization unless hospital stay exceeds 48 hours for a vaginal delivery or 96 hours for a cesarean section.*

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.