

COHO-SILETZ Plans 2012 PRIOR AUTHORIZATION LIST

Authorization must be obtained prior to obtaining the services listed below. A hospital or physician who is a contracted provider may request prior authorization by phone, fax, or mail. Please call Samaritan Health Services Customer Service at 1-800- 832-4580 or 541-768-4550 or fax the prior authorization request to 1-541-768-4211. The request will be reviewed and the covered person will be notified of the number of approved hospital days for the requested admission.

Prior authorization is not a guarantee of coverage. The prior authorization program is designed ONLY to determine whether or not a proposed course of treatment is medically necessary and appropriate. Benefits under the Plan will depend upon the person's eligibility for coverage and the Plan's limitations and exclusions. **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 prior authorization process.

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

- Emergency Admissions, notification required within 48 hours.
- Clinical Trials.
- Chemotherapy and Dialysis
- Durable Medical Equipment (DME) including insulin pumps, prosthesis, oxygen, and oxygen supplies, with line items prices over \$1,000 in rental or purchase fees or rentals over (3) months. (This does not include diabetic, incontinence, and CPAP supplies)
- Elective procedures and/ or services (for the following):
 - Allergy Testing
 - Bariatric surgery
 - Genetic testing except standard prenatal testing which includes Cystic Fibrosis where indicated.
 - Home health services
 - Hysterectomy
 - Laminectomy, with or without fusion
 - Pain management clinics-hospital based outpatient only
 - Palatoplasty
 - Reconstructive surgery- regardless of place of service
 - Sclerotherapy
 - Sleep study
 - Tonsillectomy and adenoidectomy
 - Uvulopharyngopalatoplasty
- Inpatient Hospital Care, including:
 - Mental Health and Substance Use Disorder
 - Exception of Maternity delivery services*
 - Rehabilitative Services
- Potentially cosmetic and/or experimental surgery and services.
- Radiological Services (for the following):
 - Computer Axial Tomography (CT) Scans
 - Magnetic Resonance Angiography (MRA)
 - Magnetic Resonance Imaging (MRI)
 - Positron Emission Tomography (PET) Scans
 - Virtual Colonoscopy
- Residential and Inpatient Treatment for chemical dependency and mental health.
- Skilled nursing facility services
- Specialty Medication (prior authorization from Healthtrans-call 1-866-805-1690)
- Transplant services (including Evaluation)

**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. If the prior authorization requirements are not completed by the member and provider for non-contracted facilities or providers or if the claim is retro-authorized, a \$200 penalty will be imposed. If no authorization is obtained, the claim will be denied. Any additional share of expenses which becomes the member's responsibility for failure to comply with these requirements will not be considered eligible medical expenses and will not apply to any deductible, coinsurance, or out-of-pocket maximums of the Plan.