

## Samaritan Choice Plans 2011 PRIOR AUTHORIZATION LIST

Coverage of certain medical services and surgical procedures requires Samaritan Choice Plans' (SCP) written authorization before the services are performed. Your provider may request prior authorization by phone, fax, or mail. If for any reason your provider will not or does not request prior authorization for you, you must contact SCP yourself. In some cases, additional information or a second opinion may be required before authorizing coverage.

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

- Hysterectomy
- Tonsillectomy and adenoidectomy
- Uvulopalatopharyngoplasty
- Neck and back surgery
- Sclerotherapy
- Cosmetic and reconstructive surgery
- Gastric bypass or lap banding surgery
- Mohs Micrographic Surgery
- Transplant services (except corneal)
- Artificial limbs and eyes
- Hospitalization for dental procedures
- Inpatient hospitalization\*
- Inpatient rehabilitative services
- Panniculectomy
- PET scans
- CT scans
- Home health
- Outpatient cardiac rehab
- Outpatient and non-emergent MRI by Preferred or Non Preferred Providers
- Outpatient surgery performed at an ambulatory surgical center for non preferred providers
- Skilled nursing facility services
- Mental health and chemical dependency inpatient and residential services
- Certain medical equipment, including insulin pumps and any durable medical equipment with line items priced over \$1,000 in rental or purchase fees, or rental over three (3) months
- Genetic testing except standard prenatal testing, which includes Cystic Fibrosis where indicated

\*Inpatient hospitalization admissions for the purpose of childbirth do 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.

**Medically necessary.** Medically necessary means health care services or supplies that a professional 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; and
- 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.

**Samaritan Choice Plans reserves the right to review or otherwise deny services that are not found to be medically necessary.**