

Samaritan Choice Plans

2012 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.

THE FOLLOWING MEDICAL SERVICES AND SURGICAL PROCEDURES REQUIRE PRIOR AUTHORIZATION BY SAMARITAN CHOICE PLANS:

- 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 or Services (for the following):
 - Bariatric surgery
 - Genetic testing except standard prenatal testing
 - Neck and back surgery
 - Panniculectomy
 - Sclerotherapy
 - Uvulopalatopharyngoplasty
- Hospitalization for dental procedures
- Inpatient hospital care*, including:
 - Mental health services
 - Chemical Dependency /Substance abuse
 - Exception of maternity delivery services*
- Potentially cosmetic and/or experimental surgery and services
- Radiological Services (for the following):
 - Computer Axial Tomography (CAT) scans
 - Positron Emission Tomography (PET) scans
 - Magnetic Resonance Imaging (MRI)
 - Virtual Colonoscopy
- Residential Services for mental health and substance abuse
- Skilled Nursing Facility (SNF) services
- Transplants, except corneal (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 or observation stays that exceed 48 hours in order to ensure that all of the member's care is appropriately coordinated.

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 based on credible scientific evidence that is 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 medically necessary.