

# Samaritan InterCommunity Health Network 2011 PRIOR AUTHORIZATION LIST

## SAMARITAN INTERCOMMUNITY HEALTH NETWORK

Coverage of certain medical services and surgical procedures requires InterCommunity Health Network's (IHN) written authorization before the services are performed. All coverage is subject to the Health Services Commission (HSC) Prioritized list – see [http://www.oregon.gov/OHPPR/HSC/current\\_prior.shtml](http://www.oregon.gov/OHPPR/HSC/current_prior.shtml).

### **Prior authorization by IHN is required for the following medical services and surgical procedures\*:**

- Capsule Endoscopy
- Transplants (including evaluation)
- Elective/Planned procedures in the Operating Room or Ambulatory Surgery Center
- Mohs Micrographic Surgery
- Inpatient stays
- Physical Therapy/Occupational Therapy/Speech Therapy
- MRI scans
- PET scans
- CT scans
- Routine Vision Services - Adults
- Durable Medical Equipment, Prosthetics and Orthotics (except incontinent, diabetic and CPAP supplies)
- Home Health
- Hospice
- Hearing aids
- Acupuncture
- Inpatient Rehabilitation
- Medical Detoxification
- Skilled Nursing Facility
- Outpatient Substance Abuse treatment

**InterCommunity Health Network reserves the right to review or otherwise deny services that are not found to be medically appropriate.**

**Medically appropriate** - Services and medical supplies that are required for prevention, diagnosis or treatment of a health condition which encompasses physical or mental conditions, or injuries, and which are:

- (a) Consistent with the symptoms of a health condition or treatment of a health condition;
- (b) Appropriate with regard to standards of good health practice and generally recognized by the relevant scientific community, evidence-based medicine and professional standards of care as effective;
- (c) Not solely for the convenience of the member or a provider of the service or medical supplies; and
- (d) The most cost effective of the alternative levels of medical services or medical supplies that can be safely provided to the member.

***\*All non-contracted services except for labs, x-rays and dialysis require prior authorization from InterCommunity Health Network. See Provider Directory section for additional information on contracted providers.***

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