

## Samaritan InterCommunity Health Network 2012 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 and limitations are subject to Oregon Administrative Rules and 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:**

- Acupuncture
- Contact Lenses
- CT scans
- Durable Medical Equipment (DME), Prosthetics, Orthotics and Hearing Aids (except incontinent, diabetic and CPAP supplies)
- Elective/Planned procedures in the Hospital or Ambulatory Surgery Center (except Endoscopies)
- Inpatient Hospital Care, including Inpatient Rehabilitation
- Medical Detoxification
- Mohs Micrographic Surgery
- MRI scans
- Nuclear Medicine – PET and CTA coronary
- Outpatient Substance Abuse treatment
- Outpatient Rehabilitation Services, including:
  - Physical Therapy
  - Occupational Therapy
  - Speech Language Therapy
- Routine Vision Services - Adults
- Skilled Nursing Facility (SNF)
- Transplants (including evaluation)
- All non-contracted services except for labs, x-rays and dialysis

**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.

**Contact us...** Samaritan InterCommunity Health Network (541) 768-4550 | 1-800-832-4580 | TTY 1-800-735-2900