

# Samaritan Healthy KidsConnect

## 2012 PRIOR AUTHORIZATION LIST



Coverage of certain medical services and surgical procedures requires Samaritan Healthy KidsConnect written authorization before the services are performed. All coverage is subject to reviewed for medical appropriateness **Prior authorization by Samaritan Healthy KidsConnect is required for the following medical services and surgical procedures.**

- Clinical trials
- Durable Medical Equipment (DME) including prosthesis, orthotics, oxygen and oxygen supplies, with line items with 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):
  - Genetic testing except standard prenatal testing
  - Medical dental services
  - Services provided by a Naturopath
  - Non contracted provider (all services)\*
  - Outpatient therapy (physical, occupational, speech)
  - Services (including diagnostic) and treatment for Temporomandibular Joint Dysfunction (TMJ)
- Inpatient stay, including
  - Mental health
  - Chemical dependency/ Substance Abuse
  - Exception of maternity delivery services \*
- Potentially cosmetic and experimental procedures and services
- Radiological Services (for the following):
  - Computer Axial Tomography (CAT) scans
  - Positron Emission Tomography (PET) scans
  - Magnetic Resonance Imaging (MRI)
  - Virtual Colonoscopies
- 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 do not require a prior authorization in accordance with the Newborns' Mothers' Protections (Newborns' Act). Services do not require a prior authorization unless the hospital stay exceeds 48 hours for a vaginal delivery or 96 hours for a cesarean section.

**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:

- Consistent with the symptoms of a health condition or treatment of a health condition;
- 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;
- Not solely for the convenience of member or a provider of the service or medical supplies; and
- The most cost effective of the alternative levels of medical services or medical supplies, which can be safely provided to member in the PCP's judgment.

**\*All non-contracted services require prior authorization from Samaritan Healthy KidsConnect Health Plan. Samaritan Healthy KidsConnect Health Plan reserves the right to review or otherwise deny payment for services that are not found to be medically necessary. "Prior authorization" means a decision made by an insurer before services are obtained that the insurer will provide payment for the services**