

Samaritan Choice Plans

2018 PRIOR AUTHORIZATION LIST

Coverage of certain medical services and surgical procedures require 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. This requirement applies to both Preferred and Non-Preferred Providers. **Failure to obtain a prior authorization may result in your claim being denied, either in whole or in part.** In some cases, SCP may require you to provide additional information or seek a second opinion before authorizing coverage.

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

- Clinical Trials
- Durable Medical Equipment (DME) including insulin pumps, prosthesis, oxygen and oxygen supplies, with line item prices over \$1,000 in rental or purchase fees or rentals over 3 months.
 - Continuous Glucose Monitors (CGM) and CGM supplies
- Elective procedures or services (for the following):
 - Bariatric surgery
 - Genetic testing except standard prenatal testing and Non-Invasive Prenatal Testing (NIPT)
 - Neck and back surgery (inpatient, outpatient and those done as in-office procedures)
 - Panniculectomy
 - Sclerotherapy
 - Uvulopalatopharyngoplasty
- Hospitalization for dental procedures including ASC
- Inpatient hospital care*, including:
 - Mental health services
 - Exception: Labor and delivery
 - Exception: Newborn less than 5 days
- Potentially cosmetic, reconstructive and/or experimental surgery and services
- Radiological services (for the following):
 - Capsule/wireless endoscopies
 - Computer Axial Tomography (CAT) scans except with participating provider
 - CT Scan Thorax; W/O contrast (CPT Code 71250)
 - Low Dose CT Scan (LDCT) for lung cancer screening (Code G0297)
 - Magnetic Resonance Imaging (MRI)
 - Positron Emission Tomography (PET) scans
 - Virtual Colonoscopy
- Residential services for mental health and substance abuse treatment including detoxification
- Skilled Nursing Facility (SNF)
- Therapeutic abortion
- Transplants, including evaluation (except corneal)

* 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 appropriate: 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. Prior authorization is not guarantee of payment.

Prior authorization by Samaritan Choice Plans is required for the following drugs when paid under the medical plan:

- Abatacept
- Abobotulinumtoxin A
- Aflibercept
- Agalsidase Beta
- Albiglutide
- Alemtuzumab
- Alglucosidase Alfa
- Alpha-1 Proteinase Inhibitor
- Ambrisentan
- Anakinra
- Antibiotics, Inhaled
- Antihemophilic Factor
- Aprepitant and Fosaprepitant
- Becaplermin
- Belatacept
- Belimumab
- Bevacizumab
- Bortezomib
- Bosentan
- C1 Esterase Inhibitor
- Certolizumab
- Cetuximab
- Coagulation Factor IX
- Coagulation Factor VIIa
- Cobimetinib
- Collagenase, Injectable
- Crizotinib
- Daclatasvir
- Daratumumab
- Denosumab
- Dimethyl Fumarate
- Dornase Alfa
- Eculizumab
- Edetate (EDTA) Chelation
- Epoprostenol
- Epoetin and Darbepoetin
- Etanercept
- Fingolimod
- Fulvestrant
- Glatiramer Acetate
- Golimumab
- Gonadotropin-releasing Hormone (GnRH) Agonists
- Granulocyte Colony-Stimulating Factor (G-CSF) or Granulocyte-Macrophage Colony-Stimulating Factor (GM-CSF)
- Hyaluronic Acid, Intra-articular Injection
- Icatibant
- Idursulfase
- Iloprost
- Imiglucerase
- Immune Globulin Intravenous (IVIG)
- Infliximab
- Interferon and Peginterferon
- Ipilimumab
- Lanreotide
- Laronidase
- Ledipasvir-Sofosbuvir
- Mecasermin
- Mepolizumab
- Miglustat
- Natalizumab
- Nivolumab
- Octreotide
- Omalizumab
- OnabotulinumtoxinA
- Oprelvekin
- Palifermin
- Palivizumab
- Palonosetron
- Panitumumab
- Pasireotide
- Pegaptanib
- Pegloticase
- Pegvisomant
- Pembrolizumab
- Pertuzumab
- Ranibizumab
- RimabotulinumtoxinB
- Rituximab
- Romiplostim
- Secukinumab
- Simeprevir
- Skin Substitute, Tissue-Engineered
- Sofosbuvir
- Somatropin
- Taliglucerase
- Teduglutide
- Teriflunomide
- Teriparatide
- Tocilizumab
- Trastuzumab
- Treprostinil
- Unlisted drug codes
- Ustekinumab
- Vedolizumab
- Velaglucerase
- Vemurafenib