

2022 Prior Authorization List

Samaritan Advantage Health Plans (HMO)



Samaritan
Health Plans

Coverage of certain medical services, procedures, supplies and equipment require Samaritan Advantage Health Plans' (SAHP) written authorization before being performed or supplied. All services are subject to Medicare requirements. **SAHP reserves the right to review or otherwise deny services that are not medically necessary³.**

Prior authorization by SAHP is required for the following medical services and surgical procedures:

- All non-contracted services.
 - **Exceptions:** Dialysis, flu vaccines, hearing aids and hearing aid fitting/evaluations, labs, routine vision exams/hardware, and X-rays.
- Capsule/wireless endoscopy and motility monitoring studies.
- Chimeric antigen receptor (CAR) T-cell therapy.
- Diabetic and therapeutic shoes/inserts.
- Durable medical equipment (DME) and supplies, prosthetics, and orthotics with billed amount greater than \$500 for purchase. Rental items with rental fee greater than \$500 per month or rental length greater than 3 months.
 - **Exception:** Standard diabetic supplies (standard blood glucose monitors, lancet devices, lancets, control solution), and positive airway pressure (PAP) supplies.
 - **All miscellaneous DME codes require prior authorization.**
- Genetic testing.
 - **Exception:** Standard prenatal testing.
- Elective coronary angioplasty.
- Elective/planned surgeries performed in an operating room, surgical suite, hospital, or Ambulatory Surgery Center (ASC).
 - **Exception:** Colonoscopies.
 - **Exception:** Gastrointestinal (GI) and ear, nose, and throat (ENT) endoscopies (with or without biopsies).
- Health coaching (SNP only benefit) – SamFit facilities only.
- Hyperbaric oxygen therapy.
- Hyaluronic acid or viscosupplementation, intra-articular injection (i.e. Orthovisc, Synvisc, etc.).
- Infused/injected drugs (see attached list).
- Inpatient hospital care.¹
 - **Exception:** Labor and delivery stay less than 96 hours.
 - **Exception:** Newborn stay less than 96 hours.
- Inpatient rehabilitation care.
- Medicare-covered dental .
- Mental health and chemical dependency/substance use disorder services.
 - Day treatment.
 - Electroconvulsive therapy.
 - Inpatient.¹
- Mohs micrographic surgery.
- Parenteral and enteral nutrition (related supplies follow DME prior authorization requirements).
- Potentially cosmetic, experimental, or reconstructive surgery and services, including new and emerging technologies and infused/injected drugs, and clinical trials.²
- Radiological services (for the following):
 - Magnetic resonance imaging (MRI) and Magnetic resonance angiography (MRA).
 - Nuclear medicine – PET and CTA coronary.
 - Virtual colonoscopy.
- Skilled nursing facility (SNF) stays greater than 7 days.
- Skin substitute – tissue engineered.
- Speech language therapy.
 - **Exception:** Swallow evaluations.
- Spinal injections for pain management (including in-office procedures).
 - **Exception:** Myelography.
 - **Exception:** Nerve blocks as part of covered surgery.
- Spinal surgeries.
- Transplants.

¹ Emergency Services will not require prior authorization in accordance with Patient Protection and Affordability Care Act. We request notification of all emergency admissions and post-emergency observation stays that exceed 48 hours to ensure that all the member's care is appropriately coordinated.

- ² Potentially cosmetic, experimental, or reconstructive surgery and services, including new and emerging technologies and infused/injected drugs, and clinical trials have the following requirements and considerations:
- Cosmetic and experimental services, which may include new and emerging technologies, often do not meet medical necessity and are generally not covered.
 - Services which may be considered reconstructive will require prior authorization to demonstrate medical necessity regardless of dollar amounts or codes billed.
 - Prior authorization for new and emerging technologies is required to ensure that the service meets current accepted standards of care.
 - Potentially experimental, new and emerging infused/injected drugs include those which are not approved by the Food and Drug Administration (FDA), or have been FDA approved within the last 3 years.
- ³ **Medically necessary:** Services or supplies that are proper and needed for the diagnosis or treatment of your medical condition, are provided for the diagnosis, direct care, and treatment of your medical condition, meet the standards of good medical practice in the local area, and aren't mainly for the convenience of you or your doctor.

Infused/injected drugs given in an outpatient hospital setting or ASC will not require prior authorization unless they are on the list below.

Prior authorization is required for the following drugs when paid under the medical plan. Any other brand name equivalents or biosimilars of the drugs below also require prior authorization:

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| • Alemtuzumab (Campath, Lemtrada). | • Golimumab (Simponi, Simponi Aria). | • Palivizumab (Synagis). |
| • Belantamab mafodotin-blmf (Blenrep). | • Infliximab (Remicade, Inflectra, Renflexis). | • Panitumumab (Vectibix). |
| • Belimumab (Benlysta). | • Ipilimumab (Yervoy). | • Pembrolizumab (Keytruda). |
| • Bevacizumab (Avastin). | • Lanreotide (Somatuline). | • Pegfilgrastim (Neulasta). |
| • Bimatoprost, intracameral implant (Durysta). | • Laronidase (Aldurazyme). | • Pemetrexed (Alimta). |
| • Blinatumomab (Blincyto). | • Mecasermin (Increlex). | • Pertuzumab (Perjeta). |
| • Buprenorphine extended release injection (Sublocade). | • Mepolizumab (Nucala). | • Ranibizumab (Lucentis). |
| • Certolizumab (Cimzia). | • Mometasone furoate sinus implant (Sinuva). | • Ravulizumab-cwvz (Ultomiris). |
| • Cetuximab (Erbix). | • Natalizumab (Tysabri). | • RimabotulinumtoxinB (Myobloc). |
| • Daratumumab (Darzalex). | • Nivolumab (Opdivo). | • Rituximab (Rituxan). |
| • Deflazacort (Emflaza). | • Nusinersen (Spinraza). | • Rituximab/hyaluronidase (Rituxan Hycela). |
| • Denosumab (Prolia, Xgeva). | • Octreotide (Sandostatin). | • Secukinumab (Cosentyx). |
| • Eculizumab (Soliris). | • Ocrelizumab (Ocrevus). | • Tafasitamab-cxix (Monjuvi). |
| • Edaravone (Radicava). | • Omalizumab (Xolair). | • Tocilizumab (Actemra). |
| • Elotuzumab (Empliciti). | • OnabotulinumtoxinA (Botox). | • Trastuzumab-anns (Kanjinti). |
| • Epoetin and Darbepoetin (Epoen, Procrit, Aranesp). | | • Voretigene Neparvovec-rzyl (Luxturna). |

Questions? Contact Customer Service at **541-768-4550** or **800-832-4580** (TTY 800-735-2900).

Customer Service is available:

- Oct. 1 to March 31: Daily from 8 a.m. to 8 p.m.
- April 1 to Sept. 30: Monday through Friday 8 a.m. to 8 p.m.