

# 2021 Prior Approval List

InterCommunity Health Network CCO

Some medical services, procedures, supplies and equipment require InterCommunity Health Network Coordinated Care Organization's (IHN-CCO) written approval before being performed or supplied. All coverage is limited by Oregon Administrative Rules and the Oregon Health Evidence Review Commission (HERC) Prioritized List – see [oregon.gov/oha/hpa/dsi-herc](http://oregon.gov/oha/hpa/dsi-herc). **IHN-CCO may review and deny services that are not medically appropriate.**<sup>3</sup>

## Prior approval by IHN-CCO is required for the following medical services and surgical procedures:

- Acupuncture in excess of 30 visits per calendar year.
- All non-contracted services.
  - **Exception:** Dialysis, flu vaccines, labs, and x-rays.
- Capsule/wireless endoscopies and motility monitoring studies.
- Chemical dependency.
  - Inpatient and residential.
  - Medical/chemical detoxification.
- Chimeric antigen receptor (CAR) T-cell therapy.
- Contact lenses.
- Durable medical equipment (DME) and supplies, prosthetics and orthotics with billed amount greater than \$300 for purchase. Rental items with rental fee greater than \$300 per month or rental length greater than 3 months.
  - **Exception:** Diabetic, and positive airway pressure (PAP) supplies.
- 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).
  - **Exception:** Voluntary sterilization.
- Genetic testing.
  - **Exception:** Standard prenatal testing.
- Hyaluronic acid or viscosupplementation, intra-articular injection (i.e. Orthovisc, Synvisc, etc.).
- Hyperbaric oxygen therapy.
- Infused/injected drugs (see list below).
- Inpatient hospital care.<sup>1</sup>
  - **Exception:** Labor and delivery stays less than 96 hours.
  - **Exception:** Newborn stays less than 96 hours.
- Inpatient rehabilitation care.
- Mental health services.
  - Day treatment.
  - Inpatient<sup>1</sup> and residential.
- Outpatient rehabilitation services in excess of 30 visits (120 units) per calendar year, per service, including:
  - Occupational therapy.
  - Physical therapy.
  - Speech language therapy.
  - Cardiac/pulmonary rehabilitation.
- Parenteral and enteral nutrition (related supplies follow DME prior approval requirements).
- Potentially cosmetic, experimental, or reconstructive surgery and services, including new and emerging technologies and infused/injected drugs, and clinical trials.<sup>2</sup>
- Radiological services for the following:
  - Magnetic Resonance Imaging (MRI).
  - Nuclear Medicine – PET and CTA coronary.
- Skilled Nursing Facility (SNF) stays greater than seven days.
- Skin substitute – tissue engineered.
- Spinal surgeries.
- Spinal injections for pain management (including in-office procedures).
  - **Exception:** Myelography.
  - **Exception:** Nerve blocks as part of covered surgery.
- Transplants (including preparation).
  - Corneal and kidney transplants only require approval if performed out of state.
- Urine drug tests (prior approval required after 12 units per year).

- <sup>1</sup> Emergency services do not require prior approval. Please tell IHN-CCO of all emergency admissions and post-emergency observation stays that exceed 48 hours (two days) to ensure that all the member's care is appropriately coordinated.
- <sup>2</sup> 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 approval to show medical necessity regardless of dollar amounts or codes billed.
  - Prior approval for new and emerging technologies is required to ensure that the service meets current accepted standard 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 three years.
- <sup>3</sup> Medically appropriate: Services and medical supplies that are required for prevention, diagnosis or treatment of a medical or mental health condition or injury, and which are:
- Consistent with the symptoms of a health condition or treatment of a health condition.
  - Meet standards of good health practice, are generally accepted by the medical community, use evidence-based medicine and are considered effective.
  - Not only for the convenience of the member or a provider of the service or medical supplies.
  - The most effective of the medical services or medical supplies that can be safely provided to the member; and
  - In IHN-CCO's determination as based on available information and documentation, according to the terms of the Plan.

**Prior approval by IHN-CCO is required for the following drugs when paid under the medical plan. Any other brand name equivalents of the drugs below also require prior approval.**

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

**Questions?** Contact Customer Service at 541-768-4550, toll free 800-832-4580 (TTY 800-735-2900), Monday through Friday from 8 a.m. to 8 p.m.