



2020 CareSource Prior Authorization List **CareSource® MyCare Ohio (Medicare-Medicaid Plan)**

Services That Require Prior Authorization

Services are provided within the benefit limits of the member's enrollment.

They include, but are not limited to the following services:

- All Medical Inpatient Care – including Skilled Nursing Facility, Acute, Inpatient Rehabilitation, Long Term and Respite Care
- All elective surgeries
- All Cosmetic procedures and plastic surgery
- Rhinoplasty
- Vagus nerve stimulation
- Diagnostic Outpatient Mammograms
- All Clinical trials and all Unproven Services
- Bariatric/Gastric Obesity Surgery
- Knee/Hip Replacements, Knee Orthoses
- Arthroscopies/Arthroplasties
- Laminectomies/Laminotomies
- Cervical Fusions
- Laparoscopies
- UPPP Surgery: (Uvulopalatopharyngoplasty)
- Coronary Artery Bypass Graft (CABG)
- All Abortions
- Genetic Testing
- Transcranial Magnetic Stimulation
- Hospice Care/Supportive Care
- Hyperbaric Oxygen Therapy
- Infusion Services
- Sleep Studies
- All non-emergent ambulance requires a Prior Authorization.

- Behavioral Health Services:
 - All Inpatient Behavioral Health Admissions
 - Residential Treatment Programs
 - Intensive Outpatient Program (IOP) – after 30 visits per calendar year
 - Partial Hospital Program Services (PHP) – after 30 visits per calendar year
- Durable Medical Equipment and other supplies over \$500.00 billed charges, including but not limited to:
 - CPAP Machines and accessories
 - Food supplements/nutritional supplements/enteral feeds greater than 30 cans per month
 - Oxygen Rentals (includes CPAP, NPPV, Oxygen Tank, and Oxygen Concentrator)
 - Automated External Defibrillators
 - Bone stimulators

- Cough assist (Insufflator/Exsufflator)
- High frequency chest wall oscillator
- Left ventricular assist device
- Non-standard Wheelchairs
- Non-standard Beds
- Prosthetic/Orthotic devices
 - Orthotics can be replaced once per benefit year when medically necessary. Additional replacements may be allowed if damage and unable to repair or if need driven by rapid growth and member is <18 yrs of age. Excludes repair/replacement due to Lost or stolen, misuse, malicious breakage, or gross neglect.
- Oral Appliances for Obstructive Sleep Apnea
- Patient Transfer Systems
- Pneumatic Compression devices
- Power wheelchair repairs
- Sleep study related equipment and supplies
- Speech Generating Devices and accessories
- Spinal cord stimulators
- Tumor treatment field therapy
- Ventilators
- Wound pump
- The above \$500.00 rule does not apply to the following DME/other items (these require prior authorization):
 - All powered or customized wheelchairs and accessories
 - All miscellaneous codes (example: E1399)
 - Cochlear Implants
 - All DME Repairs/Replacements exceeding 1 calendar year require a prior authorization.
- Home Care Services and Therapies
 - All Home Health Aide Visits
 - Skilled nurse visits greater than 3 visits per calendar year
 - Social Worker visits greater than 2 visits per calendar year
 - Occupational Therapy greater than 10 visits per calendar year
 - Speech Therapy greater than 10 visits per calendar year
 - Physical Therapy greater than 10 visits per calendar year
- Outpatient Therapies
 - Occupational Therapy greater than 10 visits per calendar year
 - Speech Therapy greater than 10 visits per calendar year
 - Physical Therapy greater than 10 visits per calendar year
 - All Manipulation/Chiropractic Office Visits – greater than 15 visits per calendar year
- Transplants – All Organ Transplants, including but not limited to:
 - Heart transplants
 - Islet Cell transplant
 - Kidney transplant
 - Liver transplant
 - Lung or double lung transplant
 - Multi-visceral transplant

- Pancreas transplant
- Simultaneous Pancreas/Kidney
- Small bowel transplant
- Stem cell/Bone Marrow transplant (with or without myeloablative therapy)
- Pain Management
 - Facets
 - Epidurals
 - Facets Neurotomy
 - Trigger Points
 - SI Joints
- Radiology
 - CT, CTA, MRI, MRA, PET Scans
 - Phototherapy
 - Myocardial Perfusion Imaging (MPI)
 - MUGA Scans
 - Echocardiography (Transthoracic/Transesophageal)
 - Stress Echocardiography
 - Nuclear Cardiology

Providers: Please contact NIA at 1-800-424-5660 or their web portal at www.radmd.com for all CT, CTA, MRI, MRA or PET scans. Additional services requiring a prior authorization include myocardial perfusion imaging (MPI), MUGA scan, Echocardiography and Stress Echocardiography

Important Information:

- Any provider who is not participating with CareSource must obtain prior authorization for all non-emergency services rendered to a CareSource member.
- Providers are responsible for verifying eligibility and benefits before providing services. Except for an emergency, failure to obtain a prior authorization for the services on this list may result in a denial for reimbursement.
- Authorization is not a guarantee of payment for services.
- Both Pharmacy and Dental Prior Authorization Lists are maintained separately.
- CareSource does not require prior authorization for unlisted procedure CPT codes; however, we require a signed, clinical record be submitted with your claim to review the validity of the unlisted procedure CPT code. Claims submitted without clinical records for unlisted procedure CPT codes will be denied. Denials will be reconsidered through the claims appeal process with pertinent clinical records and should be sent directly to claims for consideration.



CareSource® MyCare Ohio (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.

CareSource complies with applicable state and federal civil rights laws and does not discriminate on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-475-3163 (TTY: 1-800-750-0750 or 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-475-3163 (TTY: 1-800-750-0750 or 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-475-3163 (TTY: 1-800-750-0750 or 711)。

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