



CareSource Prior Authorization List

Prior authorization is how we decide if the health services listed below will be covered by your CareSource plan. Your provider must get prior authorization before you get any of these services. The services must be evidence-based and medically necessary for your care. They must also fall within the terms of your health plan. Emergency care does not need prior authorization.

If your provider is not part of the CareSource network, you or the provider must get prior authorization before you get any service, not just those listed below. Your care may not be covered if you do not get prior authorization.

Services That Require Prior Authorization

- All Medical Inpatient Care – including Acute, Skilled Nursing Facility, Inpatient Rehabilitation/Therapy, Long Term and Respite care, Hospice
- Out of Network services (excluding emergency services)
- Elective surgeries (outpatient and inpatient)
- Reconstructive and/or potential cosmetic services, including but not limited to:
 - Rhinoplasty
 - Most limb deformities
 - Cleft lip and palate
- Oral surgery that is dental in origin for adults
- Bariatric/gastric obesity surgery
- Knee/hip replacements, some knee orthoses
- Arthroscopies/arthroplasties
- Laminectomies/laminotomies
- Spinal fusions
- Laparoscopies
- UPPP surgery: (Uvulopalatopharyngoplasty)
- Coronary artery bypass graft (CABG)
- Genetic testing in some situations
- Hyperbaric oxygen therapy
- Sleep studies outside of home setting
- Voluntary sterilizations
- Gender dysphoria services including but not limited to gender transition surgeries
- Treatments and services associated to temporomandibular or craniomandibular joint disorder and craniomandibular jaw disorder
- Maternity: Delivery and inpatient stay if scheduled less than 39 weeks or if stay exceeds 48 hours for vaginal or 96 hours for cesarean delivery
- Non-emergent ambulance services
- Urine Drug Testing (UDT)

Behavioral Health Services:

- All inpatient services
- Applied Behavior Analysis (ABA)
- Partial Hospitalization Program (PHP) services
- Psychiatric Diagnostic Evaluation (prior authorization after three units/visits per calendar year)
- Intensive Outpatient Program/Treatment (IOP/IOT) services
- Individual Psychotherapy (prior authorization after 24 units/visits per calendar year)
- Family Psychotherapy (prior authorization after 24 units/visits per calendar year)



- Psychiatric Residential Treatment Facility (PRTF) services
- Assertive Community Treatment (ACT)
- Community Support services
- Electroconvulsive Therapy (ECT)
- Intensive Customized Care (IC3)

Medical Supplies, Durable Medical Equipment (DME), and Appliances

The following **always** require a prior authorization:

- All custom equipment
- All miscellaneous codes (example: E1399)
- Cochlear implants including most replacements. Prior authorization will also consider the post cochlear implant aural therapy.
- Cranial Remolding Helmets
- Donor milk
- Left Ventricular Assist Device (LVAD)
- Oral appliances for obstructive sleep apnea
- Oral nutrition (for medical purposes) and enteral nutritional therapy
- Patient transfer systems/Hoyer lifts
- Power wheelchair repairs
- Spinal cord stimulators
- Wheelchairs and some associated accessories
- Insulin infusion device
- Continuous Glucose Monitors
- All rental/lease items, including but not limited to:
 - CPAP/BiPAP
 - NPPV machines
 - Apnea Monitors
 - Ventilators
 - Hospital beds
 - Specialty mattresses
 - High frequency chest wall oscillators
 - Cough assist/stimulating device
 - Pneumatic compression devices
 - Speech generating devices and accessories
 - Infusion pumps
- Wound Vacs
- Prosthetic and orthotic devices
- DME and supplies, including but not limited to:
 - Prosthetic/orthotic devices**
 - Oral appliances for obstructive sleep apnea
 - Patient transfer systems/Hoyer lifts
 - Power wheelchair repairs
 - Spinal cord stimulators

**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 under 18 years of age. Excludes repair/replacement due to lost or stolen, misuse, malicious breakage, or gross neglect.



Home Care Services and Therapies

- No prior authorization required for any therapy/skilled nurse/social worker/infusion therapy assessment
- Home Health aide visits
- Private duty nursing (PDN)
- Skilled nurse visits
- Social worker visits
- Occupational Therapy
- Speech Therapy
- Physical Therapy

Outpatient Therapies – *Prior authorization requirements include Habilitative, Rehabilitative, or a combination of both.*

- No prior authorization required for any therapy/skilled nurse/social worker/infusion therapy assessment
- Occupational Therapy visits
- Speech Therapy visits
- Physical Therapy visits
- Cardiac Rehabilitation Therapy
- Cognitive Rehabilitation Therapy
- Pulmonary Rehabilitation Therapy

Physical Medicine and Rehabilitation Services including day rehabilitation and acute inpatient rehabilitation facility stays

Transplants, including but not limited to:

- Heart
- Islet cell transplant
- Kidney transplant
- Liver transplant
- Lung or double lung transplant
- Multivisceral transplant
- Pancreas transplant
- Simultaneous pancreas/kidney
- Small bowel transplant
- Stem cell/bone marrow transplant (with or without myeloablative therapy)
- Transportation & lodging costs
- Bone marrow/stem cell donor search fees

Pain Management

- Epidural steroid injections
- Trigger point injections
- Implantable pain pump
- Implantable spinal cord stimulator
- Most sacroiliac joint procedures
- Sacroiliac joint fusion
- Most facet joint interventions



Additional Important Information:

- Providers are responsible for verifying eligibility and benefits before providing services.
- Authorization is not a guarantee of payment for services.

GA-MED-P-3289296

DCH Approved: 11/5/2024