CareSource Prior Authorization List

Prior authorization is how we decide if CareSource will cover a service. The list below is a full list of services that need prior authorization. Your provider must get prior authorization before you get any of these services. They will take care of this for you. Talk to your provider if you have any questions.

The services must be medically necessary for your care. They must also fall within the terms of your health plan. Medically necessary means it is needed to diagnose or treat an illness, injury, condition, disease, or its symptoms. Emergency care does **not** need prior authorization.

Member Services can help you learn more. They can be reached at **1-800-488-0134** (TTY: 1-800-750-0750 or 711) Monday through Friday, 7 a.m. to 8 p.m. They are always happy to help.

*Please note: If your provider is not part of the CareSource network, they must get prior authorization before you get **any service**.*

Services That Require Prior Authorization

This prior authorization list is for quick reference only. Some services do not need prior authorization until the benefit limit is reached. Talk to your provider or call Member Services at ***1-800-488-0134*** *(TTY: 1-800-750-0750 or 711) to learn more.*

- All clinical trials
- All medical inpatient care – including skilled nursing facility, acute, inpatient rehabilitation/therapy, long term and respite care
- All unproven, experimental or investigational items and services
- Any service provided by an out-of-network provider
- Arthroscopies/arthroplasties
- Bariatric/gastric obesity surgery
- Coronary artery bypass graft (CABG)
- Elective surgeries (outpatient and inpatient)
- Gender dysphoria services including but not limited to gender transition surgeries
- Genetic testing in some situations
- Hyperbaric oxygen therapy
- Knee/hip replacements, some knee orthoses
- Laminectomies/laminotomies
- Laparoscopies
- 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
- Oral surgery that is dental in origin for adults
- Physical medicine and rehabilitation services including day rehabilitation and acute inpatient rehabilitation facility stays
- Reconstructive and/or potential cosmetic services, including but not limited to:
    - Cleft lip and palate
    - Most limb deformities
    - Rhinoplasty
- Sleep studies outside of home setting
- Spinal fusions
- Treatments and services associated to temporomandibular or craniomandibular joint disorder and craniomandibular jaw disorder
- Urine Drug Testing (UDT)
- UPPP surgery (Uvulopalatopharyngoplasty)
- Voluntary sterilizations

Behavioral Health Services:

- All inpatient services
- Applied Behavior Analysis (ABA)
- Assertive Community Treatment (ACT)
- Children’s respite
- Intensive Home-Based Treatment (IHBT)
- Partial Hospitalization Program (PHP) services
- Substance Use Disorder (SUD) residential (prior authorization after 30-days for the first two admissions in a calendar year and initially for a third admission in a calendar year)
- Transcranial Magnetic Stimulation (TMS)

Medical Supplies, Durable Medical Equipment (DME), and Appliances:
The following **always** require a prior authorization:

- All miscellaneous codes (example: E1399)
- 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
- Cochlear implants, including most replacements (PA will also consider the post cochlear implant aural therapy)
- Continuous Glucose Monitors
- DME and supplies, including but not limited to:
    - Oral appliances for obstructive sleep apnea
    - Patient transfer systems /hoyer lifts
    - Power wheelchair repairs
    - Prosthetic/orthotic devices*
- Donor breast milk
- Hearing aids
- Insulin infusion device
- Left Ventricular Assist Device (LVAD Spinal cord stimulators)
- Oral nutrition (for medical purposes) and enteral nutritional therapy
- Wheelchairs and some associated accessories
- Wound vacs

**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
- Occupational therapy
- Physical therapy
- Private duty nursing (PDN)
- Skilled nurse visits
- Social worker visits
- Speech therapy

Outpatient Therapies (No prior authorization required for any therapy/skilled nurse/social worker/infusion therapy assessment): *Prior authorization requirements include habilitative, rehabilitative, or a combination of both.*

- Cardiac rehabilitation therapy
- Cognitive rehabilitation therapy
- Occupational therapy visits
- Physical therapy visits
- Pulmonary rehabilitation therapy
- Speech therapy visits

Transplants, including but not limited to:

- Bone marrow/stem cell donor search fees
- 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 and lodging costs

Pain Management:

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

A note for providers: Providers are responsible for verifying eligibility and benefits before providing services. Authorization is not a guarantee of payment for services.