



2022 CareSource Prior Authorization List

CareSource Advantage[®] (HMO), CareSource Advantage[®] Zero Premium (HMO) and CareSource Dual Advantage[™] (HMO D-SNP) Plans

Prior authorization is how we decide if the health services listed below meet evidence-based criteria for medical necessity. Your provider must get prior authorization for the listed services in order for you to receive benefits under your plan. The services 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. Failure to do so may result in a denial of reimbursement. Exceptions include emergency services.

Services must conform to all terms and conditions of your plan including, but not limited to, eligibility, medical necessity, coverage restrictions, and benefit limitations.

Services That Require Prior Authorization:

- All Medical Inpatient Care – including Skilled Nursing Facility, Acute, Inpatient Rehabilitation/Therapy, long term, and respite care
- All Out of Network services
- All elective surgeries (outpatient and inpatient)
- All transplants and services related to transplants:
 - Services related to transplants:
 - Transportation & lodging costs
 - Bone marrow/stem cell donor search fees
- 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
- Reconstructive and/or potential cosmetic services, including but not limited to:
 - Rhinoplasty
 - Most limb deformities
 - Cleft lip and palate
- All unproven, experimental or investigational items and services (life-threatening illness exceptions)
- Bariatric/gastric obesity surgery
- Clinical trials
- Genetic testing in some situations
- Some laboratory services
- Gender dysphoria services including but not limited to gender transition surgeries
- Hyperbaric oxygen therapy
- Non-emergent ambulance services
- Oral surgery that is dental in origin for adults
- Sleep studies outside of home setting
- Treatments and services associated to temporomandibular or craniomandibular joint disorder and craniomandibular jaw disorder

Behavioral Health Services:

- All inpatient services
- Transcranial Magnetic Stimulation (TMS)



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
- Left ventricular assist device
- Oral Appliances for Obstructive Sleep Apnea
- Enteral nutrition and supplies
- Patient Transfer Systems/Hoyer lifts
- Power wheelchair repairs
- Prosthetics/specified orthotics**
- Speech Generating Devices and accessories
- Spinal cord stimulators
- All powered or customized wheelchairs and accessories
- All rental/lease items, including but not limited to:
 - CPAP/BiPAP
 - NPPV machines
 - Apnea monitors
 - Ventilators
 - Hospital Beds
 - Specialty mattresses
 - High frequency chest wall oscillator
 - Cough assist stimulating devices (Insufflator/Exsufflator)
 - Pneumatic Compression devices
- Wound pump
- All DME Repairs/Replacements exceeding 1 calendar year require a prior authorization.

***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 initial assessment/evaluation
- 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 for include Habilitative, Rehabilitative, or a combination of both.*

- No prior authorization required for initial assessment/evaluation
- Occupational Therapy visits
- Speech Therapy visits



- Physical Therapy visits
- Cognitive Rehabilitation Therapy
- Cardiac Rehabilitation Therapy
- Pulmonary Rehabilitation Therapy

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

Pain Management:

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

Radiology:

- CT, CTA, MRI, MRA, PET Scans
- Phototherapy
- Myocardial Perfusion Imaging (MPI)
- MUGA Scans
- Echocardiography (Transthoracic/Transesophageal)
- Stress Echocardiography
- Nuclear Cardiology

PROVIDERS: Please contact National Imaging Associates, Inc. (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

Additional Important Information:

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