



Georgia Medicaid Prior Authorization List

Prior Authorization (PA) review is needed and includes, but is not limited to, the following types of requests for both medical and behavioral health services:

- All Inpatient Care
- Dental procedures in a Hospital, Outpatient Facility, or Ambulatory Surgery Center for (D9420) (please see the Dental Health Partner Provider Manual for all other dental PA requirements)
- Nursing Facility Services
- Inpatient Rehabilitative Services
- Hospice/Respite Facility
- Behavioral Health
 - Inpatient Psychiatric & Substance Abuse Detoxification
 - Outpatient Partial Hospitalization (PHP) for Substance Abuse and Mental Health Services – PA needed after the 30th visit; per year
 - Intensive Outpatient Treatment – PA needed after the 30th visit; per year
 - Applied Behavior Analysis
 - Assertive Community Treatment
 - Crisis Stabilization Unit (H0018)
- Therapy Services to include Habilitative and Rehabilitation Services:
 - Therapy Services (PT/OT/SP) (Outpatient or Home Setting)
 - Note: No PA is needed for therapy evaluations done once every 6 months
 - Physical Therapy Visits if more than 8 units per month
 - Occupational Therapy Visits if more than 8 units per month
 - Speech Therapy Visits if more than 8 units per month
- Home Care
 - Skilled Nurse visits – needed > 2 visits per day
 - Social Worker visits – needed > 2 visits each year
 - Home Health Aides – all visits need a PA
- Outpatient Surgery
 - Abortion Surgery – Form DMA-311 must be submitted with the claim
 - Bariatric Surgery
 - Blepharoplasty Surgery
 - Reconstructive Surgery
- Organ Transplants
- All Genetic Testing
- Clinical Trials for Z00.6 code diagnosis
- Audiology Services after 4 units per year
- Urinary Drug Testing (UDT):
 - PA is needed for UDT for members when a confirmatory test for more than 14 drug classes (Codes G0482 & G0483) is ordered.
 - All non-participating provider or lab/facility need a PA for all tests other than those in an emergency room setting.
 - CareSource needs a PA review for ALL UDT tests >25 each year for all members to determine if they are medically necessary



- Durable Medical Equipment:
 - All powered or customized wheelchairs
 - Manual wheelchair / walker rentals over 3 months
 - All miscellaneous codes (example: E1399)
 - CPAPs
 - Insulin Pumps and CGMs
 - Cranial Orthotics
 - Food supplements/nutritional supplements/enteral feeds – more than 30 cans per month or more than 1 can per day
 - Speech Generating Devices
 - Hospital Beds and Accessories
 - Defibrillators
 - Bone Growth Stimulation
 - Implantable Cardioverter-Defibrillator (ICD)
 - Implanted Spinal Cord Stimulators (SCS)
 - Chest Compression Vest and Intrapulmonary Percussive Ventilation (IPV)
 - High Frequency Chest Wall Oscillation (HRCWO)
 - Pulse Generator System
 - Pneumatic Artificial Voicing Systems
 - Standing Frames
 - Stretching Devices for Joint Stiffness and Contracture
 - Wheel Mobility Devices
 - UV Light Therapy
 - Prosthetic and Orthotic devices >\$1200
 - Hearing Aids
 - Cochlear Implants and supplies needed for the upkeep and care of the Implant
- Cosmetic procedures and Plastic Surgery
- Ambulance transportation – PA is only needed when transport is from the hospital to a residence
- All Fixed Wing Transports (airplane)
- Pain Management Services
 - Facets joint injections
 - Epidurals injections
 - Facets Neurotomy injections
 - Sacroiliac Joint injections
- Contacts and the fitting fee (other than colored contacts as they are not covered by CareSource) for members younger than 21 years old

Important Information:

- Any provider who is not with CareSource must have Prior Authorization for all non-emergency services given to a CareSource member with the exceptions of:
 - Family Planning Services



- Providers must confirm eligibility and benefits before providing services. Except for an emergency, not having a PA for the services on this list may end with a denial for reimbursement.
- Authorization is not a guarantee of payment for services.
- Please see our Dental Services Handbook for the PA list for dental services that need review.
- A PA is needed for all high tech radiological procedures such as Computerized Tomography (CAT scan), Computerized Tomography Angiography (CTA), Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA) or Positron Emission Tomography Scans (PET).

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