



## 2023 CareSource Prior Authorization List

Prior authorization is the process used by us to determine whether the 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.

If you see a provider who is **not** part of CareSource's network, you or the provider must get prior authorization before **any** **service** is rendered, 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.

Refer to your Evidence of Coverage for additional details and information around the prior authorization process.

### Services That Require Prior Authorization

- All Medical Inpatient Care – including Acute, Skilled Nursing Facility, Inpatient Rehabilitation/Therapy, Long Term and Respite care. Kentucky members do not require prior authorization for admission to Neonatal Intensive Care
- Out of Network services (excluding emergency services)
- Some 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
  - Breast Reduction
  - 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
- Some genetic testing and some laboratory services
- Gender dysphoria services including but not limited to gender transition surgeries
- Hyperbaric oxygen therapy
- Non-emergent transportation
- Oral surgery that is dental in origin
- Sleep studies outside of the home setting
- Treatments and services associated to temporomandibular or craniomandibular joint disorder and craniomandibular jaw disorder
- Applied behavioral analysis (ABA)

### Behavioral Health Services:

- All inpatient stays
- Residential treatment services
- Partial hospital program services (PHP) greater than 5 days



- Intensive outpatient program (IOP) greater than 5 days
- Transcranial magnetic stimulation
- Individual Psychotherapy greater than 24
- Family Psychotherapy greater than 24
- Psychiatric diagnostic evaluation greater than 1
- Electroconvulsive therapy (includes necessary monitoring)
- Hypnotherapy

### **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 any replacements
- Cranial remodeling helmets
- Donor milk
- Left Ventricular Assist Device (LVAD)
- Oral appliances for obstructive sleep apnea
- Enteral nutrition and supplies
- Patient transfer systems/Hoyer lifts
- Phototherapy beds (Bili beds)
- Power wheelchair repairs
- Prosthetics/specified orthotics
- Speech generating devices and accessories
- Spinal cord stimulators
- Wheelchairs and some associated 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 oscillators
  - Cough assist/stimulating device
  - Pneumatic compression devices
  - Infusion pumps
- Wound Vacs

### **Home Care Services and Therapies**

- No prior authorization required for initial assessment/evaluation
- Home Health aide visits
- Private Duty nursing (PDN) \*not covered in Georgia
- Skilled nurse visits
- Social worker visits
- Occupational therapy
- Speech therapy
- Physical therapy

**Outpatient Therapies** – *Prior authorization requirements for 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
- 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**

- Advanced imaging including CT, CTA, MRI, MRA, PET Scans
- Phototherapy
- Myocardial perfusion imaging (MPI)
- MUGA scans
- Echocardiography (transthoracic/transesophageal)
- Stress echocardiography
- Nuclear cardiology

**Radiology Providers: Please contact NIA at the following numbers for your Marketplace state:**

Georgia: 800-424-5358  
Indiana: 800-424-5664  
Kentucky: 800-424-5675  
Ohio: 800-424-5660

More detailed information is available at [www.radmd.com](http://www.radmd.com) for *all related* prior authorization requirements, billing instructions, and how to submit prior authorization requests.

#### **Pediatric Dental Services**

- Precertification estimate is recommended for any service in excess of \$300
- Intraoral complete set of radiographic images including bitewings & Panoramic radiographic image if done within sixty (60) months of the previous service
- All onlays and crowns (excluding pre-fabricated crowns)
- Any core build up
- Any post and/or core
- Labial veneer
- Inlay, onlay, veneer, or crown repair (excluding re-cements)
- Apexification/recalcification
- Apicoectomy/periradicular surgery
- Root amputation and any hemisection
- All Class III periodontics, removable and fixed prosthodontics, and implants



- All Class III oral & maxillofacial surgery services with exception to surgical removal of erupted tooth and incision and drainage of abscess
- All Class IV Orthodontics
- Deep sedation/general anesthesia and intravenous moderate sedation T
- Therapeutic parenteral drug
- Treatment of complications (post-surgical) unusual circumstances
- Occlusal guard

#### **Adult Dental Services - Where coverage is available**

- Precertification estimate is recommended for any service in excess of \$300
- Intraoral complete set of radiographic images including bitewings and panoramic radiographic image if done within sixty (60) months of the previous service
- All onlays and crowns (excluding pre-fabricated crowns)
- Any core build up
- Any post and/or core
- Inlay, onlay, veneer, or crown repair (excluding re-cements)
- Apexification/recalcification
- Apicoectomy/periradicular surgery
- Root amputation and any hemisection
- All Class III periodontics, removable and fixed prosthodontics, and implants
- All Class III oral and maxillofacial surgery services with exception to surgical removal of erupted tooth and incision and drainage of abscess
- Deep sedation/general anesthesia and intravenous moderate sedation
- Therapeutic parenteral drug
- Treatment of complications (post-surgical) unusual circumstances
- Occlusal guard

#### **Pharmacy Services**

- Some covered prescription drugs require prior authorization. Prior authorization helps promote appropriate and safe utilization and enforcement of guidelines for Prescription Drug Benefit coverage. Covered drugs are found on the Prescription Drug Formulary and in the “Find My Prescriptions” online search tool. If a covered prescription drug requires review prior to coverage, you will see one or more of the following abbreviations:
  - PA (indicating a clinical prior authorization is required for the drug)
  - QL (indicating a quantity or dose limit for the drug)
  - ST (indicating a step therapy requirement for the drug)
- Prescription drugs that are not on the Prescription Drug Formulary are called Non-Formulary drugs. Non-formulary drugs always require a formulary exception review and approval in order to be covered by CareSource. You, your authorized representative, or your prescribing physician may request a formulary exception review. Exception reviews determine if the Non-Formulary drug is Medically Necessary instead of available covered drugs on the Prescription Drug Formulary.
- You can find both the Prescription Drug Formulary and the Find My Prescriptions online search tool at this link: <https://www.caresource.com/plans/marketplace/benefits-services/pharmacy/preferred-drug-list/>.

#### **Additional Important Information:**

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