2026 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, Respite Care when member receives Hospice and Inpatient Hospice.
- Out of Network services (excluding emergency services)
- Some Elective surgeries (outpatient and inpatient)
- Transplant evaluations
- All Transplants and services related to transplants:
    - Services related to transplants:
        - Transportation & lodging costs
        - Bone marrow/stem cell donor search fees
- Maternity:
    - Scheduled delivery less than 39 weeks
    - 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)
- Clinical trials
- Some radiation/oncology services
- Some genetic testing and some laboratory services
- Gender dysphoria services including but not limited to gender transition surgeries
- Hyperbaric oxygen therapy
- Non-emergent ground and air transportation. Please note this includes all non-emergent transportation between facilities.
- Oral surgery that is dental in origin
- Sleep studies outside of the home setting
- Applied behavioral analysis (ABA)

Behavioral Health Services:

- All inpatient stays
- Residential treatment services
    - Mental Health Diagnoses
    - Substance Use Disorder (SUD)
- Partial hospital program services (PHP) - Mental Health after 5 days per calendar year
- Partial hospital program services (PHP) – Substance Use Disorder (SUD) after 5 days per calendar year
- Intensive outpatient program (IOP) – Mental Health after 5 days per calendar year
- Intensive outpatient program (IOP) – Substance Use Disorder (SUD) after 5 days per calendar year
- Transcranial magnetic stimulation
- Psychiatric diagnostic evaluation greater than 1

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

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

- All custom equipment
- All miscellaneous or unspecified 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 assessments/evaluations
- Home Health aide visits
- 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 assessments/evaluations
- 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

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 to be covered by CareSource. You, your authorized representative, or your prescribing physician may request a formulary exception review to determine if the Non-Formulary drug is clinically appropriate.
- 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.