



## **Prior Authorization List**

Prior authorization is how we decide if CareSource PASSE 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. Medically necessary means it is needed to diagnose or treat an illness, injury, condition, disease or its symptoms. They must also be in your Person-Centered Service Plan (PCSP). There may be times when we cannot update a PCSP before a review for prior authorization. We will add it to the PCSP after the review in those cases. Emergency care does **not** need prior authorization.

Member Services can help you learn more. They can be reached at **1-833-230-2005** (TDD/TTY: 711) Monday through Friday, 8 a.m. to 5 p.m. Central Time. They are always happy to help.

*Please note: If your provider is not part of the CareSource PASSE 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 1-833-230-2005 (TDD/TTY: 711) to learn more.*

- All medical inpatient care
  - skilled nursing facility
  - acute
  - inpatient rehabilitation/therapy
  - long term and respite care
- All out of network services
- All elective surgeries (outpatient and inpatient)
- All unproven, experimental or investigational items and services
- Bariatric/gastric obesity surgery
- Clinical trials
- Genetic testing and some laboratory services
- Gender dysphoria services (including but not limited to gender transition surgeries)
- Hyperbaric oxygen therapy
- 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 transportation
- Oral surgery that is dental in origin
- Personal care
- Physical medicine and rehabilitation services
  - Day rehabilitation
  - Acute inpatient rehabilitation facility stays
- Reconstructive and/or potential cosmetic services, including but not limited to:
  - Rhinoplasty
  - Breast reduction
  - Most limb deformities
  - Cleft lip and palate
- Sleep studies outside of home setting
- Treatments and services associated with temporomandibular or craniomandibular joint disorder and craniomandibular jaw disorder
- Urine Drug Testing (UDT)

### **Behavioral Health:**

- Applied Behavioral Analysis (ABA)
- Inpatient services
  - Residential behavioral health treatment
- Outpatient Behavioral Health
  - Acute crisis unit
  - Aftercare recovery services
  - Behavioral assistance
  - Child and youth, family, and peer support
  - Life skills (adult, individual, group)
  - Pharmacological counseling

- Planned respite
- Psychological testing
- Rehabilitative day treatment
- Supportive housing
- Supportive employment
- Partial Hospitalization (PHP)

**Home Care Services** (*No prior authorization required for initial assessment/evaluation*):

- Home health aide visits
  - Occupational therapy
  - Physical therapy
- Private Duty Nursing (PDN)
- Skilled nurse visits
- Social worker visits

**Home and Community Based Services (HCBS):**

- Adaptive equipment
- Adult life skills development
- Adult rehabilitative day service
- Caregiver respite services
- Child and youth support services
- Community Transition Services (CTS)
- Consultation services
- Environmental modifications
- Group life skills development
- Home/vehicle modification
- Human developmental centers/short term respite
- Intermediate Care Facilities (ICF)
- Individual life skills development
- Planned respite
- Residential community reintegration program
- Specialized medical supplies
- Supplemental Support Services (SSS)
- Supportive employment
- Supportive housing
- Supportive living
- Therapeutic communities
- Therapeutic host home

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

- All custom equipment
- 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
- Infusion pumps
- Cochlear implants including replacements
- Continuous Glucose Monitor (CGM)
- Enteral nutritional and supplies
- Insulin infusion device
- Left Ventricular Assist Device (LVAD)
- Oral appliances for obstructive sleep apnea
- Patient transfer systems/hoyer lifts
- Power wheelchair repairs
- Prosthetics/specified orthotics
- Speech generating devices and accessories
- Spinal cord stimulators
- Wheelchairs and some associated accessories
- Wound vacs

**Outpatient Therapies** *(No prior authorization required for initial assessment/evaluation):*

Prior authorization requirements include habilitative, rehabilitative, or a combination of both.

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

**Pain Management:**

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

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