



2026 CareSource Prior Authorization List

Prior authorization (PA) is how we decide what services are paid for by your CareSource plan. Your provider must get PA **before** you get these services. They must be medically needed for your care. You must have proof they are needed. They must also be part of your health plan. Emergency care does **not** need PA.

If your provider is not part of our network, you or they must get PA before **any service**, not just the ones on this list. Your care may not be paid for without this approval.

Services That Require Prior Authorization

- All Medical Inpatient Care – including Acute, Skilled Nursing Facility, Inpatient Rehabilitation/Therapy, Long Term and Respite care, Hospice
- Out of Network services (excluding emergency services)
- Elective surgeries (outpatient and inpatient)
- Reconstructive and/or potential cosmetic services, including but not limited to:
 - Rhinoplasty
 - Most limb deformities
 - Cleft lip and palate
- Oral surgery that is dental in origin for adults
- All clinical trials
- All unproven, experimental or investigational items and services
- Skin and Soft tissue substitutes for wounds
- Bariatric/gastric obesity surgery
- Knee/hip replacements, some knee orthoses
- Arthroscopies/arthroplasties
- Laminectomies/laminotomies
- Spinal fusions
- Laparoscopies
- UPPP surgery: (Uvulopalatopharyngoplasty)
- Coronary artery bypass graft (CABG)
- Genetic testing in some situations
- Hyperbaric oxygen therapy
- Sleep studies outside of home setting
- Voluntary sterilizations
- Gender dysphoria services including but not limited to gender transition surgeries.
- Treatments and services associated with temporomandibular or craniomandibular joint disorder and craniomandibular jaw disorder
- Maternity:
 - Delivery and inpatient stay if scheduled less than 39 weeks.
 - Stay exceeds 48 hours for vaginal or 96 hours for cesarean delivery

- Non-emergent ambulance services
- Urine Drug Testing (UDT)

Behavioral Health Services

- All inpatient services
- Applied Behavior Analysis (ABA)
- Partial Hospitalization Program (PHP) services
- Psychiatric Diagnostic Evaluation with and without medical services
- Mental Health Assessment and Service Plan Development by non-physician
- Intensive Outpatient Program (psychiatric and substance use) services (IOP/SAIOP)
- Individual Psychotherapy
- Family Psychotherapy and Behavioral Health Counseling (with or without patient present)
- Psychiatric Residential Treatment Facility (PRTF) services
- Assertive Community Treatment (ACT)
- Community Psychiatric Support/Intensive Family Intervention (IFI)
- Family Skills Training and Development
- Psychosocial Rehabilitation services (PSR-I)
- Community Support services (CSI/ADSS)
- Case Management
- Intensive Customized Care Coordination/Community-based Wraparound (IC3) services
- Electroconvulsive Therapy (ECT)

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

The following **always** require a PA:

- All custom equipment
- All miscellaneous codes (example: E1399)
- Cochlear implants including most replacements. PA will also consider the post cochlear implant aural therapy.
- Cranial Remolding Helmets
- Donor milk
- Left Ventricular Assist Device (LVAD)
- Oral appliances for obstructive sleep apnea
- Oral nutrition (for medical purposes) and enteral nutritional therapy
- Patient transfer systems/ Hoyer lifts
- Power wheelchair repairs
- Spinal cord stimulators
- Wheelchairs and some associated accessories
- Insulin infusion device
- Continuous Glucose Monitors
- 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
- Speech generating devices and accessories
- Infusion pumps
- Wound Vacs
- Prosthetic and orthotic devices
- DME and supplies, including but not limited to:
 - Prosthetic/orthotic devices**
 - Oral appliances for obstructive sleep apnea
 - Patient transfer systems/hoyer lifts
 - Power wheelchair repairs
 - Spinal cord stimulators

**Orthotics can be replaced once per benefit year when medically necessary. Additional replacements may be allowed if damaged and unable to repair.

They may also be allowed if need-driven by rapid growth. You must be 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 PA required for any therapy/skilled nurse/social worker/infusion therapy assessment
- Home Health aide visits
- Private duty nursing (PDN)
- Skilled nurse visits
- Social worker visits
- Occupational Therapy
- Speech Therapy
- Physical Therapy

Outpatient Therapies – PA requirements include Habilitative, Rehabilitative, or a combination of both.

- No PA required for any therapy/skilled nurse/social worker/infusion therapy assessment
- Occupational Therapy visits
- Speech Therapy visits
- Physical Therapy visits

- Cardiac Rehabilitation Therapy
- Cognitive Rehabilitation Therapy
- Pulmonary Rehabilitation Therapy

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

Transplants, including but not limited to:

- Heart
- Islet cell transplant
- Kidney transplant
- Liver transplant
- Lung or double lung transplant
- Multivisceral transplant
- Pancreas transplant
- Simultaneous pancreas/kidney
- Small bowel transplant
- Stem cell/bone marrow transplant (with or without myeloablative therapy)
- Transportation & lodging costs
- Bone marrow/stem cell donor search fees

Pain Management

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

Additional Important Information:

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