



Georgia Medicaid Prior Authorization List

Prior authorization (pre-service) review is required for 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 refer to 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 required after the 30th visit; per year
 - Intensive Outpatient Treatment – PA required 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 prior authorization is required for therapy evaluations done once every 6 months
 - Physical Therapy Visits if greater than 8 units per month
 - Occupational Therapy Visits if greater than 8 units per month
 - Speech Therapy Visits if greater than 8 units per month
- Home Care
 - Skilled Nurse visits – required > 2 visits per day
 - Social Worker visits – required > 2 visits in the calendar year.
 - Home Health Aides – all visits require a prior authorization
- 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 required for UDT for members when a confirmatory test for greater than 14 drug classes (Codes G0482 & G0483) is ordered.
 - All non-participating provider or lab/facility require a PA for all tests with the exception of the emergency room setting.
 - CareSource will require a PA review for ALL UDT tests >25/calendar 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 – greater than 30 cans per month or greater 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 the Treatment of Joint Stiffness and Contracture
 - Wheel Mobility Devices
 - UV Light Therapy
 - Prosthetic and Orthotic devices >\$1200
 - Hearing Aids
 - Cochlear Implants and supplies associated with the upkeep and maintenance of the Implant
- Cosmetic procedures and Plastic Surgery
- Ambulance transportation – PA is only required when transport is from the hospital to place of residence
- All Fixed Wing Transports (airplane)
- Pain Management Services
 - Facets joint injections
 - Epidurals injections
 - Facets Neurotomy injections
 - Sacroiliac Joint injections
- Contacts (except for colored contacts as CareSource does not cover them) for members younger than 21 years old, including the fitting fee

Important Information:

- Any provider who is not participating with CareSource must obtain prior authorization for all non-emergency services rendered to a CareSource member with the exceptions of:
 - RAPHL (Radiology – Anesthesia – Pathology – Hospitalist and Laboratory) providers
 - Family Planning Services



- Providers are responsible for verifying eligibility and benefits before providing services. Except for an emergency, failure to obtain a prior authorization for the services on this list may result in a denial for reimbursement.
- Authorization is not a guarantee of payment for services.
- Please reference our Dental Services Handbook for the prior authorization list for dental services that require prior authorization review.
- A prior authorization is required 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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