



CareSource Prior Authorization List

Prior authorization is how we decide if the health services listed below will be covered by your CareSource plan. Your provider must get prior authorization before you get any of these services. The services must be evidence-based and medically necessary for your care. They must also fall within the terms of your health plan. Emergency care does not need prior authorization.

If your provider is not part of the CareSource network, you or the provider must get prior authorization before you get any service, not just those listed below. Your care may not be covered if you do not get prior authorization.

The below list is not all-inclusive. Certain services also require submitting PA requests for additional units when normal limits are exhausted.

Services That Require Prior Authorization

- **All Medical Inpatient Care – including, but not limited to:**
 - Skilled Nursing Facility
 - Acute admissions
 - Inpatient Rehabilitation/Therapy
 - Long term care
 - Respite care
 - Admissions for dental needs
 - Procedures ordinarily rendered on an outpatient basis, when rendered on an inpatient basis
- Reconstructive or plastic surgery
- Reduction mammoplasties (breast reduction)
- Rhinoplasty (nose reshaping) or bridge repair of the nose
- Blepharoplasties (eye lifts and eyelid surgeries)
- Sliding mandibular osteotomies and maxillofacial surgeries (surgeries on the face and/or jaw)
- Temporomandibular joint (TMJ) surgery
- Procedures for deviated nasal septum
- Weight reduction surgeries, including lap band and gastric bypass
- Orthodontic procedures for members under 21 years of age
- Genetic testing for detection of cancer of the breasts or ovaries
- Intersex surgery (gender transition surgeries)
- All organ transplants
- Bone marrow or stem-cell transplants
- Some outpatient rehabilitative therapy services
- Hospice
- Home health services



- Medical Supplies, Durable Medical Equipment (DME), and Appliances as defined by The Indiana Health Coverage Programs (IHCP)

Behavioral Health Services:

- Applied Behavioral Analysis (ABA therapy)
- Psychiatric inpatient admissions, including admissions for substance use and rehabilitation
- Medicaid Rehabilitation Option (MRO) services, except for crisis intervention
- Partial Hospitalization Program (PHP) services
- Intensive Outpatient Treatment (IOT)

Additional Important Information:

- Providers are responsible for verifying eligibility and benefits before providing services.
- Authorization is not a guarantee of payment for services.
- More specific details of authorization requirements can be found on our website.

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