



INDIANA PROVIDER PRIOR AUTHORIZATION QUICK REFERENCE GUIDE

Use this quick reference guide to determine the services and codes that require prior authorization for CareSource Indiana Medicaid and Marketplace plan members.

Please keep the following general requirements in mind:

- Any health care provider (with the exception of radiologists, anesthesiologists, pathologists, hospitalists and laboratory services providers) who is not participating with CareSource must obtain prior authorization for all non-emergency services rendered to a CareSource member.
- Providers are responsible for verifying eligibility and benefits before providing services. Except for an emergency, failure to obtain prior authorization for the services on this list may result in a denial of reimbursement.
- Authorization is not a guarantee of payment for services.
- Providers should contact NIA at 1-800-424-5600 or their web portal at www.radmd.com for all CT, CTA, MRI, MRA and PET scans.
- For more information about drugs that require prior authorization, access our [Pharmacy](#) webpage.
- Reference our [Dental Provider Manual](#) for dental services that require prior authorization.
- Consult your [provider manual](#) for more information about prior authorization.

KEY	
All Lines of Business	For codes listed in columns shaded purple, prior authorization is needed for all CareSource members in Indiana.
Medicaid (All Plans)	For codes listed in columns shaded green, prior authorization is needed for CareSource Indiana Medicaid (HHW and HIP) members.
Marketplace Only	For codes listed in columns shaded blue, prior authorization is needed for CareSource Indiana Marketplace members.

Abortions

IC 16-34-1-2 prohibits the state from making payment from any fund under its control for an elective abortion, unless the elective abortion is necessary to preserve the life of the pregnant woman or unless federal law requires the state to cover it, such as in the case of rape or incest.

Elective abortions performed for any other reason are non-covered services according to 405 IAC 5-28-7.

All Lines of Business*	Medicaid (All Plans)	Marketplace Only
01966, 59100, 59200, 59840, 59481, 59850, 59851, 59852, 59855, 59856, 59857, 59866, 59898, 59899, S0190, S0191	N/A	N/A

* All codes must be billed with an appropriate abortion ICD-10 diagnosis code.

Ambulance – Transportation Services

All Lines of Business	Medicaid (All Plans)	Marketplace Only
A0430	N/A	N/A

Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services

These services include inpatient, residential treatment, institution for mental disease (IMD) admissions, applied behavioral analysis (ABA) for treatment of autism spectrum disorder (ASD)

Any services provided in an inpatient setting require prior authorization.

Services performed in an outpatient hospital (partial hospitalization program (PHP) and intensive outpatient program (IOP) services) require prior authorization after the 30th visit.

All Lines of Business	Medicaid (All Plans)	Marketplace Only
ABA Therapy: 96150-U1, 96150-U2, 96151-U1, 96151-U2, 96152-U1, 96152-U2, 96152-U3, 96153-U1, 96153-U2, 96153-U3, 96154-	All Codes	All Codes

U1, 96154-U2, 96154-U3, 96155-U1, 96155-U2, 96155-U3 Marketplace: 0359T, 0364T, 0365T, 0368T, 03699T, 0370T, Transcranial Magnetic Stimulation: 90867, 90868, 90869 PHP Services: H0035 (+Rev code 0912, 0913) IOP Services: 90899 (+Rev Code 0905, 0906) SUD Residential Treatment Facility Services: H2034-U1, H2034-U2, H0010-U1, H0010-U2 <hr/> Revenue Codes: 0114, 0124, 0134, 0144, 0154, 0204, 1001, 1002, 0900, 0905, 0906, 0907, 0911, 0912, 0913		
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All Inpatient Facility Care Services

These facilities include acute hospitals, skilled nursing facilities (SNFs), rehabilitation facilities, long-term acute care (LTAC) facilities and neonatal intensive care units (NICUs).

Maternity admissions require delivery notification instead of prior authorization.

All Lines of Business	Medicaid (All Plans)	Marketplace Only
All Codes	All Codes	All Codes

Home Care Services

All Lines of Business	Medicaid (All Plans)	Marketplace Only
Private Duty Nursing: T1000 Skilled RN Visits That Exceed 2 Visits per Day: 99600, 99600-TD, 99600-TE (+Rev codes 0552, 0559, 0572 when billed on a UB-04) Physical/Occupational/Speech Therapy Visits That Exceed 2 Visits per Day: G0151 (+Rev codes 0420, 0421, 0422, 0423, 0429 when billed on a UB-04); G0152 (+Rev codes 0430, 0431, 0432, 0433, 0439 when billed on a UB-04); G0153 (+Rev codes 0440, 0441, 0442, 0443, 0449 when	All Codes	All Codes

billed on a UB-04); 97161, 97162, 97163 (+ Rev code 0424 when billed on a UB-04); 97165, 97166, 97167 (+ Rev code 0434 when billed on a UB-04); 92521, 92522, 92523, 92524 (+ Rev code 0444 when billed on a UB-04) Medical Social Worker Visits That Exceed 2 Visits per Day		
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Outpatient Physical/Occupational/Speech Therapy Services

All Lines of Business	Medicaid (All Plans)	Marketplace Only
N/A	<p>Physical Therapy Visits That Exceed 30 Visits per Calendar Year for Ages 21 and Over: 97161, 97162, 97163, 97164, 97750, 97760, 97761, 97763, 97799, 97110, 97113, 97124, 97139, 97140, 97034, 97035, 97036, 97039, 97028, 97022, 97026, 97012, 97016, 97018, 97010, 97014</p> <p>Occupational Therapy Visits That Exceed 30 Visits per Calendar Year for Ages 21 and Over: 97165, 97166, 97167, 97168, 97110, 97113, 97116, 97124, 97140, 97034, 97035, 97039, 97028, 97022, 97026, 97012, 97016, 97018, 97010, 97014</p> <p>Speech Therapy Visits That Exceed 30 Visits per Calendar Year for Ages 21 and over: 92507, 92508, 92521, 92522, 92523, 92524, 92597, 97033, 97035, 92550, 92551, 92552, 92553, 92555, 92556, 92557, 92560, 92561, 92562, 92563, 92564, 92565, 92567, 97127*, 97533*</p>	<p>Chiropractic Therapy Visits That Exceed 12 Visits per Calendar Year: 72020, 72040, 72050, 72070, 72080, 72081, 72100, 72110, 72114, 97012, 97014, 97016, 97032, 97035, 97110, 97112, 97124, 97140, 97530, 98940, 98941, 98942, 98943, 99201 - 99215</p> <p>Physical Therapy Visits That Exceed 20 Visits per Calendar Year: 97161, 97162, 97163, 97164, 97750, 97760, 97761, 97763, 97799, 97110, 97113, 97124, 97139, 97140, 97034, 97035, 97036, 97039, 97028, 97022, 97026, 97012, 97016, 97018, 97010, 97014</p> <p>Occupational Therapy Visits That Exceed 20 visits per Calendar Year: 97165, 97166, 97167, 97168, 97110, 97113, 97116, 97124, 97140, 97034, 97035, 97039, 97028, 97022, 97026, 97012, 97016, 97018, 97010, 97014</p> <p>Speech Therapy Visits That Exceed 20 Visits per Calendar Year: 92507, 92508, 92521, 92522, 92523, 92524, 92597, 97033, 97035, 92550, 92551, 92552, 92553, 92555, 92556, 92557, 92560, 92561, 92562, 92563, 92564, 92565, 92567, 97127*, 97533*</p>

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* These codes are covered only when the services are related to the treatment of traumatic brain injury (TBI).

Organ Transplant Surgery Services

All Lines of Business	Medicaid (All Plans)	Marketplace Only
Corneal Transplants: 65710, 65730, 65750, 65755, 65756 Lung Transplants: 32850, 32851, 32852, 32853, 32854, 32855, 32856, 0494T, 0495T, 0496T Heart and Heart-Lung Transplants: 33935, 33940, 33944, 33945 Kidney Transplants: 50300, 50320, 50323, 50325, 50327, 50328, 50329, 50340, 50360, 50365, 50370, 50380 Liver Transplants: 47133, 47135, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147 Pancreas Transplants: 48550, 48551, 48552, 48554, 48556	All Codes	All Codes

Genetic Testing Services

These services include prenatal diagnosis of congenital disorders of the unborn child through amniocentesis and genetic test screening of newborns mandated by state regulations.

The codes in yellow are non-covered genetic testing services. The codes in black require prior authorization.

All Lines of Business	Medicaid (All Plans)	Marketplace Only
N/A	81170, 81175, 81176, 81200, 81201, 81202, 81203, 81205, 81206, 81207, 81208, 81209, 81210, 81218, 81219, 81220, 81221, 81222, 81223, 81224,	81170, 81175, 81176, 81200, 81201, 81202, 81203, 81205, 81206, 81207, 81208, 81209, 81210, 81218, 81219, 81220, 81221, 81222, 81223, 81224,

81225, 81226, 81227, 81230,
81231, 81228, 81229, 81161,
81232, 81235, 81240, 81241,
81238, 81242, 81243, 81244,
81245, 81246, 81247, 81248,
81249, 81250, 81251, 81252,
81253, 81254, 81255, 81256,
81257, 81258, 81259, 81269,
81105, 81106, 81107, 81108,
81109, 81110, 81111, 81112,
81120, 81121, 81283, 81260,
81261, 81262, 81263, 81264,
81265, 81266, 81267, 81268,
81270, 81272, 81273, 81275,
81276, 81290, 81287, 81291,
81292, 81288, 81293, 81294,
81295, 81296, 81297, 81298,
81299, 81300, 81301, 81302,
81303, 81304, 81310, 81311,
81313, 81314, 81315, 81316,
81317, 81318, 81319, 81321,
81322, 81323, 81324, 81325,
81326, 81334, 81327, 81328,
81330, 81331, 81332, 81335,
81340, 81341, 81342, 81346,
81350, 81355, 81361, 81362,
81363, 81364, 81370, 81371,
81372, 81373, 81374, 81375,
81376, 81377, 81378, 81379,
81380, 81381, 81382, 81383,
81410, 81411, 81412, 81413,
81414, 81415, 81416, 81417,
81420, 81422, 81425, 81426,
81427, 81430, 81431, 81434,
81435, 81436, 81437, 81438,
81448, 81439, 81440, 81442,
81445, 81450, 81455, 81460,
81465, 81470, 81471, 81479,
81490, 81493, 81500, 81503,
81504, 81506, 81507, 81508,
81509, 81510, 81511, 81512,
81519, 81520, 81521, 81525,
81535, 81536, 81538, 81539,
81540, 81541, 81541, 81545,
81551, 81595, 0001M, 0002M,

81225, 81226, 81227, 81230,
81231, 81228, 81229, 81161,
81232, 81235, 81240, 81241,
81238, 81242, 81243, 81244,
81245, 81246, 81247, 81248,
81249, 81250, 81251, 81252,
81253, 81254, 81255, 81256,
81257, 81258, 81259, 81269,
81105, 81106, 81107, 81108,
81109, 81110, 81111, 81112,
81120, 81121, 81283, 81260,
81261, 81262, 81263, 81264,
81265, 81266, 81267, 81268,
81270, 81272, 81273, 81275,
81276, 81290, 81287, 81291,
81292, 81288, 81293, 81294,
81295, 81296, 81297, 81298,
81299, 81300, 81301, 81302,
81303, 81304, 81310, 81311,
81313, 81314, 81315, 81316,
81317, 81318, 81319, 81321,
81322, 81323, 81324, 81325,
81326, 81334, 81327, 81328,
81330, 81331, 81332, 81335,
81340, 81341, 81342, 81346,
81350, 81355, 81361, 81362,
81363, 81364, 81370, 81371,
81372, 81373, 81374, 81375,
81376, 81377, 81378, 81379,
81380, 81381, 81382, 81383,
81410, 81411, 81412, 81413,
81414, 81415, 81416, 81417,
81420, 81422, 81425, 81426,
81427, 81430, 81431, 81434,
81435, 81436, 81437, 81438,
81448, 81439, 81440, 81442,
81445, 81450, 81455, 81460,
81465, 81470, 81471, 81479,
81490, 81493, 81500, 81503,
81504, 81506, 81507, 81508,
81509, 81510, 81511, 81512,
81519, 81520, 81521, 81525,
81535, 81536, 81538, 81539,
81540, 81541, 81541, 81545,
81551, 81595, 0001M, 0002M,
0003M, 0004M, 0006M,

	0003M, 0004M, 0006M, 0007M, 0009M, 0011M, 0012M, 0013M	0007M, 0009M, 0011M, 0012M, 0013M
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Pain Management Services

The codes in yellow are non-covered pain management services. The codes in black require prior authorization.

All Lines of Business	Medicaid (All Plans)	Marketplace Only
N/A	Facets/Facets Neurotomy: 64633, 64634, 64635, 64636, 64490, 64491, 64492, 64493, 64494, 64495, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T Epidurals: 64479, 64480, 64483, 62263, 62264, 62281, 62282, 0228T, 0229T, 0230T, 0231T Sacroiliac (SI) Joints: 27096, G0259, G0260 Implanted Spinal Cord Stimulators (SCS): 63650, 63655, 63685, L8679, L8680, L8681, L8686, L8687, L8688, L8689	Facets/Facets Neurotomy: 64633, 64634, 64635, 64636, 64490, 64491, 64492, 64493, 64494, 64495, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T Epidurals: 64479, 64480, 64483, 62263, 62264, 62281, 62282, 0228T, 0229T, 0230T, 0231T Sacroiliac (SI) Joints: 27096, G0259, G0260 Implanted Spinal Cord Stimulators (SCS): 63650, 63655, 63685, L8679, L8680, L8681, L8686, L8687, L8688, L8689, C1767, C1787, C1778, C1820, C1883, C1897 Trigger Point Injections That Exceed 8 Injections per Calendar Year: 20552, 20553

Cosmetic or Investigational Services

All inpatient and outpatient procedures that are potentially cosmetic or investigational require prior authorization.

All Lines of Business	Medicaid (All Plans)	Marketplace Only
All Codes	All Codes	All Codes

Durable Medical Equipment/Supplies

All Lines of Business	Medicaid (All Plans)	Marketplace Only
N/A	All Power/Custom Wheelchairs and Repairs: K0008, K0013, K0014,	N/A

K0012, K0010, K0011, K0813, K0814,
K0815, K0816, K0820, K0821, K0822,
K0823, K0824, K0825, K0826, K0827,
K0828, K0829, K0830, K0831, K0835,
K0836, K0837, K0838, K0839, K0840,
K0841, K0842, K0843, K0848, K0849,
K0850, K0851, K0852, K0853, K0854,
K0855, K0856, K0857, K0858, K0859,
K0860, K0861, K0862, K0863, K0864,
K0868, K0869, K0870, K0871, K0877,
K0878, K0879, K0880, K0884, K0885,
K0886, K0890, K0891, E2609, E1296,
E1297, E1238, E1298, E1220

All Manual Wheelchair Rentals That Exceed 3 Months: K0001, K0002,

K0003, K0004, K0005, K0006, K0007,
K0009, E0958, E0959, E0961, E0966,
E0974, E0986, E0988, E0992, E1015,
E1161, E1221, E1222, E1223, E1224,
E1231, E1232, E1233, E1234, E1235,
E1236, E1237, E1240, E1250, E1260,
E1270, E1280, E1285, E1290, E1295,
E1296, E1297, E1298,

Wheelchair Accessories, Supplies and Replacements: K0015, K0017,

K0018, K0019, K0020, K0037, K0038,
K0039, K0040, K0041, K0042, K0043,
K0044, K0045, K0046, K0047, K0050,
K0051, K0052, K0053, K0056, K0065,
K0069, K0070, K0071, K0072, K0073,
K0077, K0098, K0105, K0195, E1225,
E1226, E1227, E1228, E2201, E2202,
E2203, E2204, E2205, E2206, E2207,
E2208, E2209, E2210, E2211, E2212,
E2213, E2214, E2215, E2216, E2217,
E2218, E2219, E2220, E2221, E2222,
E2224, E2225, E2226, E2227, E2228,
E2230, E2231, E2291, E2292, E2293,
E2294, E2295, E2300, E2301, E2310,
E2311, E2312, E2313, E2321, E2322,
E2323, E2324, E2325, E2326, E2327,
E2328, E2329, E2358, E2359, E2360,
E2361, E2362, E2363, E2364, E2365,
E2366, E2367, E2368, E2369, E2370,
E2371, E2330, E2331, E2340, E2341,
E2342, E2343, E2351, E2372, E2373,

	E2374, E2375, E2376, E2377, E2378, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2389, E2390, E2391, E2392, E2394, E2395, E2396, E2397, E2601, E2602, E2603, E2604, E2605, E2606, E2607, E2608, E2609, E2610, E2611, E2612, E2613, E2614, E2615, E2616, E2617, E2619, E2620, E2621, E2622, E2623, E2624, E2625, E2626, E2627, E2628, E2629, E2630, E2631, E2632, E2633 All Miscellaneous Codes (e.g., E1399) A4335, A4421, A4641, A4649, A4913, A6512, A6549, A9280, A9597, A9598, A9698, A9699, A9900, A9999, B9998, B9999, C1889, C2698, C2699, C9399, E0625, E0676, E0769, E0770, E1229, E1239, E1399, E1699, E2599, J3301, J3490, J3590, J7199, J7599, J7699, J7799, J7999, J8498, J8499, J8999, J9999, K0108, K0812, K0898, K0899, L0999, L1499, L2999, L3649, L3999, L5999, L8499, L8699, Q0181, Q0507, Q0508, Q0509, Q2039, Q4050, Q4051, Q4082, Q4100, S0590, S8189, T1999, T5999, V2199, V2299, V2399, V2499, V2599, V2799, V5090, V5267, V5274, V5298, V5299	
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Unlisted Services

CareSource does not require prior authorization for unlisted procedure CPT codes; however, we require a signed, clinical record submitted with your claim to validate the unlisted procedure CPT code. Claims submitted without clinical records for unlisted procedure CPT codes will be denied. Denials will be reconsidered through the claim appeal process with pertinent clinical records.

All Lines of Business	Medicaid (All Plans)	Marketplace Only
00120, 00140, 00160, 00170, 00190, 00210, 00300, 00350, 00400, 00450, 00470, 00520, 00540, 00600, 00620, 00630, 00700, 00731, 00750, 00790, 00800, 00811, 00840, 00860, 00880, 00910, 00920, 00940, 01210, 01230, 01270, 01400, 01430, 01440, 01470, 01480, 01500, 01520, 01630, 01650, 01680, 01710,	All Codes	All Codes

01740, 01770, 01780, 01830, 01840, 01850, 01924, 01930, 01999, 15999, 17999, 19499, 20999, 21089, 21299, 21499, 21899, 22899, 22999, 23929, 24999, 25999, 26989, 27299, 27599, 27899, 28899, 29799, 29999, 30999, 31299, 31599, 31899, 32999, 33999, 36299, 37501, 37799, 38129, 38589, 38999, 39499, 39599, 40799, 40899, 41599, 41899, 42299, 42699, 42999, 43289, 43499, 43659, 43999, 44238, 44799, 44899, 44979, 45499, 45399, 45999, 46999, 47379, 47399, 47579, 47999, 48999, 49329, 49659, 49999, 50549, 50949, 51999, 53899, 54699, 55559, 55899, 58578, 58579, 58679, 58999, 59897, 59898, 59899, 60659, 60699, 64999, 66999, 67299, 67399, 67599, 67999, 68399, 68899, 69399, 69799, 69949, 69979, 76496, 76497, 76948, 76499, 76998, 76999, 77299, 77399, 77499, 77799, 78099, 78199, 78299, 78399, 78499, 78599, 78699, 78799, 78999, 79999, 80299, 80338, 80375, 80376, 80377, 81099, 81479, 81599, 84999, 85999, 86849, 86999, 87999, 88099, 88199, 88299, 88399, 88749, 89240, 89398, 90399, 90749, 90899, 90999, 91299, 92499, 92700, 93799, 93998, 94799, 95199, 95999, 96379, 96549, 96999, 97039, 97139, 97799, 99199, 99600, 99429, 99499, A0999, S2409, S9445, S9446, S9976		
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